



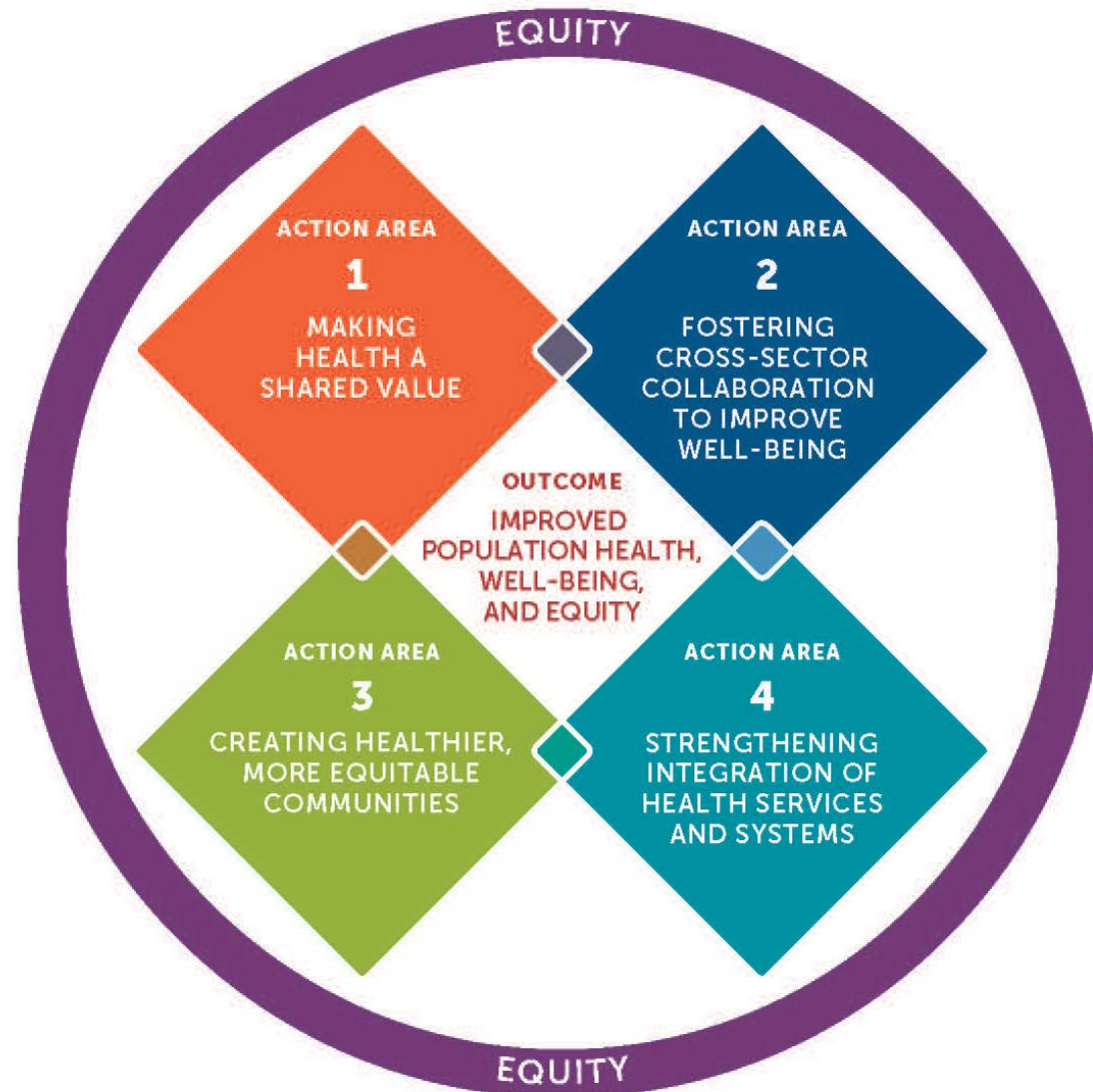
Robert Wood Johnson Foundation

The Hilltop Institute Symposium: Taking Hospital Community Benefit Policy to the Next Level: Advancing Community Health

