

Hospital Community Benefit Program

The Hilltop Institute



analysis to advance the health of vulnerable populations

Community Benefit Briefing

November 2011

Through news updates, state research and policy analysis, and policy questions, this newsletter is meant to assist state and local policymakers to understand and monitor hospital community benefit activities. The Community Benefit Briefing will report, discuss, and analyze various aspects of hospital community benefits, including the effects of the Affordable Care Act (ACA).

News

Partnership for a Healthy Durham: Community Partnership from a Hospital Perspective

On November 8, 2011, The Hilltop Institute's Hospital Community Benefit Program interviewed Mary-Ann Black, Associate Vice President for Community Relations at Duke University Health System (DUHS), and Kimberly Monroe, a member of the DUHS Community Relations staff and co-chair of the Partnership for a Healthy Durham Steering Committee. She also co-chairs the Partnership's Committee on Substance Abuse and Mental Health.* The Partnership is led by the Durham County Health Department.

Hilltop: What is the Partnership for a Healthy Durham?

DUHS: The Partnership is a loosely affiliated coalition of about 230 active members and 70 community-based organizations with the goal of collaboratively improving the physical, mental, and social health and wellbeing of Durham residents. The Partnership has eight committees that meet monthly to develop and implement action items addressing the county's health priorities, and each committee focuses on one priority. The full Partnership (all the committees) meets quarterly, which allows information to be shared across committees. The Partnership is a part of—and is housed in—the Durham County Health Department. The Partnership is the certified *Healthy Carolinians* program for Durham County. DUHS provides financial and staff support for many of the Partnership's activities.

Hilltop: What is *Healthy Carolinians* and what does this affiliation mean to the Partnership?

DUHS: *Healthy Carolinians* is a statewide network of partnerships, led by the Division of Public Health of the North Carolina Department of Health and Human Services. *Healthy Carolinians* develops statewide health promotion objectives and addresses public health and safety issues at the community level. These objectives, similar to the national Healthy People 2020 goals, form the agenda for all the local *Healthy Carolinians* programs, such as the Partnership. DUHS collaborates with the health department and other Partnership member organizations to address these priority health problems. For example, DUHS provided over \$4 million of support for the Partnership's Project Access last year. Project Access, which was

developed through the Partnership's Access to Healthcare Committee, provides no-cost access to specialty care for uninsured people in Durham and Wake Counties.

Hilltop: How did the Partnership for a Healthy Durham get started? Did DUHS have a role in that?

DUHS: Yes. DUHS's involvement began in the late 1990s, when it leased Durham Regional Hospital from the county. The Duke Endowment provided substantial grant funding to Durham Health Partners, a private nonprofit organization affiliated with Durham Regional Hospital. Durham Health Partners coordinated the local *Healthy Carolinians* program for Durham County until 2004, when it transferred the program to the Durham County Health Department. At the same time, a work group of the Durham County Commissioners was developing quality-of-life improvement goals in nine priority areas (including health) for Imagine Durham, the city-county Results-Based Accountability Initiative. Since *Healthy Carolinians* had the same agenda as Imagine Durham's health priorities component, the two groups merged to form a new coalition of government agencies, community-based organizations, hospitals, and engaged members of the public: the Partnership for a Healthy Durham.

Hilltop: How does the Partnership identify the community health priorities on which it focuses its work?

DUHS: As we mentioned, the state *Healthy Carolinians* program develops health objectives for North Carolina based on identified preventable underlying risk factors for the ten leading causes of death and disability in North Carolina. *Healthy Carolinians* identified 13 focus areas for 2020.** The Partnership reviewed the statewide focus areas and selected the ones most relevant to Durham County: access to health care, mental health, adolescent pregnancy prevention, HIV/STDs, infant mortality, injury prevention, obesity/chronic illness, and substance abuse. Each of these local health priorities is addressed by one of the Partnership's eight committees.

In 2004, DUHS collaborated with and supported the Durham County Health Department in a countywide needs assessment. Among other things, DUHS funded a community health opinion survey.

Hilltop: Was that the most recent needs assessment for Durham County?

DUHS: No. There was one in 2008 and we're doing one now with the health department and the community. Many people who serve on Partnership committees participate in the needs assessment. State policy required local health departments to conduct complete needs assessments every four years and update that with a less-intensive needs assessment annually, and DUHS collaborates with the health department to jointly conduct them.

Hilltop: How will the three-year needs assessment cycle that's federally required for nonprofit hospitals affect DUHS's needs assessment collaborations with the health department?

DUHS: The state health department has modified its requirement for local health departments to conduct a needs assessment every four years to "every three to four years." So, we anticipate that our needs assessment collaborations with the health department will continue, along with our role in the Partnership for a Healthy Durham.

* As Ms. Monroe's employer, DUHS sponsors her work for the Partnership.

