The Leadership Role of Nonprofit Health Systems in Improving Community Health

Advances in Health Care Governance Series

American Hospital Association®

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Executive Summary

As our nation's hospitals and health systems work toward achieving the Triple Aim—increase the quality and experience of patient care, decrease per-capita health expenditures and improve population health—they are expanding their focus to address multiple issues that affect the health and well-being of the communities they serve. We now know that the environment, genetics, lifestyle choices and socioeconomic factors account for some 90 percent of the health status of individuals and communities. Together with their community partners, leading health systems are recognizing that these factors are pertinent to their core mission and vision.

The Leadership Role of Nonprofit Health Systems in Improving Community Health builds on earlier reports from the former AHA's Center for Healthcare Governance and addresses the important role health systems and their boards can play in creating healthier communities. This report discusses the complex challenges involved in community health improvement and makes the case for why health systems should take a substantial role in the multi-sector collaboration needed to achieve significant impact.

Profiles of five nonprofit health systems address the commitment they have made to providing leadership in improving community health; the partnerships, priorities and progress they have achieved; and how their governing boards, advisory councils and organizational leaders are engaged in striving to attain their goals. The health systems that participated in developing the report and their corporate locations are:

- Beacon Health System/Memorial Hospital of South Bend, South Bend, Ind.
- Dignity Health, San Francisco
- MaineHealth, Portland, Maine
- Mercy Health, Cincinnati, Ohio; and
- Texas Health Resources, Arlington, Texas.

Each health system contributed tools and resources they have found useful in their efforts to support better health in their communities. These appear within each health system profile and through online links provided throughout the report.

Four recommendations, drawn from the experiences of these and other health systems providing leadership in community health improvement, are listed below and further discussed on pages 32-34 of this report:

- **Recommendation 1:** If they have not already done so, health system boards are encouraged to incorporate their commitment to improving the health of communities their system serves in key governance documents. Specifically, the system's mission statement, strategic plan and annual budgets should reflect the board's commitment.
- **Recommendation 2:** Health system boards are encouraged to hold themselves and their management teams accountable for setting clear priorities and making measurable progress in improving the health of the communities their systems serve.
- **Recommendation 3:** Health system boards and chief executive officers are encouraged to build collaborative partnerships with other stakeholders in the private and public sectors who share their commitment to community health improvement.
- **Recommendation 4:** Health system boards and chief executive officers who embrace commitment to assessing and improving the health of the communities they serve should be conservative and pragmatic in defining the scope of their engagement and investments.

These recommendations are included for consideration by health system governing boards and executive leadership teams as they review their involvement in this important work.

We hope this report will prove to be useful in developing strategies and initiatives critical to advancing the health of the populations and communities your organization serves.

Table of Contents

Section I. Introduction

Purpose

America's health system is changing, with a move from fee-for-volume to fee-for-value. To deliver on that promise, one powerful option is adopting the "Triple Aim" of increasing the quality and experience of patient care, reducing per capita health care expenditures, and improving the health of America's population (Whittington et. al., 2015; American Hospital Association, 2016).

Pursuing these aims requires not only a continuous focus on improving care for patients, but also paying explicit attention to the health status of our *communities*. This latter focus will require collaborative, multi-sector efforts that address the full array of factors affecting the health of individuals, families and communities. The purpose of this publication is to discuss the role of nonprofit health systems in these multi-sector initiatives. We address reasons why health systems should become engaged in these initiatives, identify challenges they may confront in doing so, and discuss some systems that have chosen to take leadership roles in collaborative efforts to improve the health of the communities they serve.

Background

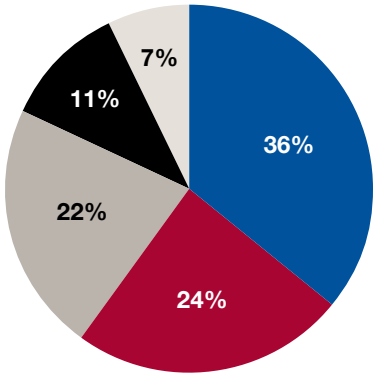
The health sector of the U.S. economy accounts for 17.5 percent of the nation's gross domestic product and employs one of seven American workers (Glied et. al., 2016). However, while there have been some improvements in recent years, the U.S. continues to lag behind on most metrics of population health, such as infant and maternal mortality, mortality amenable to medical care and life expectancy (Davis et. al., 2016; Mossialos et. al., 2016; and MacDorman et. al., 2016). Moreover, across the country, there are significant disparities in access, cost and quality of medical and hospital services (Schoen et. al., 2013).

While access to health care services and the quality of those services are important, other factors—environmental, genetic, lifestyle choices and socioeconomic—collectively have far greater impact (around 90 percent) in determining the health status of individuals and population groups (see Exhibit 1).

Improving the health status of communities is a complex and multi-dimensional challenge. To make significant impact requires joint commitment and collective action by key parties in both the public and private sectors.

Exhibit 1 – Determinants of Health and Relative Impact on Health Outcomes

Impact on Health Outcomes



Determinants of Health	
Behaviors	Use of tobacco, alcohol, drugs; diet; physical activity; overweight/obesity
Social Circumstances	Economic stability, education, housing, transportation, access to healthy food, social support, community engagement and safety, discrimination
Genetics	Sex, inherited conditions and genes
Health and Medical Care	Insurance coverage, access and quality of care, providers' clinical competency and linguistic/cultural proficiency
Physical Environment	Air pollution, water sanitation, exposure to toxic and microbial agents

Data Sources: 1. McGovern, L., Miller, G., and Hughes-Cromwick, P. 2014. The Relative Contribution of Multiple Determinants to Health Outcomes. *Health Affairs / Robert Wood Johnson Foundation: Health Policy Brief*. **2.** Heiman, H., and Artiga, S. 2015. Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity. *The Kaiser Commission on Medicaid and the Uninsured: Issue Brief*. Menlo Park, California: The Henry J. Kaiser Family Foundation.

Section II. The Case for Nonprofit Health System Engagement in Multi-Sector Efforts to Improve Community Health

We believe there are several reasons why the boards and leadership teams of America's nonprofit health systems should consider taking a substantial role in multi-sector initiatives focused on measuring and improving the health of the communities they serve.

First, to develop, implement and sustain comprehensive approaches to improve the overall health of given communities and populations, excellent communications and cooperation among health delivery organizations, public health agencies, employers, school systems and other key community stakeholders are essential. In many communities over the years, mutual understanding and collaboration have been weak (Shortell, 2013). However, in the health field and other sectors, there is growing evidence of the power of collective action in bringing about positive change (National Quality Forum, 2016; Thornton, et. al., 2016).

Recent information shows that 66 percent (3,198/4,862) of America's community hospitals are integrated into health systems (American Hospital Association, 2016). If these hospitals and their leadership teams engage proactively in collaborative efforts to assess and improve community health, the impact on health outcomes can be significant; if not, these community initiatives are unlikely to be effective. There is substantial evidence that shows hospitals are key components of successful multi-sector partnerships devoted to improving community health (American Hospital Association Center for Healthcare Governance, 2016; Health Research & Educational Trust, 2016; Prybil, et. al., 2014).

Second, the Affordable Care Act (ACA) enacted in 2010 included a number of provisions aimed at expanding health insurance coverage and instituting payment and delivery reforms. One part of the law called for new Internal Revenue Service (IRS) requirements for tax-exempt hospitals to conduct a formal Community Health Needs Assessment (CHNA) with broad-based input from other community stakeholders at least every three years; identify and prioritize community health needs; build and implement a strategy to address these needs; and make this information and the results of their efforts widely available to the public (Internal Revenue Service, 2013).

While tax-exempt hospitals have long provided benefits to their communities that extend outside their four walls and go beyond direct patient care, the CHNA requirement has codified a process whereby hospitals—in concert with other stakeholders—define, prioritize and address the health needs of the community at-large. An environment where the tax-exempt status of hospitals and other nonprofit institutions is under increasing scrutiny has created a great opportunity for the nation's nonprofit hospitals and their parent systems to take a leadership role in assessing and improving the health of the communities they serve and, in doing so, further strengthen the justification for maintaining their tax-exempt status. This is an opportunity for nonprofit hospitals to engage and lead transformational change, not just comply with IRS requirements. These efforts also will be helpful in dealing with state and local authorities, many of whom are expanding their oversight of nonprofit organizations (Mayer, 2016).

Third, a fundamental shift in payment methods for health care providers is underway. With additional impetus provided by the ACA, both public and private payers are moving from traditional fee-for-service approaches to a variety of value-based, outcome-oriented models. The pace of this transition varies around the country and will take years to complete. However, it is apparent that the direction is toward enhancing quality, controlling costs and improving both clinical outcomes *and* the overall health of the populations being served.