June 15, 2016

Pamela Russo, MD, MPH Senior Program Officer

Culture of Health Action Framework



Examples of RWJF community benefit programming



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Hilltop Hospital Community Benefit Program with Kresge Foundation

George Washington University – Sara Rosenbaum and Maureen Byrnes

- Community Catalyst, Gary Young, NE, Avalere, Research Triangle Institute

Build Health

Governance Institute and Stakeholder Health

The Democracy Collaborative

NYAM Aligning Community Benefit Spending to Build a Culture of Health

Health Care Without Harm

National Network of Public Health Institutes: Aligning health care & public health

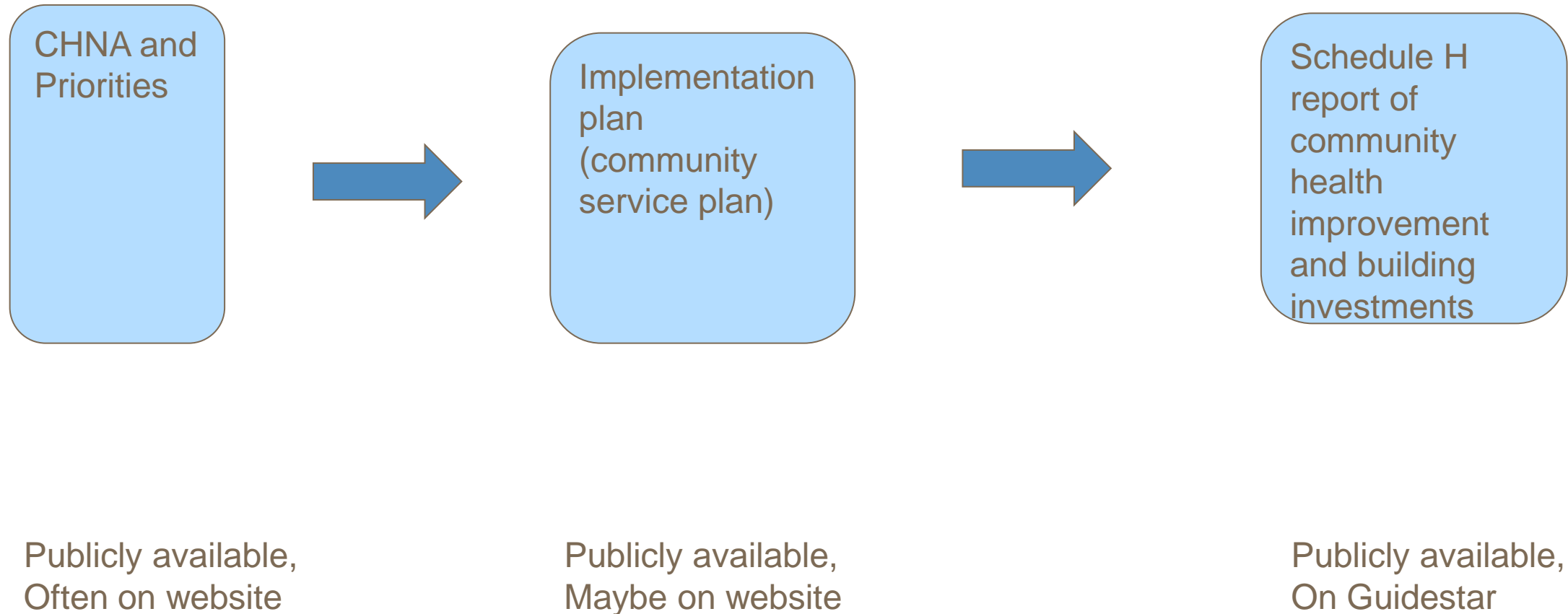
HRET: Advancing the collaboration of hospitals & health care systems with communities

