

# Initiating Hospital Community Benefit Partnerships

# Introductions

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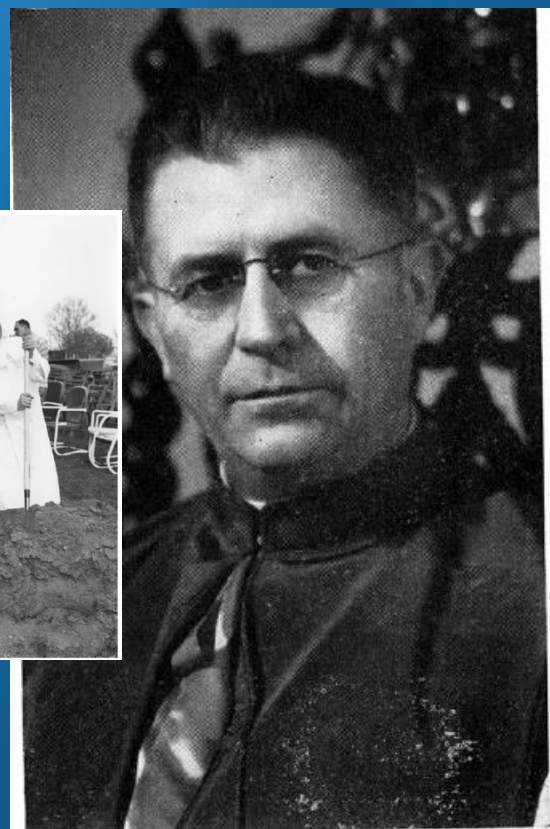
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# Franciscan Health



# 14 Hospitals Today\*

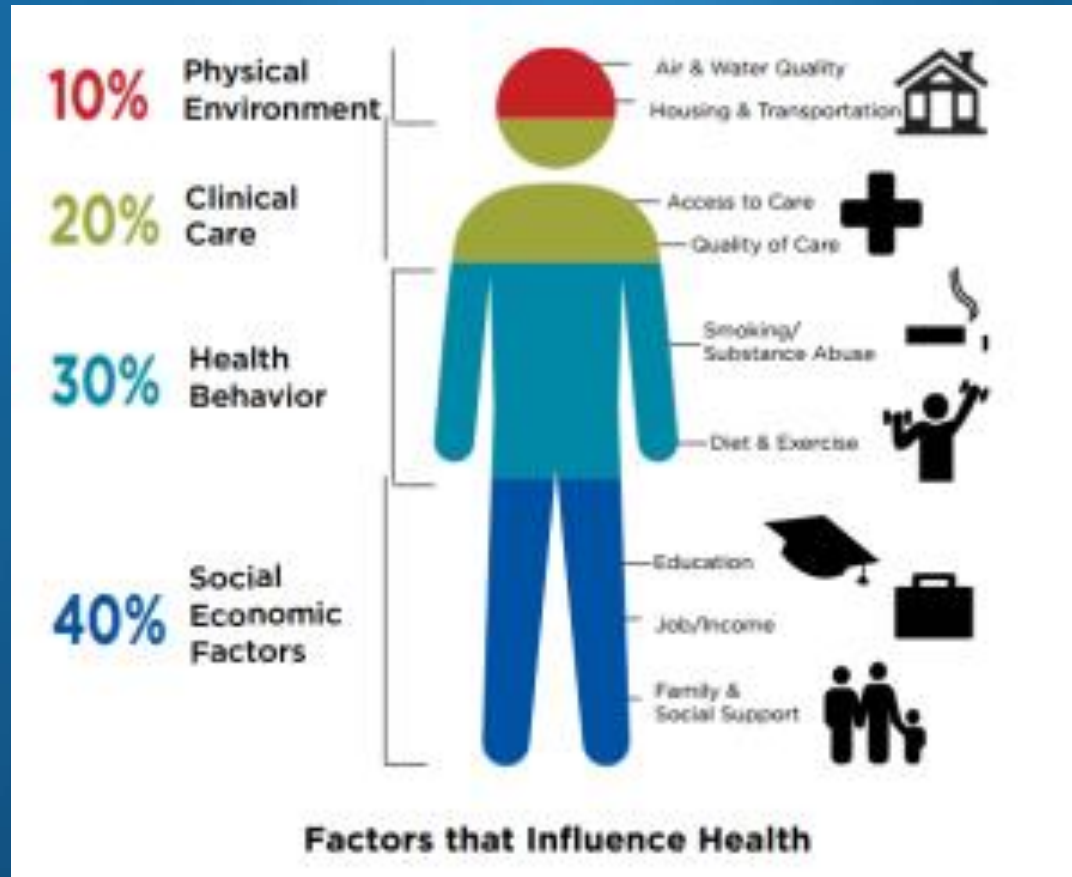


# Objectives

1. Define the community benefit regulation
2. Examine the components of a Community Health Needs Assessment (CHNA) and Community Health Improvement Plan
3. Explore opportunities to engage hospitals in community health work