** <http://www.healthycarolinians.org/objectives/userGuide/default.aspx>

Minnesota Nonprofit HMOs: Collaboration Plans to Achieve Priority Public Health Goals

As a condition of licensure, Minnesota health maintenance organizations (HMOs) must be organized as nonprofit corporations. Unlike most states, Minnesota has cast a wider net in its community benefit requirements, which extend not only to hospitals, but also to nonprofit HMOs. Minnesota requires each HMO to collaborate with local health department units and community organizations in the HMO's service area to jointly develop a four-year plan describing actions the HMO intends to take during that period "to contribute to achieving one or more priority public health goals" (Minn. Stat. §62Q.075). HMOs are required to submit these collaboration plans to the state health department and to update their four-year plans biennially by reporting on progress made toward achieving the goals set forth in their collaboration plans (Minn. Stat. §62Q.075).

HMO four-year collaboration plans must include (Minn. Stat. §62Q.075, subd. 3):

- Specific measurement strategies and descriptions of activities that contribute to one or more high priority public health goals
- Descriptions of how planned activities will be coordinated with community health boards and relevant community organizations serving the area
- Documentation that designees of local public health and local government units were involved in the plan's development
- Documentation (including data on previously identified progress measures) of compliance with the HMO's previous collaboration plan

Minnesota has adopted community benefit guidelines based on those developed by the Catholic Health Association and VHA, Inc. for nonprofit hospitals (Minn. Dept. of Health, 2009). HMOs share data with the state and local entities that provide the information in the Minnesota Community Measurement Initiative. The initiative publicly reports health-related data (including clinical and quality data) to inform public health priorities. HMOs monitor and track these data regularly and adjust interventions as needed (Minn. Council of Health Plans, 2009).

References

Minnesota Council of Health Plans. (2009, December). *Collaboration plan: 2010 – 2014*.

Retrieved from <http://www.mnhealthplans.org/tools/documents/20091223CollaborationPlan.pdf>

Minnesota Department of Health. (2009, January). *Community benefit provided by nonprofit health plans*.

Retrieved from <http://www.health.state.mn.us/divs/hpsc/hep/publications/legislative/hlthplancommbenefit.pdf>

Minnesota Office of Revisor of Statutes. (2011). *Minnesota Laws and Session Laws*.

Webinars

Educating, Advocating, Lobbying: What's the difference and what role can health department staff play? December 1, 2011, 2 – 3 pm EST

This is the second in the **American Public Health Association's** (APHA's) The Power of Policy webinar series, which focuses on policy as a tool for population health improvement. This webinar will examine the importance of health department staff educating elected officials in public health issues and providing guidance for policy development. It will also consider the legal distinctions between education, advocacy, and lobbying, and will identify types of activities in which health department staff may legally engage. This webinar is brought to you by APHA and the following co-sponsors, with funding from the Centers for

Disease Control and Prevention: NACCHO, ASTHO, PHF, and NNPHI. For more information and to register for this free webinar, go to: <http://www.nnphi.org/news-events/events/2011/12/01/apha-webinar-the-power-of-policy-2>.

County Health Rankings 101, December 6, 2011, 3 – 4 pm EST

The health of a community depends on many different factors, ranging from health behaviors, education, and jobs to quality of health care to the environment. This webinar presents a general introduction to the County Health Rankings model and measures, its purpose, and how the Rankings can be used to stimulate action for community health improvement. To learn more, go to <http://www.countyhealthrankings.org/news/webinars>. To register for this free webinar, go to: <https://www1.gotomeeting.com/register/815939337>.

Moving from Community Assessment to Priorities and Action in a Hospital-Public Health Collaboration, December 8, 2011, 11:00 am PST/ 2:00 pm EST

As noted in *Community Benefit Briefing's* October issue, this **Association for Community Health Improvement** (ACHI) webinar will consider community capacity-building through partnerships among hospitals, public health, and community organizations. A case study of a coalition for obesity prevention will illustrate an integration model for engaging local public health resources, community health improvement activities, cross-system partnerships, and linking clinical care to community-based efforts. For more about this event, go to: <http://www.communityhlth.org/communityhlth/education/audio.html#dec8>.

The Hilltop Institute at the University of Maryland, Baltimore County (UMBC) is a nationally recognized policy and research center dedicated to improving the health and wellbeing of vulnerable populations. Hilltop conducts research, analysis, and evaluations on behalf of government agencies, foundations, and nonprofit organizations at the national, state, and local levels.

***Hilltop's Hospital Community Benefit Program** is the central resource created specifically for state and local policymakers who seek to assure that tax-exempt hospital community benefit activities are more responsive to pressing community health needs. The program provides tools to state and local health departments, hospital regulators, legislators, revenue collection and budgeting agencies, and hospitals, as these stakeholders develop approaches that will best suit their communities and work toward a more accessible, coordinated, and effective community health system. The program is funded for three years through the generous sponsorship of the Robert Wood Johnson Foundation (www.rwjf.org) and the Kresge Foundation (www.kresge.org).*

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