Illinois Public Health Institute: Cook County regional CHNA and implementation plans

Logic Model



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Collaborative CHNA priorities: Community X

1. **Priority Area:** Promote a Healthy and Safe Environment
Focus Area: Injuries, Violence and Occupational Health
Goal #1: Reduce fall risks among residents age 65 or older
2. **Priority Area:** Prevent Chronic Disease
Focus Area: Reduce Obesity in Children and Adults
Goal #1: Create environments that promote and support healthy food and beverage choices
Goal #2: Prevent childhood obesity through early child care and schools
Goal #3: Expand the role of health care and health service providers and insurers in obesity prevention
Goal #4: Support breast feeding initiation and duration in health care programs and policies
3. **Priority Area:** Prevent Chronic Disease
Focus Area: Increase Access to High Quality Chronic Disease Preventive Care and Management in Clinical and Community Settings
Goal #1: Increase screening rates for cardiovascular disease and diabetes especially among disparate populations



Hospital Community Service Plan: Prevent Chronic Disease priority

Goal: Reduce the rate of hospitalization for diabetes

Objective: By Dec 31, 2015, Increase the access to diabetes preventive care and identify the pre-diabetic population and develop case management plan of action specific to population need.

Improvement Strategy: Promote and expand the need of diabetes self-management practices such as self-blood glucose monitoring and self-foot exams.

Improvement Strategy: Increase outpatient diabetes management by health care providers such as A1c, foot exams and eye exams.

Improvement Strategy: In conjunction with the UHS Diabetes Center, support education to all community members regarding all aspects of diabetes from dietary education to lifestyle modifications.

Performance Measure: Decrease in rate of hospitalization for diabetic conditions such as acute ketoacidosis, hyperosmolarity, coma and chronic renal, eye, neurological, circulatory.

Performance Measure: Promote the Hemoglobin A1c test to be performed every three months with the reading being 6.5 or below.

Goal: Reduce the readmission rate for patients with Congestive Heart Failure (CHF)

Objective: Provide telephonic education to all disease management patients of CHF patients from UHSH facilities.

Objective: By December 31, 2015, reduce the 30 day readmission rate to the hospital for patients with CHF.

Improvement Strategy: Follow all CHF discharge patients for three months to ensure compliance to all provider post-discharge instructions.

Improvement Strategy: UHS Stay Healthy nurses to contact patients with CHF to provide assistance in dietary needs, medication education, provider follow-up appointment reminders and as a resource for further communication.

Performance Measure: Review the overall 30-day readmission rate for CHF.

Example Schedule H reporting



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7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		2,373	2,427,326	193,074	2,234,252	0.410 %
b Medicaid (from Worksheet 3, column a)			76,465,101	70,956,756	5,508,345	1.010 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		2,373	78,892,427	71,149,830	7,742,597	1.420 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)			9,301,751	5,288,999	4,012,752	0.740 %
g Subsidized health services (from Worksheet 6)			11,966,360		11,966,360	2.200 %
h Research (from Worksheet 7)			450,103	89,232	360,871	0.070 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			2,149,029	475,791	1,673,238	0.310 %
j Total. Other Benefits			23,867,243	5,854,022	18,013,221	3.320 %
k Total. Add lines 7d and 7j		2,373	102,759,670	77,003,852	25,755,818	4.740 %