# The IRS Regulation—Why?



# Regulation Review (Federal and Some States)

- Community Health Needs Assessment (CHNA)
- Community Health Improvement Plan (CHIP)
- Annual reporting/tracking → I-990
- Partnerships are vital, especially with public health agencies and healthy community coalitions
- Evaluation and outcomes should be reported
- All items publically available (accountability and transparency)

Consequences: Loss of non-profit status, fine of up to \$50,000 per day



# Current State: Similar but Nonaligned Community Health Improvement Frameworks

## Public Health Accreditation, HRSA 330 Grants, United Way, & Other Community Assessments

Community Health Assessment Tools  
(MAPP, Community Tool Box, etc.)

Philanthropy, Federal/State grant  
making (CDC/CTGs, HUD, etc.)



Catholic Health Assoc. Guide  
ACHI (AHA) Toolkit  
Private Vendors

## IRS Hospital Community Benefit Compliance, State & Local Activities

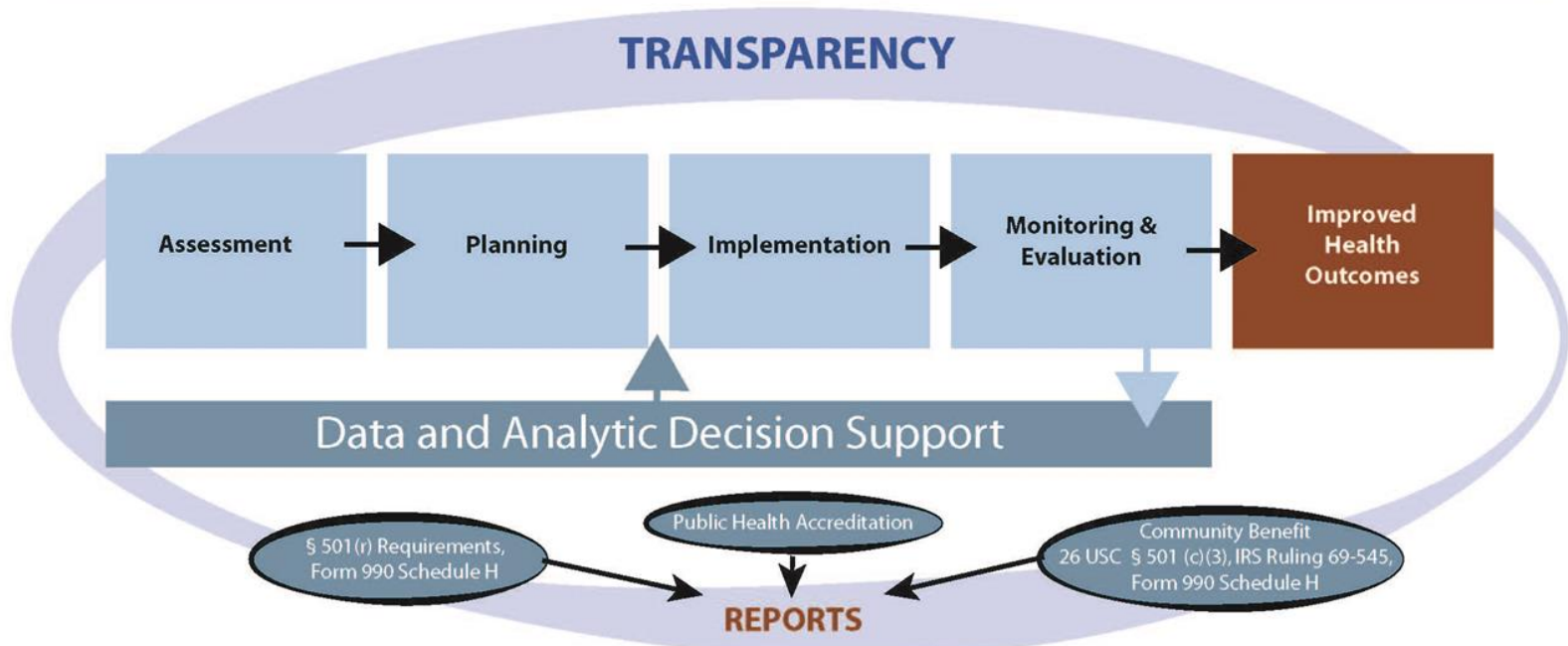
501(r) Requirements,  
Form 990 Schedule H