From a business perspective, therefore, it is prudent for hospital and health system leaders to learn about the full range of factors that affect the health status of individuals, families and population groups (including their own employees); develop expertise in measuring

and assessing population health, most likely through partnerships with other parties such as local health departments and universities; and gain experience in being responsible and accountable for monitoring and improving the health of population groups, preferably small in size, at least at the outset. The scope of these initiatives can be expanded over time as operational experience is gained, expertise is developed, and organizational infrastructure and systems are refined (McGuire, 2016, and Norris and Howard, 2015).

Challenges

It is important for the boards and executive teams of nonprofit health systems to recognize that taking on leadership roles in assessing and improving community health entails many challenges. First, as stated in Section I, measuring the health status of population groups and instituting strategies that will produce improvement is inherently complex and requires sustained commitment, effort and resources. Second, the evidence is clear that assessing and improving the health of a community demands long-term collaboration among health delivery organizations; the business, education and public health communities; and citizens at-large. Creating a "culture of health" in any community requires *successful* multi-sector collaboration, and building and maintaining partnerships of this nature is very challenging (Prybil, Jarris and Montero, 2015, and Lavizzo-Mourey, 2016). Third, while the shift from traditional fee-for-service to value-based payment systems is underway, very few purchasers of medical and hospital services presently provide substantive financial incentives or support for collaborative initiatives focused on measuring and improving community health. Therefore, the leaders of nonprofit health systems who elect to collaborate with other parties in multi-sector efforts to measure, assess and improve the health of communities they jointly serve must design and construct their own funding strategies (McGuire, 2016, and New York State Health Foundation, 2016). In recognition of the need for multi-sector collaboration focused on community health improvement, a growing number of demonstration projects that provide various forms of start-up and capacity-building support are in place or are being developed. These opportunities should be explored by health system leaders and their coalition partners (Dailey, Elias and Moore, 2016).

Section III. Overview of Selected Health Systems Providing Leadership in Improving Community Health

This section discusses five nonprofit systems whose leaders have decided their organization's mission and values call them to expand the scope of their strategies beyond providing patient care into multi-sector efforts to measure and improve the health of their communities. These systems were selected because of their demonstrated commitment to community health improvement and their diversity in terms of their history, geographic location and size rather than a formal sampling process.

The five systems and their corporate locations are:

- Beacon Health System/Memorial Hospital of South Bend, South Bend, Ind.
- Dignity Health, San Francisco
- MaineHealth, Portland, Maine
- Mercy Health, Cincinnati, Ohio; and
- Texas Health Resources, Arlington, Texas.

Study Process

When the systems were selected, arrangements were made to conduct structured interviews with: (1) the board chair or a senior board member with special interest and engagement in the system's community service programs; (2) the chief executive officer; (3) the chief medical officer or another physician with a leadership role in the system's population health activities; (4) the chief financial officer; (5) the chief planning officer; and (6) the system's executive with leadership responsibility for community relations and outreach. During interviews, these individuals were asked to share their perspectives and provide system documents regarding the following topics:

- Evidence of board and executive commitment to community health improvement.
- Existence of system- and local-level priorities and targets for community health improvement and metrics for measuring progress in relation to them.
- Board oversight of the system's community health improvement strategies, programs and progress including examples of the written reports or "scorecards" they receive.
- Evidence of board and executive commitment to multi-sector collaboration with other community stakeholders directed at measuring, assessing and improving community health.
- Metrics employed to-date in measuring and assessing the health status of communities and population groups the system serves and evidence of impact on health status resulting from system strategies and programs.
- Features of the system's overall approach to measuring, assessing and improving community health that the system's board and clinical and executive leaders believe are proving to be especially effective and potentially applicable and useful in other settings.

Overview of Leadership Efforts by Five Nonprofit Systems

Beacon Health System/ Memorial Hospital of South Bend

Transitioning from a medical model to a health and well-being model system-wide

Established in 2012 and based in South Bend, Ind., Beacon Health System (Beacon) is a community-owned, nonprofit health system. It serves as the parent company for Memorial Hospital of South Bend, Epworth Hospital, Memorial Health & Lifestyle Center, HealthWorks! Kids' Museum, Memorial Children's Hospital, Beacon Medical Group, Beacon Ventures, and Community Health Alliance based in South Bend and Elkhart General Hospital based in Elkhart, Ind. The system, including inpatient, outpatient, physician visits, trauma center and urgent care visits, serves more than 1 million customers each year.

Commitment and Leadership in Community Health

Improving community health is at the heart of Beacon's purpose today and for the future. The system's mission is:

> *"to enhance the physical, mental and emotional well-being of the communities we serve."*

Its vision is:

> *"to achieve innovative health care and well-being services of the highest quality at the greatest value; easy access and convenience; outstanding patient experiences; and ongoing education involving physicians, patients and the community."*

Beacon invests in community health enhancement to achieve collective impact using a variety of strategies to address complex issues. The system's work is guided by a Tithing and Community Benefit Investment Policy (see Exhibit 2 on page 9). The policy calls for devoting 10 percent of the previous year's excess operating revenue to seed initiatives that align with the system's mission, vision and values and address priorities identified through the CHNA process. Initiatives should:

- Target vulnerable populations;
- Support the Triple Aim of improving health quality, cost and outcomes;
- Be developed with other community partners;
- Seek to address and prevent the causes of poor health;
- Incorporate metrics to measure progress and demonstrate accountability; and
- Submit a plan for reaching self-sustainability after the grant period.

The system also seeks additional funding through grants, including nearly $2 million from the Department of Health and Human Services, a five-year grant awarded in July 2016, and annual funding, in excess of $1.7 million in 2015, from state and private foundations through building community coalitions with payers and other partners.

Beacon believes in experimentation and innovation to support cultural and community change to address health needs. The system's model—Innovate, Demonstrate, Replicate—introduces new ideas into the community, builds sustainability for them and then helps others to replicate system successes. Results from applying this model range from posting "Sharing Stories" on the organization's website to replicating the HealthWorks! Kids' Museum in St. Louis and Tupelo, Miss.

Community Health Improvement: Partnerships, Priorities, Progress

The system is working with more than 12 community partners on some 30 community health initiatives that address priorities identified through the CHNA. These include: access to health care/uninsured; mental health/suicide; violence/safety/trauma; diabetes; maternal/infant health/prenatal care; and overweight/obesity. Priorities may differ among the South Bend and Elkhart service areas; though most priorities overlap, e.g., access to health care, reproductive and

Exhibit 2 – Tithing and Community Benefit Investment Policy

Policy / Procedure Document	
Manual:	
Origination Date:	**October 31, 2013**
Last Review Date:	
Next Review Due:	
Policy Owner:	**Margo DeMont, PhD**
Required Approvals:	
Committee:	**Finance Committee**
Leadership/Board:	**Beacon Health System, Inc.**

BEACON HEALTH SYSTEM
Lighting the Way to Wellness

Elkhart General Hospital
Memorial Hospital of South Bend

TITLE: **TITHING AND COMMUNITY BENEFIT INVESTMENT**

SCOPE: Beacon Health System, Inc.

DOCUMENT TYPE: POLICY and PROCEDURE

PURPOSE: The purpose of this policy is to provide consistent procedures for funding and investing to benefit the health of our communities.

PHILOSOPHY: Creating community health is at the core of Beacon Health System's mission. We believe promoting community health is the right thing to do, and is key to long-term cost-effectiveness. We believe improving the community's health status is as much social, economic and environmental as it is a medical issue.

Beacon Health System annually invests into the communities we serve to improve our overall health status. We accomplish this by tithing 10% of the previous year's excess operating revenue to fund future community health initiatives.

DEFINITIONS:

A. Community Benefit programs and services provide treatment, promote health as a response to identified community needs and meet at least one of these community benefit objectives:
   1. Improve access to health care services
   2. Enhance the health of the community
   3. Advance medical or health care knowledge
   4. Reduce the burden of government or other community efforts.

B. Community Benefit programs primarily serve the indigent, at-risk, minority, medically underserved and most vulnerable populations of our communities. These generally include:
   1. Charity Care
   2. Education and Research
   3. Community Health improvement programs
   4. Subsidized Health and Medical Services
   5. Community Building Activities
   6. Community Event Sponsorships.

Exhibit 2 – Tithing and Community Benefit Investment Policy

C. Revenue, while there may be nominal associated fees, most programs and services are not compensated and do not produce sufficient revenue to cover costs.