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 50192T

Schedule H (Form 990) 2013



Value-based purchasing has fueled the hope that healthcare industry partners, payers, plans, and providers will play an important role in paying for those interventions that can impact population level morbidity and mortality. This study explores the efforts of industry partners that are forging the way forward in this arena. Specifically, this study set out to determine whether there is a business case informing the population health investments of health plans and provider systems, and, if so, to understand how business interests shape the decision-making process of organizations. Guiding inquiry was the assumption that outcome-oriented investing strategies may prompt health plans and provider systems to make additional investments – beyond medical care delivery – to address the social determinants of the health of their patients and members. Robert Wood Johnson Foundation funded a team at Northeastern University's Institute on Urban Health Research and Practice to conduct this exploratory study of healthcare organizations investing in population health. Participating organizations comprised a convenience sample of five willing early adopters with public commitment to population health strategies. Study participants included: Kaiser Permanente, Molina Healthcare of New Mexico, Montefiore Health System, Children's Hospital of Pittsburgh at UPMC, and The University of Pittsburgh Medical Center.

Population Health Investments by Health Plans and Large Provider Organizations— *Exploring the Business Case*

By Northeastern University
Institute on Urban Health Research and Practice

With support from the Robert Wood Johnson Foundation
March 2016

Decision-making process of organizations. Guiding inquiry was the assumption that outcome-oriented investing strategies may prompt health plans and provider systems to make additional investments – beyond medical care delivery – to address the social determinants of the health of their patients and members. Robert Wood Johnson Foundation funded a team at Northeastern University's Institute on Urban Health Research and Practice to conduct this exploratory study of healthcare organizations investing in population health. Participating organizations comprised a convenience sample of five willing early adopters with public commitment to population health strategies. Study participants included: Kaiser Permanente, Molina Healthcare of New Mexico, Montefiore Health System, Children's Hospital of Pittsburgh at UPMC, and The University of Pittsburgh Medical Center.



Northeastern University

Investing strategies may prompt health plans and provider systems to make additional investments – beyond medical care delivery – to address the social determinants of the health of their patients and members. Robert Wood Johnson Foundation funded a team at Northeastern University's Institute on Urban Health Research and Practice to conduct this exploratory study of healthcare organizations investing in population health. Participating organizations comprised a convenience sample of five willing early adopters with public commitment to population health strategies. Study participants included: Kaiser Permanente, Molina Healthcare of New Mexico, Montefiore Health System, Children's Hospital of Pittsburgh at UPMC, and The University of Pittsburgh Medical Center.

Recommendations:

Future strategies regarding the contribution of plans and provider systems to population health improvements will benefit from considering the complex mix of organizational business interests, improving the infrastructure needed to support effective intervention development, supporting cross-plan and provider system strategies, and addressing key policy issues, including payer commitment and cross-sector responsibilities. Further development of an effective integrator function, potentially governmental, is likely to be needed to achieve geographic population health improvement.

Jean McGuire, Northeastern University

<http://www.northeastern.edu/iuhrp/wp-content/uploads/2016/05/PopHealthBusinessCaseFullRpt-5-1.pdf>

Schedule H



Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support	240	1,068	20,568		20,568	0 %
4 Environmental improvements						
5 Leadership development and training for community members		93	502,000	311,000	191,000	0 040 %
6 Coalition building			163,693		163,693	0 030 %
7 Community health improvement advocacy		45,973	1,676,741	455,346	1,221,395	0 230 %
8 Workforce development		78	646,271		646,271	0 120 %
9 Other						
10 Total	240	47,212	3,009,273	766,346	2,242,927	0 420 %



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March 17, 2016 | Urban Affairs Association Conference

INSTITUTE FOR URBAN HEALTH

New York State Hospitals' Community Building Investments: Will they advance health equity?

Kimberly Libman
Deputy Director for Prevention
Center for Health Policy and Programs

Analysis of community building investments from 2013 using sample of 27 hospitals in high poverty locations. The median community building investment was \$86,218 – somewhat higher than median of all nonprofit hospitals in the state of \$72,749.

The majority of these investments were in community health improvement advocacy – very little in housing improvement, economic development, environment, community support or leadership development.