26 USC 501(c)(3), IRS  
Ruling 69-545, and Form  
990 Schedule H





# Desired State: A Unified Community Health Improvement Framework Supporting Multiple Stakeholders



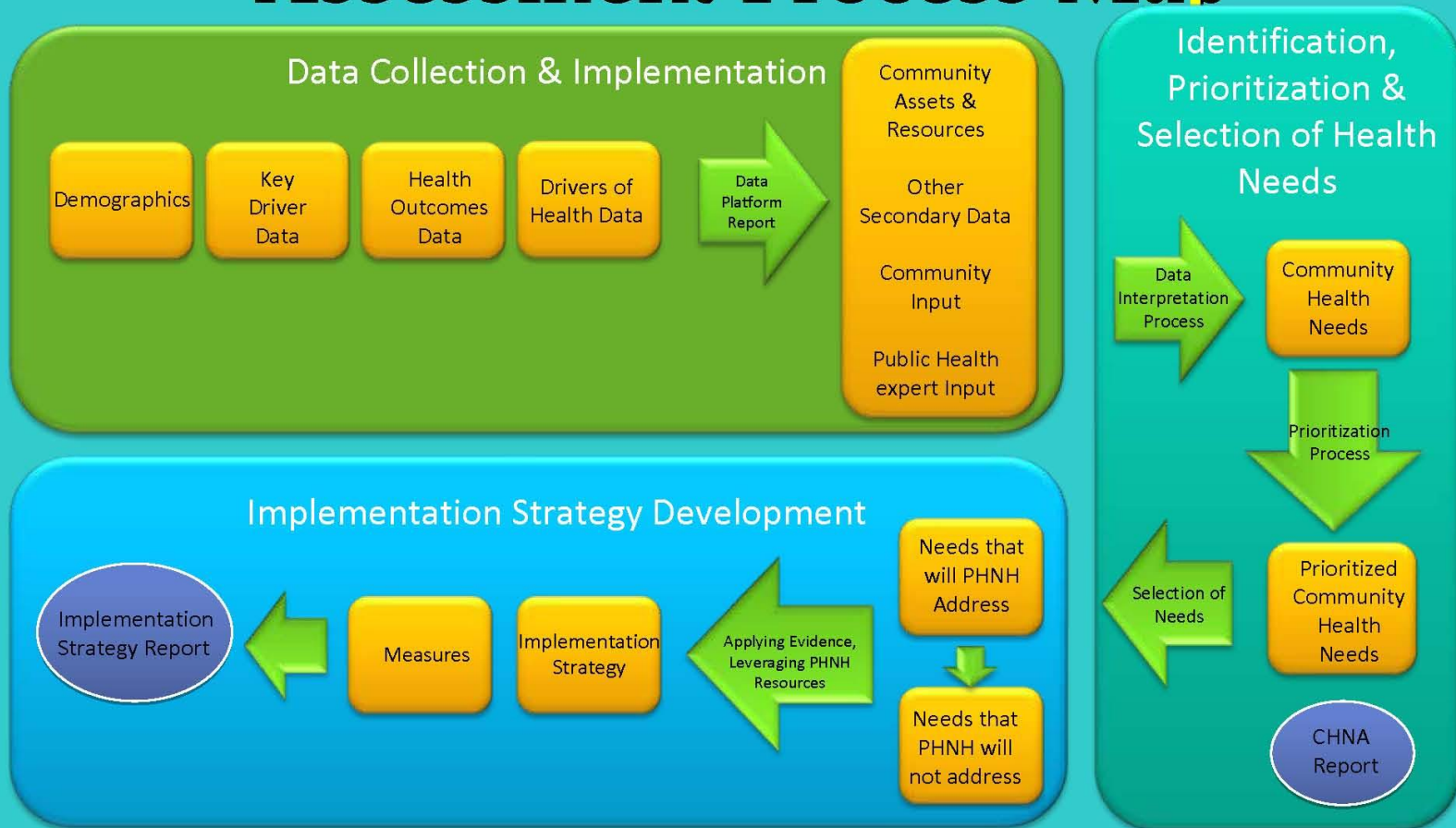
## Community Engagement and Assuring Shared Ownership

Key issues to Address to Promote Alignment between Accreditation, NP Hospital CB, and Other Community-Oriented Processes

- Arranging Assessments that Span Jurisdictions
- Using Small Area Analysis to Identify Communities with Health Disparities
- Collecting and Using Information on Social Determinants of Health
- Collecting Information on Community Assets
- Using Explicit Criteria and Processes to Set Priorities (use of evidence to guide decision-making)
- Assuring Shared Investment and Commitments of Diverse Stakeholders
- Collaborating Across Sectors to Implement Comprehensive Strategies
- Participatory Monitoring and Evaluation of Community Health Improvement Efforts



# Community Health Needs Assessment Process Map



Adapted from Kaiser Permanente Model, PHNH= Partnership for a Healthier New Haven



# Community Health Needs Assessments

Hospitals must:

- Define community
- Gather public, stakeholder, and expert data
- Not excluded populations for ease
- Post reports publically
- Identify location in 990
- Include action plan (Community Health Improvement Plan)



# What Types of Programs ‘Count’

Community benefits are programs or activities that promote health and healing in response to identified community needs and meet at least one of these community benefit objectives:

- Improve access to healthcare services. (*Majority of funds*)
- Enhance the health of the community. (6%)
- Advance medical or healthcare knowledge. (23% *education, 15% research*)
- Relieve or reduce the burden of government or other community efforts.