D. *The Patient Protection and Affordable Care Act* provides careful scrutiny of the not-for-profit hospital's charitable role of supporting the community, beyond charity care.

E. Charity Care provides free or discounted health services to persons who meet the organization's criteria for financial assistance.

F. *Community Health Needs Assessment (CHNA)*, with specific representation from the community, provides a disciplined process for identifying health priorities.

G. A mandated Implementation Plan must be actionable, measurable, and address the priorities identified by the Needs Assessment; a new Assessment is required every three years.

H. IRS Form 990-H reports the Health System's charitable activities for regular Congressional review.

PROCEDURE:

1. Community Health Needs Assessment (CHNA) statutory mandates require representation of the communities' broader interests, including public health experts. Preference will be to conduct the CHNA in partnership with the counties' Public Health Departments. Survey or focus groups must include leaders, representatives of medically underserved, low-income, and minority populations, and populations with chronic disease needs in the community. Both care-partner hospitals within Beacon Health System will complete a CHNA and implementation plan. A cooperative effort with aggregated data will assist the preparation and completion of a consolidated IRS filing annually, as needed.

2. A Community Health Needs Assessment is required every three years by the PPACA. The requirements of data to be included in the CHNA can be found in Notice 2011-52. The year of completion is signified once the CHNA is made widely available to the public, including being published on the Health System's website, and a hard copy available upon request.

3. The implementation strategy details actions to be taken by the health system and its care-partner hospitals to meet health needs; it also identifies the health need(s) the facility does *not* intend to undertake and explains why. Other organizations may collaborate on implementation strategy development and implementation, Beacon's preferred approach. Strategies must be actionable and measurable and part of a comprehensive annual plan. The Implementation Strategy is a separate document and must be adopted with the approval of the organization's Board, or an authorized committee.

4. Code Section 4959 imposes a $50,000 penalty for failure to comply. This fine may be imposed on a facility for each year it is out of compliance, or on any (or all) facilities out of compliance within a multi-facility entity. Revocation of tax-exempt status may be evoked.

5. Each care-partner hospital within will have a Community Benefit Council (CBC) comprised of board members, associates from Memorial and Elkhart General Hospitals, and non-medical representatives from each respective community.

Exhibit 2 – Tithing and Community Benefit Investment Policy

6. The CBCs play a vital role in bringing forward opportunities in the community, or areas of new interest and excitement. The Councils will meet no more than three times a year, as there will be outside assignments. Council members will review (at least annually) the funders' progress; and any newly-funded agencies will provide a mid-project report within six-months.

7. The initial criteria for submitting a funding request must (a) evidence an organizational alignment with Beacon Health System's mission, vision, and values; (b) address one of the health priorities identified in community needs assessment, and (c) align with Beacon's intent statement.

   A. Mission: To enhance the physical, mental and emotional well-being of the communities we serve as the community's provider of outstanding quality, superior value and comprehensive health care services.

   B. Vision: To be recognized as a model for the delivery of health and wellness by achieving the Top 10% in clinical quality, Top 10% in patient satisfaction and top tier in value per patient in the United States.

   C. The Beacon Intent Statement states:
   Building on the Health Systems' strengths of being community oriented, building deep ties in the community, and being recognized as a core hub by the community, our future promise is to: Reduce by 40% the number of preventable chronic disease cases in our community by 2021 and reduce treatment expenditures by 50%.

8. The mandated implementation plan requires projects be accountable, including outcomes and impact on the community. Priorities in development and implementation with community partners are evaluated on the following characteristics:

   - Community Needs Assessment health priority: The project must meet one of the established partnership objectives of the CHNA.
   - Evidence-based: The proposal ties the planned work to existing research or evidence-based outcomes. If a new effort, the project must show plans to collect data that meet acceptable scientific standards.
   - Collaboration: The proposal includes at least two partners that have substantial roles in the success of the project. Partners must have clearly defined roles.
   - Actionable: The project described must have achievable benchmarks within one year of implementation, and an outline with proposed dates for full implementation.
   - Measurable: The project describes a means of measuring impact. Data should include numbers of individuals to be reached and some form of logic model that describes outcomes. The project must be tied to CHNA's community measures; though the presenting organization may need technical assistance to determine these measures.
   - Population Health: The project clearly identifies one or more populations; may include details such as age, gender, ethnic or racial group, disease or other pertinent determinant.
   - Innovative: The project is identifiable as advancing the Beacon goals of developing innovative approaches to problem solving.

Exhibit 2 – Tithing and Community Benefit Investment Policy

- Supports a behavioral change: The project identifies at least one achievable behavioral change on the part of its participants that is demonstrated to have impact on the future well-being of the individual, family or community.
- Replicable: The project has replicable characteristics that allow its use in other settings.
- Sustainable: The project has a funding source or the ability to develop continuity after the initial funding period. This may include development of fee-based services, post-start up revenues, or the ability for the program to meld into the agency.
- Budget: Appropriate / clear, shows in-kind and other sources and amounts of support.
- Organizational capacity: Does this applicant organization have the capacity to accomplish this project? Will they need training and support to meet the goals and objectives?

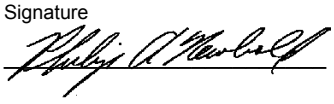
9. Innovation Requirement. Memorial Hospital requests representatives from all tithing partners are invited to participate in a two-day training program offered by the Pfeil Innovation Center. The training will help determine the next steps and sustainability of the projects. Fees for participation in this program will be supported by community investment dollars.

10. Sponsorships. Organizations requesting sponsorship in the form of contributions, in-kind or material donations for an event must clearly state how the mission and service of the organization align with the mission of Beacon Health System. Event sponsorships will be submitted to the President of the respective hospital for consideration and approval. The sponsorship requests may be submitted directly by the community agency, or by an Associate for consideration.

11. Restrictions. Beacon Health System focuses on local nonprofit organizations. The System does not provide funding to political parties or organizations. Beacon does not contribute to capital campaigns and does not sponsor individuals.

    In the absence of a multi-year commitment in the initial award letter, Beacon Health System does not routinely award Community Benefit funds in which the program or success of the project is contingent on continued future funding by the Health System.

SIGNATURES OF APPROVAL:

Date Signed	Signature	Name	Title
10/31/13			
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infant health, and obesity (related to chronic disease such as diabetes). The following links provide more information on each service area's CHNA priorities and how they relate to the system's overall strategic priorities:

2016-18 Memorial Hospital of South Bend CHNA Priority Pyramid
https://www.beaconhealthsystem.org/media/file/ABOUT%20US/MHSB%20_PyramidDiagram%20%20Text%20Handout%20(3).pdf

2016-18 Elkhart General Hospital CHNA Priority Pyramid
https://www.beaconhealthsystem.org/media/file/ABOUT%20US/EGH%20_PyramidDiagram%20%20Text%20Handout.pdf

The system and its partners collaborate based on written agreements that share mutual expectations, incorporate agreed-upon metrics to assess progress, focus on sustainability of initiatives and support sharing credit for results. The system works with community partners to help them develop proposals to increase the likelihood that their initiatives receive funding.

A 22-member Community Health Advisory Council with members from across the system was appointed in 2015 to help address community health priorities for the 2016-18 CHNA cycle. The council provides advice in the following areas:

- Promoting and achieving the system's vision, mission, values and goals;
- Annual community health report;
- Outcome and quality improvement initiatives;
- Identifying opportunities to reduce health disparities;
- Identifying and recommending community collaborations; and
- Defining, prioritizing, strategizing and improving community health.

Work that addresses community health priorities is closely linked to Beacon's strategic plan, supporting its goal to evolve the system's business model toward an expanded focus on health and well-being. Beacon is currently working to standardize and align its CHNA and community health enhancement and outreach processes and activities system-wide, and is moving toward centralizing community health staff functions at the system level, but implementing efforts locally.

Future areas for community health enhancement include improving access to care and services; continued implementation of a Virtual Health Initiative, which includes an online health risk appraisal; and working toward participation in a Blue Zones Project™ to make the healthy choice the easy choice so that people live longer with a better quality of life (Buettner, 2012). A separate Pediatric Health Needs Assessment also is underway.

Beacon is now working to integrate data and learnings from its community health enhancement initiatives with its experience as a low-cost accountable care organization and participation in the Medicare Shared Savings Program to help physicians identify at-risk patient populations and engage them in taking action to improve their health. Merging hospital and community health enhancement results data also is helping the system better understand the overall impact of its multi-pronged efforts on both health outcomes and costs.