Schedule H part II – Specific activities under community building



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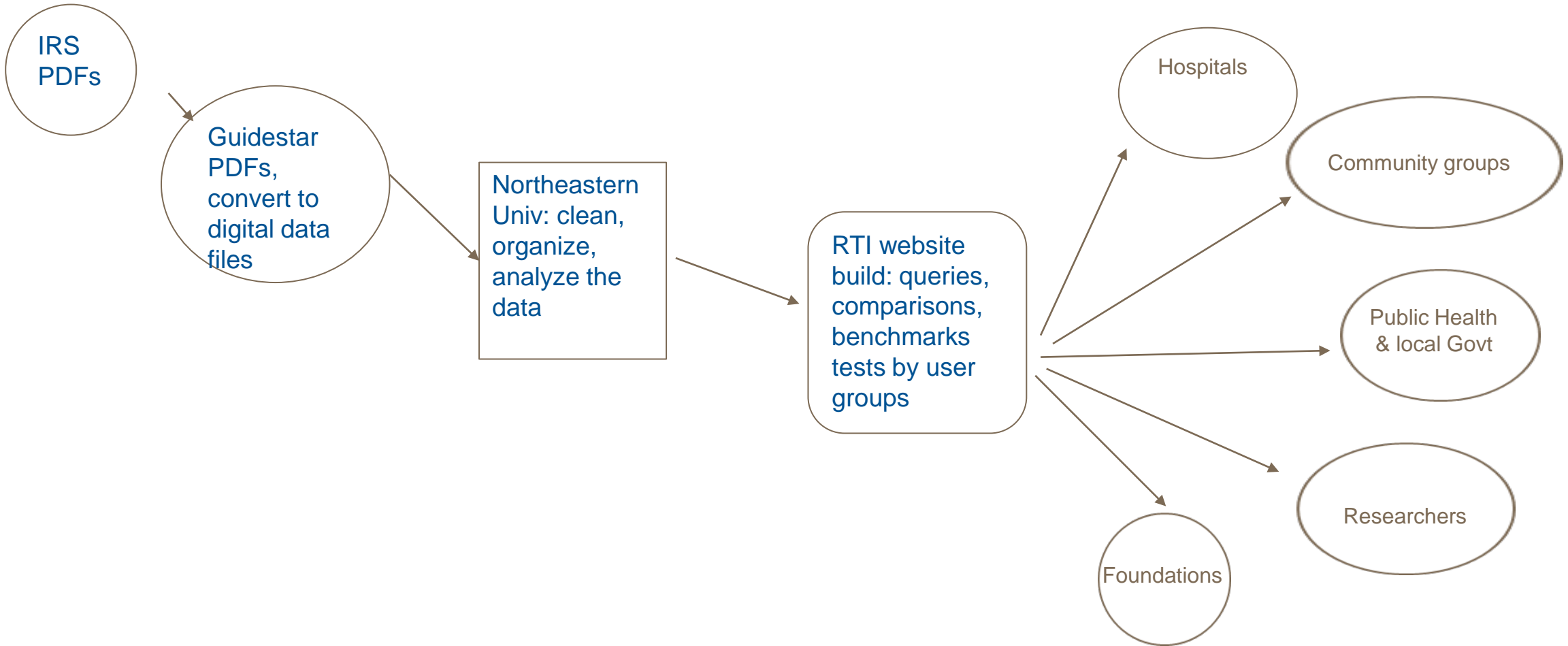
THE FOLLOWING ARE WAYS IN WHICH [REDACTED] COMMUNITY BUILDING ACTIVITIES PROMOTE THE HEALTH OF THE COMMUNITIES IT SERVES [REDACTED] STAY HEALTHY CENTER FOR COMMUNITY HEALTH, LOCATED AT THE [REDACTED] COLLABORATES WITH NUMEROUS COMMUNITY AGENCIES AND PROMOTES HEALTHY LIFESTYLES. NURSES AT OUR STAY HEALTHY PROGRAM HANDLE SPECIFIC HEALTH RELATED CALLS, PROVIDE GENERAL HEALTH AND WELLNESS INFORMATION, CUSTOMIZE PHYSICIAN REFERRALS TO MEET PATIENT NEEDS AND OFFER COMMUNITY AND HOSPITAL BASED WELLNESS PROGRAMS. THE PROGRAM INCLUDES ASTHMA EDUCATION, JUST ASK US, HEALTHY LIVING RESOURCES, EATING DISORDERS, TOBACCO CESSATION AND BC WALKS. SPECIFIC SERVICES INCLUDE CARE-A-VAN, LACTATION CONSULTANTS, NURSE DIRECT, STAY HEALTHY KIDS, STAY HEALTHY MAGAZINE, STAY HEALTHY SENIORS AND TEAM ACT - ALLIES IN CONQUERING TOBACCO. CLASSES OFFERED BY STAY HEALTHY INCLUDE A RANGE OF AREAS SUCH AS BREASTFEEDING, CHILDBIRTH PREPARATION AND PARENTING, CHILDREN'S HEALTH, DIABETES, FITNESS AND EXERCISE, HEALTH AND FITNESS, MEN'S HEALTH, ORTHOPEDICS, RESPIRATORY AND HEART HEALTH, CANCER SURVIVORSHIP, SMOKING CESSATION AND WOMEN'S HEALTH. THE STAY HEALTHY CENTER ALSO PARTNERS WITH OTHER ORGANIZATIONS TO OFFER COMMUNITY-WIDE ACTIVITIES SUCH AS THE DIABETES HEALTH FAIR, MAKING STRIDES AGAINST BREAST CANCER, SOUTHERN TIER HEART WALK, THE COLOR RUN, STAP MUD GAUNTLET, GREATER [REDACTED] BRIDGE RUN, STEP OUT, WALK TO STOP DIABETES, UHS PEARLS OF WISDOM AND THE YMCA CORPORATE CHALLENGE - COMMUNITY HEALTH/OUTREACH PROGRAMS IN