**TABLE 3** Community Benefit Spending Analysis, FISCAL YEARS 2010 - 2014

| FISCAL YEAR  | 2014            |        | 2013            |        | 2012            |        | 2011            |        | 2010            |        |
|--|-----------------|--------|-----------------|--------|-----------------|--------|-----------------|--------|-----------------|--------|
| TOTAL AMOUNT SPENT ON COMMUNITY BENEFITS                               | \$3,739,283,151 |        | \$4,082,213,499 |        | \$3,549,242,886 |        | \$4,783,781,714 |        | \$4,693,664,612 |        |
| FINANCIAL ASSISTANCE AT COSTS  | \$1,347,361,408 | 36.03% | \$1,351,114,261 | 33.10% | \$1,270,661,000 | 35.80% | \$1,334,140,110 | 27.89% | \$1,185,519,121 | 25.26% |
| MEDICAID   | \$1,466,230,178 | 39.21% | \$1,628,719,413 | 39.90% | \$1,280,780,963 | 36.09% | \$2,183,426,984 | 45.64% | \$2,220,844,620 | 47.32% |
| COSTS OF OTHER MEANS-TESTED GOVERNMENT PROGRAMS                        | \$24,233,235    | 0.65%  | \$51,886,538    | 1.27%  | \$86,808,638    | 2.45%  | \$71,787,508    | 1.50%  | \$37,189,179    | 0.79%  |
| COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATIONS | \$125,307,359   | 3.35%  | \$128,588,838   | 3.15%  | \$116,340,579   | 3.28%  | \$134,312,307   | 2.81%  | \$130,832,338   | 2.79%  |
| HEALTH PROFESSIONS EDUCATION   | \$260,316,247   | 6.96%  | \$256,996,494   | 6.30%  | \$272,444,843   | 7.68%  | \$397,930,059   | 8.32%  | \$407,889,075   | 8.69%  |
| SUBSIDIZED HEALTH SERVICES   | \$421,606,456   | 11.28% | \$530,207,035   | 12.99% | \$416,023,620   | 11.72% | \$548,399,687   | 11.46% | \$527,250,428   | 11.23% |
| RESEARCH   | \$51,278,466    | 1.37%  | \$91,438,819    | 2.24%  | \$51,097,061    | 1.44%  | \$64,621,078    | 1.35%  | \$57,633,210    | 1.23%  |
| CASH AND IN-KIND CONTRIBUTIONS FOR COMMUNITY BENEFIT                   | \$42,949,802    | 1.15%  | \$43,262,101    | 1.06%  | \$55,086,182    | 1.55%  | \$49,163,981    | 1.03%  | \$126,506,641   | 2.70%  |
| COMMUNITY BUILDING ACTIVITIES  | \$22,637,154    | 0.61%  | \$19,852,742    | 0.49%  | \$16,924,674    | 0.48%  | \$27,574,602    | 0.58%  | \$23,574,539    | 0.50%  |



# Catholic Health Association

## Guiding Principles

- Those who live at the margins of our society have a priority for services.
- Not-for-profit health care has a responsibility to work toward improved health in the communities they serve.
- Health care facilities should actively involve community members, organizations and agencies programs.
- Health care organizations must demonstrate the value of their community service.
- Community benefit programs must be integrated throughout the organization.
- Leadership commitment is required for successful community benefit programs.



# Community Benefit Issues

- Lack of understanding of the public health system
- Lack of knowledge in program planning, evaluation
- Small allocated funds (3.5%-10%, 5% mean)
- Unstable internal and external environments
- Health care versus public health 'languages'
- Bad debt vs charitable care future
- Research restrictions future
- Scope of service (joint ventures, Accountable Care Organizations, etc)



# How Do You Navigate Assessments?

- Go to the hospital website for ‘CHNA,’ ‘CHIP,’ and reports
- Look through report for name of staff or department (community benefit, community relations, community health, about us, marketing, outreach, mission, etc), priorities, key findings, partners, funding, and other information

*Information on outside database sites are generally dated*





# Resources

2010-2014 partial tax data:

<http://communitybenefitinsight.org/>

Information about community benefit and health:

<https://www.communitycatalyst.org/>

Community benefit guidance:

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

Build your own assessment:

<https://www.communitycommons.org/>



# Summary

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Questions?