While a systematic approach and measurable outcomes are critical to understanding and evaluating the impact of community health enhancement initiatives, Beacon uses a combination of qualitative and quantitative assessments. System representatives also conduct "walkabouts" where they visit neighborhoods and talk with people on their front porches or in barber shops and beauty salons to better understand health needs at the grassroots level and to learn "what works and what doesn't" to address them.

Board Engagement

Local boards throughout the system are involved in three primary areas of oversight: quality, the patient experience and community health enhancement. The Memorial Hospital of South Bend and Elkhart General Hospital boards each sign off on the community health priorities identified through the CHNA process for their respective service areas. The system board only approves priorities for entities, such as the medically based fitness center, for which it has direct

oversight. Board members also serve on the Community Health Advisory Council.

Hospital boards do not have specific committees devoted to community benefit or community health improvement. However, quality committees of the hospital and system boards review data on community health enhancement initiatives and outcomes.

Beacon shares the results of its work to improve community health through an annual Community Health Report (https://www.beaconhealthsystem.org/media/file/ABOUT%20US/2012_2015%20CHE%20Community%20Health%20Report.pdf) to its boards. The system and hospital boards receive quarterly updates on progress related to community health enhancement initiatives as well. For the past 25 years, board members also have participated in "community plunges" where they meet with people who have specific health needs and can answer questions such as, "What is it like to be homeless living on the streets in South Bend in the winter?" Plunges engage participants emotionally and visually and typically result in participants asking, "What role can the hospital or system play to address this problem?" The system believes that directly connecting community leaders with people in need brings the system's work alive. One executive observed, "When our executives and board members hear people's stories, they see the impact the system and its partners can make and understand why the system needs to continue to support this work."

Dignity Health

Maximizing community health through internal alignment and community partnerships

Dignity Health is one of the largest health care systems in the U.S. Headquartered in San Francisco, the system includes more than 400 care centers in 21 states encompassing hospitals, urgent and occupational care, imaging centers, home health and primary care. Dignity Health's team is made up of more than 60,000 employees and 9,000 affiliated physicians providing care and service, with special attention to the poor and underserved. In 2015, Dignity Health provided $954 million in community benefit.

Commitment and Leadership in Community Health

Dignity Health's commitment to the communities it serves has included financial, in-kind, programmatic and volunteer support to hundreds of programs. Since 1990, the health system has provided 3,200 grant awards totaling more than $60 million and low-interest loans to 276 projects totaling $167million.

Dignity Health has a mission of service like many other faith-based nonprofits:

> *"We are committed to furthering the healing ministry of Jesus. We dedicate our resources to delivering compassionate, high-quality, affordable health services; serving and advocating for our sisters and brothers who are poor and disenfranchised; and partnering with others in the community to improve the quality of life."*

This mission statement has remained unchanged since the system was founded in 1986. While many systems serve and advocate for the poor, what distinguishes Dignity Health's mission is its explicit emphasis on partnership, evidenced within the organization and in the communities it serves.

A system board-approved Community Benefit Policy establishes accountabilities for and guides integration of community health-related activities to fulfill the

system's mission. Additionally, the bylaws of Dignity Health's community hospitals charge their boards with participating in establishing priorities, plans and programs to enhance community health status; approving community benefit plans for local hospitals; and monitoring progress toward identified goals.

The process related to this work and its integration is extensive and supported by a pervasive culture originally established by Dignity Health's founders. The current system board chair, Tessie Guillermo, notes that there is substantial reporting (data and stories) around the system's community health efforts, as well as collaboration and cooperation across the system and in the community. "If it's that transparent to us at the board level, then it really is happening all throughout the organization in a very deep way," she says.

Community Health Improvement: Partnerships, Priorities, Progress

Dignity Health robustly staffs and funds its community health functions. According to Marvin O'Quinn, Senior Executive Vice President/Chief Operating Officer, "We created an organizational structure and funded it to operate. Our mission is what everything flows from, and into. We live the mission through all of our activities. It is not sidelined or siloed as its own entity."

The Dignity Health team utilizes scorecards, fact sheets and reports to track, analyze and communicate the results of community health efforts (see the organization's 2015 mission integration report at https://www.dignityhealth.org/content/cm/media/documents/Mission-Integration-Annual-Report.pdf).

In order to receive funding through its Community Grants program, the system requires organizations—which must partner with other organizations to form "accountable care communities"—to identify measurable goals and report them in a consistent manner.

Dignity Health provides its hospitals with a standardized tool, the Program Digest Template (see Exhibit 3 on page 16), for stating the goals of community health programs and initiatives. The template is used as a component of each hospital's annual community benefit report and plan, and its triennial implementation strategy. This template ensures that goals and measurable objectives are stated for each of a hospital's principal community health programs. The template does not define what those goals or measurements should be, but makes them explicit and public. The hospital Community Health Committee reviews and provides input into the hospital's report and plan, and the hospital community board takes action to approve it annually, as a matter of policy.

The report and plan and the implementation strategy are posted on each hospital's website and in one location on Dignity Health's website. (All community benefit reports/plan and implementation strategies can be found online at: https://www.dignityhealth.org/about-us/community-health/community-health-programs-and-reports).

One system-wide priority is that evidence-based chronic disease self-management and diabetes self-management programs be offered by hospitals across Dignity Health. The health system has tracked hospital admissions and emergency department visits by program participants and reported these to boards at the hospital and health system levels. Dignity Health is currently standardizing additional validated metrics for these programs across all three states where the system operates hospitals to develop a more detailed picture of the programs' impact locally, regionally and system-wide. When complete, this metric-set will be compiled into an enhanced dashboard for goal-setting and program management.

Beginning in 2015, the Community Health Department embarked on a strategic alignment initiative to strengthen Dignity Health's ability to meet its Horizon 2020 strategic plan goals and the Triple Aim of better care, better health outcomes for populations, and lower per-capita costs. Dignity Health believes Community Health's alignment and coordination with other departments at the system and facility levels are crucial factors for success in an increasingly at-risk, value-based reimbursement environment. In 2016 Dignity Health also invested in a new position—a Community and Population Health Director—to strengthen connectivity between the two as the system innovates with new models.

Exhibit 3 – Program Digest Template

Program Digest Template
Used in Hospitals' Annual Community Benefit Reports and Plans Approved by Community Boards

[Program or Initiative Name]	
Significant Health Needs Addressed	List the significant health needs in the most recent Community Health Needs Assessment, and check as appropriate for each program described. ❑ Significant Health Need 1 ❑ Significant Health Need 2 ❑ Significant Health Need 3 ❑ Significant Health Need 4 ❑ Significant Health Need 5
Program Emphasis (Core Principles)	Select the emphases of the program from the five core principles below. ❑ Focus on Disproportionate Unmet Health-Related Needs ❑ Emphasize Prevention ❑ Contribute to a Seamless Continuum of Care ❑ Build Community Capacity ❑ Demonstrate Collaboration
Program Description	
Community Benefit Category	
FY2016 Report	
Program Goal / Anticipated Impact	
Measurable Objective(s) with Indicator(s)	
Intervention Actions for Achieving Goal	
Planned Collaboration	
Program Performance / Outcome	
Hospital's Contribution / Program Expense	
FY2017 Plan	
Program Goal / Anticipated Impact	
Measurable Objective(s) with Indicator(s)	
Intervention Actions for Achieving Goal	
Planned Collaboration	

Equally important is external alignment with a range of community service providers addressing preventive, primary and post-acute medical care; behavioral health; and a range of social factors that can promote or inhibit good health (see Exhibit 4 on page 18). The following entities at each hospital facility include membership from the community:

- Community Board (required to match the demographics of the community) provides guidance, support and recommendations to Dignity Health on matters related to the local hospital and its community.
- Community Grants Committee recommends grant awards to the system board.
- Community Health Committee is responsible for the local CHNA and implementation strategy, as well as review of and input on related programs and relationships.