[REDACTED] SUPPORTS SPONSORSHIPS THAT ARE DIRECTLY RELATED TO COMMUNITY HEALTH ISSUES OR PROMOTE LOCAL HEALTH AND HUMAN SERVICES WHILE KEEPING WITH THE MISSION OF [REDACTED]. DURING 2013, [REDACTED] PROVIDED SPONSORSHIP FUNDS TOTALING APPROXIMATELY \$164,000 TO A VARIETY OF COMMUNITY ORGANIZATIONS SUCH AS THE AMERICAN HEART ASSOCIATION AND THE AMERICAN CANCER SOCIETY - VOLUNTEERS AT COMMUNITY EVENTS [REDACTED] MEDICAL PROFESSIONALS FROM THE [REDACTED] INTERNAL MEDICINE AND FAMILY PRACTICE RESIDENCY PROGRAM [REDACTED] EMERGENCY AND TRAUMA SERVICES AS WELL AS OTHER AREAS OF [REDACTED] VOLUNTEER THROUGHOUT THE YEAR TO STAFF MEDICAL TENTS AT NUMEROUS COMMUNITY EVENTS INCLUDING THE SPIEDIE FEST (WHICH DRAWS MORE THAN 100,000 PEOPLE), THE DICK'S SPORTING GOODS OPEN (A WEEK LONG EVENT WHICH INCLUDES THE PRACTICE ROUNDS, PRO-AM AND A COMMUNITY CONCERT), MACK SHOOT OUT LACROSSE TOURNAMENT, [REDACTED] BRIDGE RUN, [REDACTED] METS GAMES, [REDACTED] SENATORS HOCKEY GAMES, JC CAROUSEL DAY AND THE CHRIS THATER RACE. THE COMMUNITY ACTIVITIES COORDINATED BY THE STAY HEALTHY CENTER ALSO RELY ON [REDACTED] EMPLOYEES THAT VOLUNTEER THEIR TIME AT

