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

1. Making Health a Shared Value
2. Fostering Cross-Sector Collaboration to Improve Well-Being
3. Creating Healthier, More Equitable Communities
4. Strengthening Integration of Health Services and Systems
Examples of RWJF community benefit programming

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

CHNA and Priorities → Implementation plan (community service plan) → Schedule H report of community health improvement and building investments

Publicly available, Often on website → Publicly available, Maybe on website → Publicly available, On Guidestar
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

**A. Prevent Chronic Disease**

**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.
To understand the financial assistance and certain other community benefits at cost, consider the table below.

<table>
<thead>
<tr>
<th>Financial Assistance and Means-Tested Government Programs</th>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense</th>
<th>(d) Direct offsetting revenue</th>
<th>(e) Net community benefit expense</th>
<th>(f) Percent of total expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Assistance at cost (from Worksheet 1)</td>
<td>2,373</td>
<td>2,427,326</td>
<td>193,074</td>
<td>2,234,252</td>
<td>0.410%</td>
<td></td>
</tr>
<tr>
<td>Medicaid (from Worksheet 3, column a)</td>
<td></td>
<td>76,465,101</td>
<td>70,936,726</td>
<td>5,508,345</td>
<td>1.010%</td>
<td></td>
</tr>
<tr>
<td>Costs of other means-tested government programs (from Worksheet 3, column b)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Financial Assistance and Means-Tested Government Programs</td>
<td>2,373</td>
<td>78,892,427</td>
<td>71,149,830</td>
<td>7,742,597</td>
<td>1.420%</td>
<td></td>
</tr>
</tbody>
</table>

**Other Benefits**

- Community health improvement services and community benefit operations (from Worksheet 4)
- Health professions education (from Worksheet 5)
- Subsidized health services (from Worksheet 6)
- Research (from Worksheet 7)
- Cash and in-kind contributions for community benefit (from Worksheet 8)

| Total Other Benefits | Total Add lines 7d and 7j | 23,067,243                     | 5,854,022                        | 16,213,221                   | 3.200%                          |

---

**Paperwork Reduction Act Notice:** See the Instructions for Form 990.

Cat No 50192T  Schedule H (Form 990) 2013
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

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

## 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.

<table>
<thead>
<tr>
<th></th>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community building expense</th>
<th>(d) Direct offsetting revenue</th>
<th>(e) Net community building expense</th>
<th>(f) Percent of total expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Physical improvements and housing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Economic development</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Community support</td>
<td>240</td>
<td>1,068</td>
<td>20,568</td>
<td>20,568</td>
<td>0 %</td>
</tr>
<tr>
<td>4</td>
<td>Environmental improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Leadership development and training for community members</td>
<td>93</td>
<td>502,000</td>
<td>311,000</td>
<td>191,000</td>
<td>0.040 %</td>
</tr>
<tr>
<td>6</td>
<td>Coalition building</td>
<td></td>
<td></td>
<td>163,693</td>
<td>163,693</td>
<td>0.030 %</td>
</tr>
<tr>
<td>7</td>
<td>Community health improvement advocacy</td>
<td>45,973</td>
<td>1,676,741</td>
<td>455,346</td>
<td>1,221,395</td>
<td>0.230 %</td>
</tr>
<tr>
<td>8</td>
<td>Workforce development</td>
<td>78</td>
<td>646,271</td>
<td>646,271</td>
<td></td>
<td>0.120 %</td>
</tr>
<tr>
<td>9</td>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Total</td>
<td>240</td>
<td>47,212</td>
<td>3,009,273</td>
<td>766,346</td>
<td>2,242,927</td>
</tr>
</tbody>
</table>
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

The following are ways in which [redacted] community building activities promote the health of the communities it serves:

Stay Healthy Center, STAY HEALTHY CENTER FOR COMMUNITY HEALTH, located at the [redacted] Park in [redacted], NEW YORK, 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. 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, Stapp Mud Gauntlet, Greater Bridge Run, Step Out, Walk to Stop Diabetes, UHS pearls of wisdom, and the YMCA corporate challenge.

Supports sponsorships that are directly related to community health issues or promote local health and human services. While keeping with the mission of providing 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, Medical Professionals from the Internal Medicine and Family Practice Residency Program, Emergency and Trauma Services as well as other areas of 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), Muck Shoot Out Lacrosse Tournament, Bridge Run, Mets Games, 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

IRS PDFs
Guidestar PDFs, convert to digital data files

Northeastern Univ: clean, organize, analyze the data

RTI website build: queries, comparisons, benchmarks tests by user groups

Hospitals
Community groups
Public Health & local Govt
Researchers
Foundations

Robert Wood Johnson Foundation
Community Benefit: Transparency to Action

- Coordinating Center
- GWU policy analysis
- RTI – online resource
- Local, regional and state health foundations
- Community Catalyst
- Diverse stakeholder users
Culture of Health Action Framework

1. Making Health a Shared Value
2. Fostering Cross-Sector Collaboration to Improve Well-Being
3. Creating Healthier, More Equitable Communities
4. Strengthening Integration of Health Services and Systems