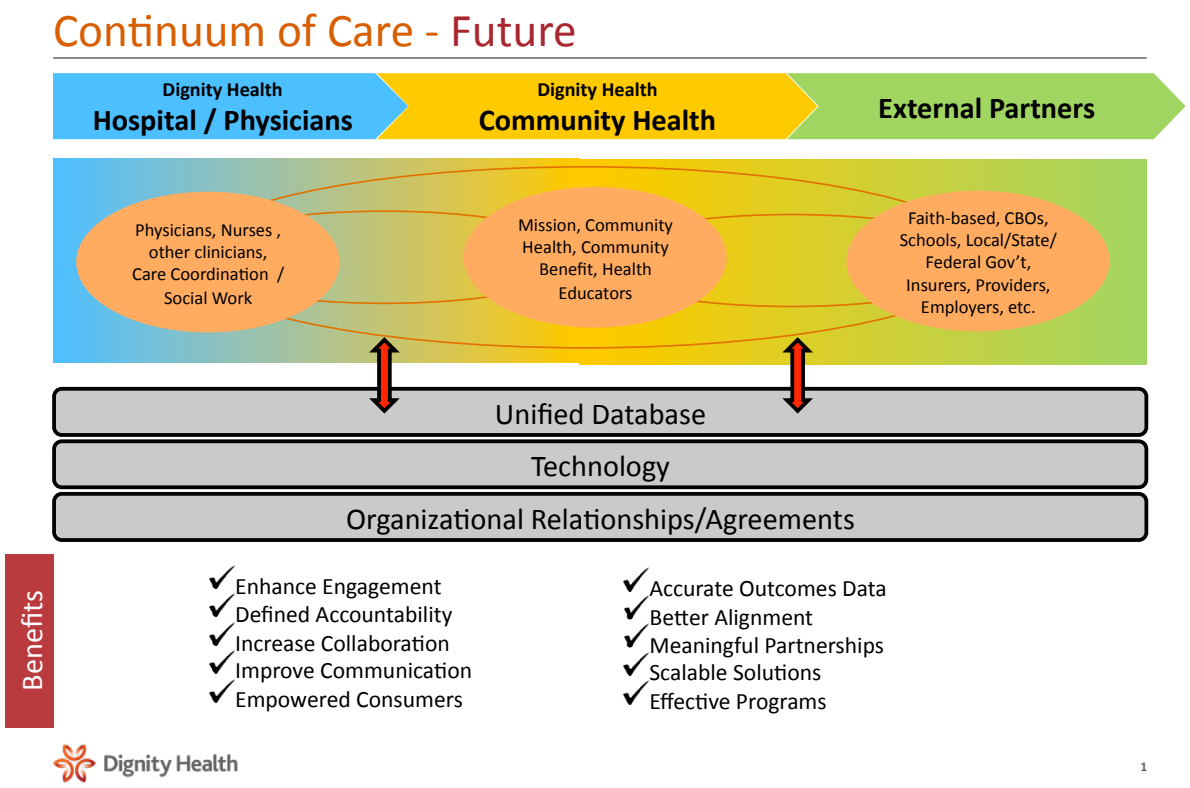
The system's core Community Health components include the following nine areas of infrastructure and programming:

1. **Alignment of Community and Population Health efforts**—strengthening the connection between acute care and community health to transition patients both across the care continuum and back into their lives as community members with adequate social supports (the Community and Population Health Director is part of this effort).
2. **Community Investments**—$100 million investment fund that provides below-market interest rate loans to nonprofit organizations working to improve community health and quality of life in communities served by Dignity Health and focused on addressing social determinants of health.
3. **Community Grants**—funded by 0.05 percent of each hospital's prior year audited expenses, these grants are awarded to nonprofit organizations addressing health priorities identified in the hospital's CHNA.
4. **Social Innovation Partnership Grants**—focused on partnering with organizations to implement new models of service delivery and/or transformative approaches.
5. **Community Benefit Reporting**—Dignity Health documents and reports qualified community benefit expenses and programs in each hospital and for the system overall. It includes community benefit policies, reporting software, assigned staff and close working relationships with finance. Public reports are filed annually and made available online, as required by the IRS and the states of California and Nevada.
6. **CHNA and Implementation Strategy**—the system office of Community Health provides technical assistance and common standards for preparation and use of CHNA reports and plans.
7. **Community Health Programs**—the Community Health Department provides leadership and technical assistance to the hospitals on community health program selection, development, evaluation, fund development and community health advocacy. Community health program support includes coordination of system-wide chronic disease self-management education at 27 hospital facilities and start-up assistance for new programs including the Diabetes Empowerment Education Program.
8. **Community Health International Programs**—award grants and provide technical assistance to projects serving low-income communities, primarily in countries where Dignity Health sponsors have missions or to organizations addressing critical needs with global impact.
9. **Ecology/Sustainability**—developing and implementing policies that support reuse, recycling and minimization of resources, as well as ensuring that products and processes are environmentally responsible.

Board Engagement

Dignity Health's system board actively oversees work related to community health improvement and population health. The board's finance committee reviews investments related to community benefit. The planning and strategy committee reviews information related to work that connects community and population health and how that work ties to the CHNA. The mission integrity committee of the board oversees work that ties community health to the organization's mission.

Exhibit 4 — Future Care Continuum



In June 2016, Dignity Health brought together community health, executive, foundation and system and local board leadership for two days to work on its Community Health Alignment Imperative. This work includes discussions about developing technology that allows for data sharing with other community organizations. The goal is to house all clinical and social data in the system, allowing clinical staff to see their patients holistically. This intense level of coordination, partnership and executive level focus on alignment showcases Dignity Health's deep, integrated commitment to the success of this work and its outcomes for the communities it serves.

MaineHealth

Working together with local affiliates and partners since 1997 to improve community health in the system's service area and statewide

MaineHealth, based in Portland, Maine, serves nearly 1.1 million people in 11 counties in southern Maine and Carroll County in New Hampshire. MaineHealth includes nine member and four affiliate hospitals, along with other aligned provider organizations, and provides a broad range of preventive, health promotion, acute and post-acute care to the population it serves.

Commitment and Leadership in Community Health

MaineHealth was established in 1997. It brought together Maine Medical Center, a large teaching hospital in Portland, and several community hospitals and other health-related entities as an integrated, nonprofit health system. At its inception, the MaineHealth board of trustees adopted the following vision for the system:

> *"Working together so our communities are the healthiest in America."*

It continues to guide the system's two-part population health strategy today, almost two decades later. Part one focuses on improving the health of all people and communities in the service area; part two focuses on improving the health of individual patients who are served by MaineHealth hospitals and clinicians.

As an integral part of MaineHealth's strategic planning process, the vision has been reviewed and strongly affirmed by the board of directors on a regular basis. In support of this vision, the board has adopted a set of principles to guide MaineHealth's strategies, priorities and decisions. These principles are:

- We are committed to improving the health status of our communities;
- We will preserve our commitment to the ideals of our not-for-profit tradition, including access to care for all;
- We are committed to quality, cost-effective, safe patient and family-oriented care;
- We believe that integration of physicians and other health care providers is essential to delivering high quality care;
- We recognize that risk management is essential to assuring financial sustainability;
- We will continue to be a leader in health care policy development;
- We are committed to being a leader in reducing the rate of increase in health care costs;
- We are committed to being a leader in innovating system changes that enhance the value of care;
- We recognize that data management and analysis are key to improving the value of care; and
- We recognize that a highly qualified and committed workforce is essential to delivering high-value care.

Sustained commitment to its vision and to these guiding principles has been a consistent hallmark of MaineHealth throughout its 20-year history. Recognizing that nonprofit hospital finances often are not strong enough to yield the investments required to improve population health, MaineHealth board members and senior leaders developed an innovative strategy to meet the challenge of producing resources in a continuous fashion to support the system's vision. This three-part financial strategy includes (1) partnerships with payers on projects of mutual importance, such as asthma care for children; (2) aggressive pursuit of grants and contracts from public and private sources; and (3) modest, proportional annual allocations of the system's unrestricted net assets (0.5 percent in fiscal year 2015) to support projects that benefit all member organizations.

Community Health Improvement: Partnerships, Priorities, Progress

Recognizing that prudent stewardship demands the adoption of clear priorities, targets, and metrics to accompany the investment of substantial resources in community health improvement initiatives, the MaineHealth board and leadership team in 2009 launched the MaineHealth Health Index Initiative. Consistent with MaineHealth's vision and guiding

principles, this initiative is focused on identifying high priority health issues in the system's service area; developing system-wide strategies to address these issues in concert with other community stakeholders; and adopting clear goals, targets and metrics to enable objective measurement of progress. Exhibit 5 on page 21 is an excerpt from MaineHealth's 2015 Health Index Report, the fifth report in this series. It lists the system's seven top population health priorities for the 2014-2016 time period and summarizes the progress by 2015 in relation to them. For detailed information about MaineHealth's approach and results, see the 2015 Health Index Report available at www.mainehealthindex.org.

The MaineHealth board of trustees and leadership team have developed and adopted a strategic plan for fiscal year 2016-2018 that includes an updated set of system-wide population health priorities, goals and targets. The plan is available at www.mainehealth.org/strategic-plan. After meeting all but one of the 2016 targets for the system's seven Health Index priorities, the board endorsed aggressive new short- and long-term targets for 2018 and 2021, respectively (see Exhibit 6 on page 22).