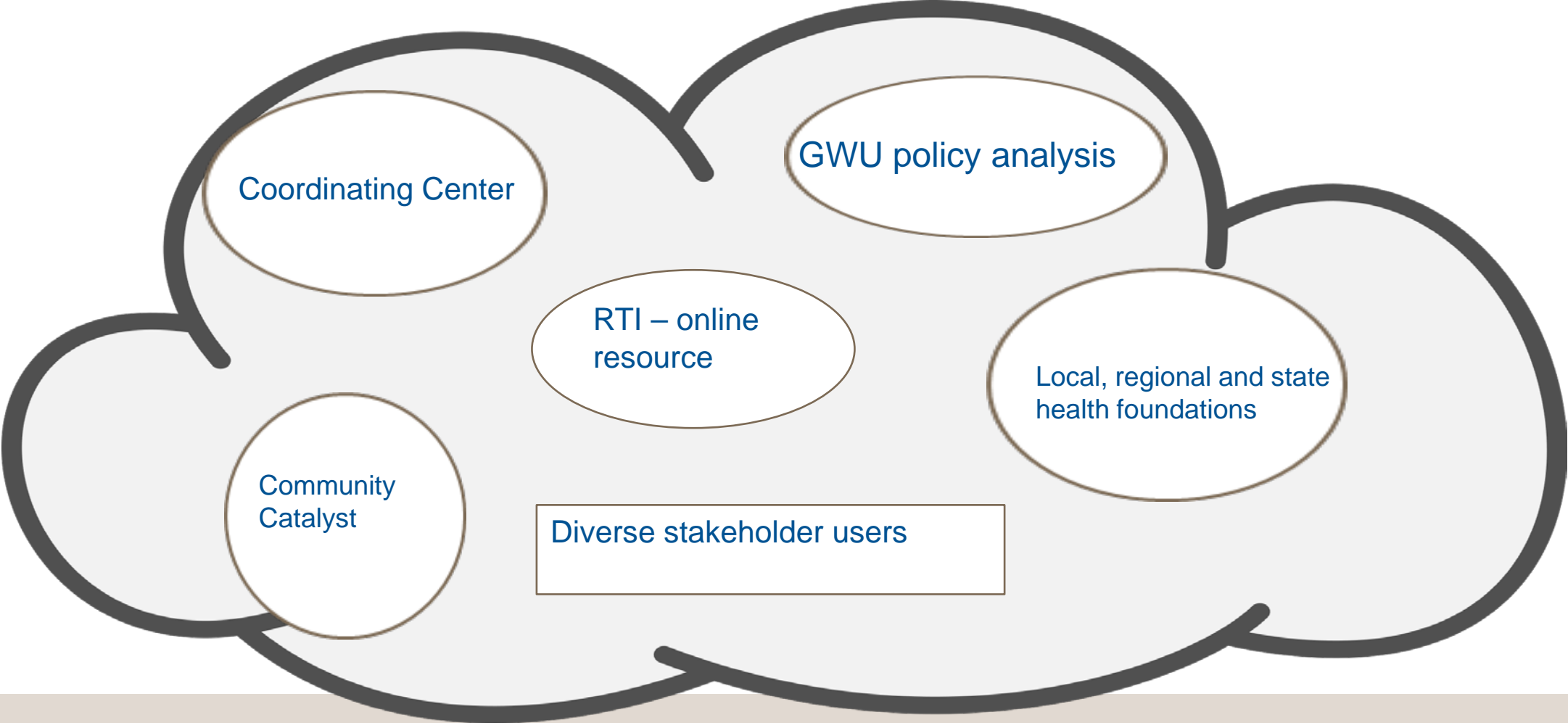
Development of Prototype online resource for Schedule H information



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Community Benefit: Transparency to Action



Culture of Health Action Framework