Board Engagement

Inspired by the visionary leadership of Donald McDowell, MaineHealth's founding president, the MaineHealth board of directors at the inception of the system embraced the concept of working collaboratively with other stakeholders to improve the health of the communities they serve. Under the leadership of MaineHealth's current president, Bill Caron, the board has maintained that commitment consistently and strongly ever since. This commitment is reflected clearly in MaineHealth's strategic priorities; its highly advanced processes for setting community health improvement goals, targets and metrics for measuring progress; its steady investment of resources in its population health staffing and programs; and a broad range of collaborative partnerships at the local and system levels.

The MaineHealth board has charged its quality committee with oversight responsibility for monitoring achievement of key population health indicators along with other quality metrics. In addition, the board's finance committee is actively involved in investment decisions, and the board as a whole is deeply engaged in setting strategic priorities and assessing the system's performance and progress.

The system-level Community Health Improvement Council, comprised of representatives from all MaineHealth organizations as well as external community stakeholders and partners, advises and assists the MaineHealth board and executive team. The council meets quarterly and is charged with performing four functions:

- Monitor the needs of communities in the MaineHealth service area;
- Approve the high-priority health improvement issues to which MaineHealth will allocate time, energy and resources;
- Critique and approve community health work plans, including goals, resource requirements and proposed outcome measures; and
- Review progress and results of community health improvement programs.

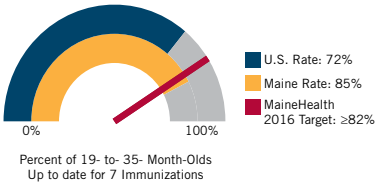
Recognizing that the prevailing payment systems for hospital and medical services provide very limited financial incentives or compensation for prevention, health promotion and population health improvement, the MaineHealth board has directed the executive leadership team to proactively pursue external grants and contracts that will complement and augment the board's investment of system assets in these initiatives. The strategy of creating and maintaining diversification in funding sources has been instrumental in sustaining MaineHealth's community health improvement programs. In fiscal year 2016, for example, MaineHealth generated $10.6 million in grants and contracts from multiple sources including the U. S. Department of Health and Human Services; the States of Maine, New Hampshire and Vermont; the City of Portland; and several private foundations. Some of MaineHealth's multi-sector partnership initiatives have received grant support from the U. S. Centers for Disease Control and Prevention.

2015 MaineHealth Health Index Report

Increase Childhood Immunizations

The rate of toddlers up to date for immunizations in 2014 was statistically higher than the rate in 2013.

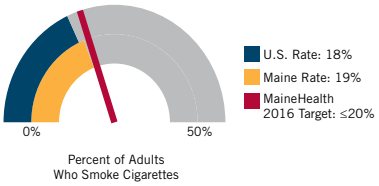
2016 target was met.

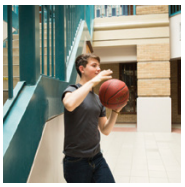


Decrease Tobacco Use

The rate of adults who smoke every day or some days in 2014 was statistically lower than in 2011.

2016 target was met.

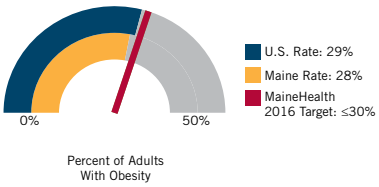




Decrease Obesity

The rate of adults with obesity in 2014 was unchanged from 2013.

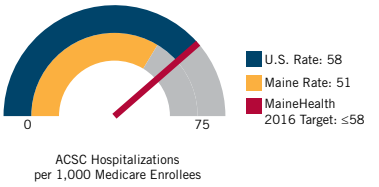
2016 target was met.



Decrease Preventable Hospitalizations

The rate of hospitalizations for ambulatory care-sensitive conditions in 2013 decreased from 2012.

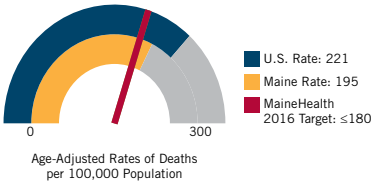
2016 target was met.



Decrease Cardiovascular Deaths

The rate of cardiovascular deaths in 2012-2014 was lower than in 2009-2011.

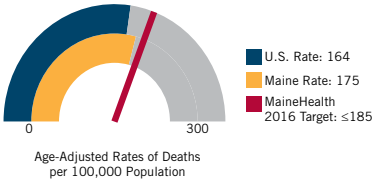
2016 target was not met.

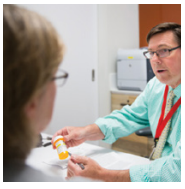


Decrease Cancer Deaths

The rate of cancer deaths in 2012-2014 was lower than in 2009-2011.

2016 target was met.





Decrease Prescription Drug Abuse and Addiction

The rate of drug overdose deaths in 2012-2014 was higher than in 2009-2011.

2016 target not established.

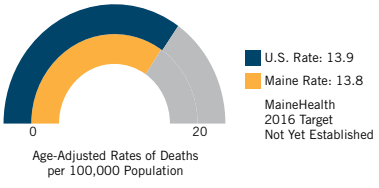


Exhibit 6 — MaineHealth Health Index Targets & Measures

MaineHealth

Health Index Targets & Measures

Health Index Priority	Short-term Measure and Target* (Achieve by September 30, 2018)		Long-term Measure and Target** (Achieve by September 30, 2021)	
Increase Childhood Immunizations	**Measure:**		**Measure:**	
	% of 2-year-olds served by MaineHealth member-owned family medicine and pediatric practices who are up-to-date on all ten vaccines recommended by their 2nd birthday		% of 19-35-month-olds in Maine up-to-date for bundle of seven vaccines (4:3:1:3*:3:1:4)	
	Baseline:	**Target:**	**Baseline:**	**Target:**
	57% as of 9/30/15	≥60% as of 9/30/18	85% in 2014	≥85% in 3 of 6 years during 2015-2020
Decrease Tobacco Use	**Measure:**		**Measure:**	
	# of adults with tobacco dependence who are electronically referred to Maine Tobacco HelpLine by providers in MaineHealth member-owned organizations		% adults in the MaineHealth Service Area who smoke cigarettes daily or some days	
	Baseline:	**Target:**	**Baseline:**	**Target:**
	2228 in FY2015	4000 in FY2018	18% in 2014	≤14% in 2020
Decrease Obesity	**Measures & Targets:**		**Measure:**	
	Among MaineHealth member-owned family & internal medicine practices using the Epic EHR: ▪ ≥80% completed training on adult obesity Standard of Care, and ▪ ≥50% implemented components of Standard of Care		% adults in MaineHealth Service Area with a body mass index ≥ 30.0 (indicating obesity)	
			Baseline:	**Target:**
			28% in 2014	≤26% in 2020
Decrease Preventable Hospitalizations	**Measure ONE:**		**Measure:**	
	Most recent annual rate of hospitalizations for COPD per 1,000 beneficiaries attributed to MaineHealth ACO's Medicare Shared Savings Program		Rate of hospitalizations for Ambulatory Care-Sensitive Conditions per 1,000 Medicare enrollees	
	Baseline:	**Target:**	**Baseline:**	**Target:**
	8.9 in FY2015	≤8.31^ in FY 2018	45 in 2013	≤30 in 2019
	Measure TWO:			
	Most recent annual rate of hospitalizations for Heart Failure per 1,000 beneficiaries attributed to MaineHealth ACO's Medicare Shared Savings Program			
	Baseline:	**Target:**		
	12.6 in FY2015	≤10.0^ in FY 2018		
	^90th percentile among all MSSP programs in the Q1, 2016 report			
Decrease Cardiovascular Mortality	**Measure:**		**Measure:**	
	Among 18-85 year old patients with hypertension who were cared for by practices in MaineHealth ACOs, % with blood pressure in control (<140/90mmHg)		3-year, age-adjusted rate of deaths per 100,000 population	
	Baseline:	**Target:**	**Baseline:**	**Target:**
	68% in 2015	≥72% in FY2018	185 in 2012-2014	≤155 in 2018-2020
Decrease Cancer Mortality	**Measure:**		**Measure:**	
	Among 50-75 year olds whose primary care is provided at a MaineHealth ACO affiliated practice, % with appropriate screening for colorectal cancer		3-year, age-adjusted rate of deaths per 100,000 population	
	Baseline:	**Target:**	**Baseline:**	**Target:**
	62%, measured in 10/2015	80% in FY2018	172 in 2012-2014	≤146 in 2018-2020
Decrease Prescription Drug Abuse & Addiction	**Measure & Target:**		**Measure:**	
	100% of opioid prescribers at MaineHealth member organizations who completed three hours of Continuing Medical Education on prescribing opioid medication by December 31, 2017		3-year, age-adjusted rate of deaths per 100,000 population	
			Baseline:	**Target:**
			14.2 in 2012-2014	≤12.0 in 2018-2020

*Short Term Measures & Targets - Data available from MaineHealth Sources

** Long Term Measures & Targets are more aggressive & based on national and state data

Mercy Health

Improving the health of the communities we serve, emphasizing people who are poor and under-served.

Mercy Health is the largest health system in Ohio, with a significant presence in western Kentucky. The system provided patient care nearly 6 million times in 2015, through 23 hospitals and nearly 500 total care sites, and touched more than 250,000 additional lives by putting $321 million in community benefit to use for those it serves.

The mission of Mercy Health is rooted in the work of its founders:

> *"Mercy Health extends the healing ministry of Jesus by improving the health of our communities with emphasis on people who are poor and under-served."*

Working through employees and with community partners, Mercy Health fulfills its mission and sustains the legacy of the Sisters of Mercy, the Sisters of Charity, the Sisters of the Humility of Mary and the Franciscan Sisters of the Poor, who founded the ministry more than 160 years ago.

Commitment and Leadership in Community Health

Mercy Health's history of service in community health is central to its mission. System leadership believes that a community's health depends on many factors (demographic, environmental and socioeconomic) and that enhancing community health requires thoughtful, intentional alignment of resources and partnerships. Mercy Health describes community health as a "calling" that extends beyond hospital walls to help people lead healthier lives.

Mercy Health has institutionalized its commitment to improve community health. Starting with governance, the system has embedded this commitment at all levels of strategy, operations and oversight.

"It wasn't like we were told to do it," President and CEO Emeritus Michael Connelly says. "We did it because it's in our DNA."

Community Health Improvement: Partnerships, Priorities, Progress

Mercy Health's strategic direction for 2014-2018 reflects its focus on community health engagement as a core strategy. The system participates in both market- and system-level partnerships whose work focuses on a holistic approach to enhancing mind, body and spirit. The system's seven regional boards and their committees also review the strategy and progress of community health engagement efforts annually and make additional recommendations based on market need. This review is coordinated with the existing CHNA and implementation plans review to ensure alignment with identified needs.

In 2015, a system-wide inventory was developed to track and report on all of the system's community health programming. Community health engagement overviews for each region also ensure CHNA priorities, top program results, key stories, opportunities and challenges are shared across the ministry. The inventory and region overviews were first presented at the 2015 meeting of all system and regional board chairs, vice chairs and CEOs, who are charged with oversight of the progress and effectiveness of community health improvement efforts linked to a defined set of community health goals based on CHNA-identified needs in their own communities. Examples of both the regional inventories and the community health overviews are included as Exhibit 7 on page 24 and Exhibit 8 on page 26, respectively.

Mercy Health's system board and executive team oversee implementation of community health initiatives in five areas:

1. Workforce

Mercy Health strives to be an organization that reflects the communities it serves: 18 percent minority and 51 percent female. Patient-facing work groups, such as nursing, receive particular scrutiny. Mercy hired 8,885 new employees in 2015, setting records in minority and female hiring: 22 percent of all hires were diverse; 81 percent of all hires were female. A minority fellows program has brought 37 diverse leaders into the system.

2. Supply chain

The system dedicates more than 7 percent of total spending to diverse suppliers, compared to less than

Exhibit 7 — Youngstown Inventory

Market	Program Name	Performance Measures	System Priority Health Issue Addressed (drop-down list)	Community Health Issue (drop-down list)	Brief Program Description (include primary objective of program)	2014 Actual	2015 Goal	Year to date 2015	Comments
Youngstown		# of Re-enrollments				534	505	116	Exisiting clients re-enrolled
Youngstown		# of New Clients Enrolled				395	415	61	New clients enrolled
Youngstown	Prescription Assistance	Average Wholesale Price of Medication Provided	Access to Care	Medication Management	Assisting the un-insured & underinsured with free prescription medication. Free service to help clients obtain medication on long-term basis at no cost.	7,026,404	7,377,724	2,067,608	Dollar amount of prescription medication provided to clients for free
Youngstown	Know Your Numbers	# Participants completing Know Your #s Program	Other Market Specific	Heart Disease	Increase participation in two-part program providing screening and education for hypertension, heart disease and diabetes	252	280	0	Program is seasonal, events scheduled for April. Know Your Numbers is a two-part program that provides screening + education for hypertension, heart disease and diabetes.
Youngstown	Health at Home	Attendance at Health at Home presentations	Access to Care	Access to Care	Increase participation at educational sessions	559	615	108	* Most programs are scheduled Spring, Summer and Fall. One-time educational session helps participants define a medical emergency, when to seek immediate medical care or use self-care.
Youngstown	Fruit & Vegetable Prescription Program	Voucher usage at Farmers' Market held June through October	Other Market Specific		Provide access to self-help care tips and increase access to and intake of fruits & vegetables among program participants.	0.62	0.69	0	* Program is functional June -October. Program designed to provide patients of Mercy Health Patient Centered Medical Homes who would benefit from increased fruits & vegetables in their diet a $25.00 produce voucher at the Farmers' Market held at St. Elizabeth or Warren
Youngstown	Neighborhood Health Watch	Increase number of screenings for NHW by 2%	Access to Care		To serve the minority, poor and underserved community by providing access to health screenings and education. Specific focus on access to healthcare for African Americans	1,798	224 per month	646	Screenings consist of blood pressure, blood sugar, total cholesterol.
Youngstown	Faith Community Nursing	Implementation of FCN program	Access to Care		To recruit RNs to build a health ministry within their own congregation to promote health: mind, body and spirit. Goal of better management/prevention of chronic disease.	NA	1/5 – 1st qtr 2/5 – 2nd qtr 3/5 – 3rd qtr 5/5 – 4th qtr	1	1-on-1 training with facilitator of Mt. Carmel's FCN program. Review and update convenant agreements. Make at least 12 contacts with clergy, congregations, and RNs in the community. Obtain commitment and covenant agreement from 1 RN and congregation. Maintain connection and support with current FC nurses.
Youngstown		# of Interpretation Appointments	Access to Care		Provide health services and education to hispanic clients, especially immigrants and underserved.	3,460	288 per month	1,007	Interpretation is provided at appointments for doctor, financial, social services, Xray, surgery, physical therapy, endoscopy, etc.
Youngstown	Hispanic Health	Number of Screenings	Diabetes		Provide health services and education to hispanic clients. Goal of prevention of hypertentsion, heart disease and diabetes.	1,900	158 per month	699	Provide Health Screenings that consist of blood sugars, blood pressures, cholesterol, body fat and BMI.
Youngstown	Stepping Out Program	Attendance at Stepping Out Physical Activities	Diabetes		Provide access for minority population to physical activities, health screenings and education on healthier lifestyles in order to reduce obesity.	9,562	7,500*	1,591	*2014 actual was extraordinarily high due to popular Zumba instructor averaging 45 per class. This instructor left in June 2014. Goal of 7500 based on attendance from July to December 2014. **Attendance lower than usual during winter months. Stepping Out Physical Activities include Line Dancing, Zumba & Aerobics

Exhibit 7 — Youngstown Inventory

Market	Program Name	Performance Measures	System Priority Health Issue Addressed (drop-down list)	Community Health Issue (drop-down list)	Brief Program Description (include primary objective of program)	2014 Actual	2015 Goal	Year to date 2015	Comments
Youngstown	Women's Infants and Children (WIC)	Overweight Children (>95%BMI)	Other Market Specific		Decrease % of overweight child participants	0.13	0.1	0.12	This % is an est. based on children coded as 54 (high wt for ht) for WIC eligibility.
Youngstown		Recipients of Food Benefits	Other Market Specific		Goal of providing adults access to proper nutrition. Achieve state assignment case load.	57,237	59,160	13,559	Seeing statewide declining case load. State WIC contracted firm to investigate factors driving this trend.
Youngstown		Breastfeeding Rates	Other Market Specific		Exceed breast feeding initiation rate of 55%	0.57	0.55	0.54	Breastfeeding Peer Helper Program continues to have positive impact on rates.
Youngstown		Attendance at support group activities (Empowering Moms and Fresh Start sessions)	Other Market Specific		Support for pregnant and parenting women. Increase attendance at Resource Mothers' programs and events	75	125	24	* No support groups held in January. Support for pregnant and parenting women helps to improve birth and health outcomes.
Youngstown		Term Births	Other Market Specific		Mentoring and support for pregnant and parenting women. Goal of term births of 36 weeks or greater.	0.96	0.96	0.88	* Low number of births causes one preterm birth to affect results. State average is 88%. The average for the last year for RM was 96%. 8 births from 1/1/15 thru 3/31/15, 7 were full term.
Youngstown	Resource Mothers	Normal Birth Weight	Other Market Specific		Mentoring and support for pregnant and parenting women. Goal of healthy birth weight of 5.8 lbs or greater.	0.98	0.98	0.88	* Low number of births causes one preterm birth to affect results. The state average is 91%. 8 births from 1/1/15 thru 3/31/15, 7 births were average birth weight, 1 birth was low birth weight, and 0 very low birth weight
Youngstown		Class Completion %	Diabetes		Continue completion rate of 85% or above for Diabetes classes.	0.86	0.85	0.92	ADA reports that 78% of participants typically complete classes.
Youngstown	Diabetes Education	% of Class Participants w/ an A1C Reduction	Diabetes		Decrease A1Cs of class participants, pre-class vs post-class	0.94	0.7	0.89	These are class patients who have pre class and follow up A1Cs
Youngstown	Class Participants New To Mercy Health	% of Class Participants New To Mercy Health	Diabetes		Increase class participants that are new to Mercy system	0.06	0.04	0.12	Getting many referrals from Valley Care physicians as well as self-referrals from patients with diabetes in the community
Youngstown	Gestational "Pathways to Success"	No Macrosomia (Abnormally Large)	Diabetes		No large birth weight babies (Over 9 Pounds)	0.96	0.85	0.94	No macrosomia, 1 congenital defect

Exhibit 8 — Youngstown Community Health Overview

Community Health Engagement — Youngstown

We extend the healing ministry of Jesus through our community health engagement programs in Youngstown.

TOP PROGRAMS AT A GLANCE

PROGRAM	DESCRIPTION	SYSTEM-WIDE HEALTH PRIORITY	COMMUNITY HEALTH PRIORITY	PERFORMANCE METRICS	IMPACT
Tobacco Treatment Center and New Start Treatment Center	Offer holistic programs to help patients break free from nicotine, drug and alcohol dependency	Other Market Specific	Alcohol, Tobacco, Drug Use	• Number of program participants • Percentage of participants who are drug/alcohol free at graduation	**2014 Tobacco Treatment Center results:** • 623 participants • 96% smoke free at graduation **2014 New Start program results:** • 137 participants • 44% drug/alcohol free at graduation
Fruit and Vegetable Prescription Program	Increase access to and intake of fruits and vegetables among program participants	Other Market Specific	Preventative Health	• Voucher usage at Mercy Health-sponsored farmers markets held June through October	• 70% of vouchers used in 2015 YTD • 62% of vouchers used in 2014
Pre- and postnatal support	Provide specialized care and services to help pregnant women deliver healthy babies: • CenteringPregnancy® • Ohio Birth Equity Program • Empowering Moms Program with Resource Mothers • Baby First Initiatives • Progesterone Therapy	Other Market Specific	Maternal/ Child Health	• Number of deliveries	• 1,639 births in 2015 YTD • 2,157 births in 2014

System-level Community Health priorities supported:

Priority areas	# of programs
1. **Access to care**	9
Primary & preventative care	4
Prenatal care/infant mortality	5
2. **Behavioral Health**	0
3. **Diabetes**	5
4. **Dental**	0
5. **Other market-specific priorities**	4
Total:	**18**

Looking ahead

Go-forward opportunities

1. Recently, we implemented CenteringPregnancy (an evidence-based model of group prenatal appointments) in our Women's Care Center, and will track its impact on improving birth outcomes and lowering our county's infant mortality rate.
2. We look forward to strengthening our partnership with Catholic Charities by connecting with their new liaison for social concerns.
3. Our Behavioral Health Institute, made possible by numerous community partnerships, is expected to significantly improve behavioral health in our region when it opens in January 2016.

Program challenges

1. Our market's Community Health Needs Assessment (CHNA) timeline differs from other markets. We are on a 3-year cycle versus a 5-year cycle, which poses significant challenge when we want to work together toward common goals.
2. Reporting all of our outreach programs and activities in Community Benefit Inventory for Social Accountability™ (CBISA) software is a challenge due to resources and lack of clarity around a single owner of community health engagement work.
3. Find ways to share success stories both internally and externally.

Exhibit 8 — Youngstown Community Health Overview

SACRED STORY

Producing good health with access to fresh fruits and vegetables

When Mary Delucio sent her husband, Bill, to the farmers market to pick up something healthy to eat, she didn't know exactly what he might return home with. But she knew it would be fresh. And she knew it would be free.

Mary, a patient at St. Joesph Community Care Center, is enrolled in the Fruit & Vegetable Prescription Program, offered by Mercy Health — Youngstown. The program gives vouchers for fresh fruits and vegetables to about 200 patients who might not be able to pay for them. Patients receive actual "prescriptions" for $25 worth of produce to redeem at Mercy Health-sponsored farmers markets in Youngstown and Warren, held monthly from June through October.

Now in its third year, the Fruit & Vegetable Prescription Program makes it easy and affordable for community members like Bill to pick up plump tomatoes, juicy peppers or, as Mary discovered when he brought his purchases home, plants to grow them! The farmer who sold Bill the plants taught him all the growing tips he needed to know, and it didn't take long for Bill to put his new green thumb to good use.

At the next farmers market, Bill arrived early and reported how his tomato and pepper plants were thriving. Not only were he and Mary enjoying the bounties of his harvest, but he was sharing the food with many of his senior neighbors.

The Fruit & Vegetable Prescription Program taught a man to garden and helped feed him — and his neighborhood — with fresh, seasonal produce, all season long.

The program is funded through the Mercy Outreach Program and the Mercy Health Foundation Mahoning Valley, and is a coordinated effort between Mercy Health, Lake to River Food Cooperative and Trumbull Neighborhood Partnership.

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1 percent two decades ago. Active support by senior leadership, transparency to the community, a process for diverse sourcing embedded across the system for major spending decisions and ongoing engagement with diverse suppliers to regularly examine inclusion opportunities support the system's success in this area. Mercy Health spent $400 million with certified minority- and women-owned businesses during the last five years.

3. Care and population health

Mercy Health's approach to measurement enables sorting of health outcomes by race and other key disparities. A two-year effort to enhance patients' electronic medical records laid the groundwork for elimination of most care gaps among black, white and Latino patients in infant mortality, diabetes and other high-volume problem areas.

4. Community investment

Mercy Health engages in relationships that contribute to better health and quality of life in the communities it serves. Locating the new Mercy Health home office in Cincinnati's Bond Hill neighborhood and the system board's support of a $75 million investment in that neighborhood are examples of how the system lives this commitment.

Bond Hill is affected by extreme rates of poverty, lack of investment and associated challenges. Beyond investing in its new Bond Hill campus, the system has deeply engaged with the area's schools, businesses, community partners and residents. Some examples include formation of a community impact advisory council, a partnership with a local service provider to bring high-speed Internet access to Bond Hill and robust health and education programming. The Mercy Health team's significant engagement in the neighborhood years before the system actually entered the community was critical to its success. One example is development of a partnership with the general contractor who hired and trained students and recent graduates from local career and technical high schools to help construct the new Mercy Health campus.

Mercy Health also is a partner in Toledo's Cherry Street Legacy Project, focused on transforming the blighted residential urban neighborhood surrounding its St. Vincent Medical Center. Projects range from buying houses to prepare them for future residents, to cleaning up parks, to providing fresh produce to residents. The latest surveys show that 74 percent of residents plan to remain in the neighborhood, up 14 percentage points from three years before.

5. Community partnerships

With Catholic Charities, the Urban League, and other partners unique to each of the system's geographic regions, Mercy Health focuses on addressing poverty, housing, education and other challenges.

Board Engagement

Board members insist that Mercy Health share best practices and measure progress on addressing health needs unique to each of its communities. A dynamic scorecard (now being revised to include updated metrics for 2017) tracks system community benefit investments totaling more than $5 billion since 1995.

In 2016, Mercy Health began transforming the systems that support its community health improvement work. Tracking and reporting for all community health initiatives, traditionally based primarily on activity measurements, are being refocused on outcome metrics and measurement across all key areas identified by the CHNAs. This evolution allows local and system board members to gain insight into how the health system's efforts, in partnership with other community organizations, can "move the needle" on key issues facing its communities. In 2015, an initial annual community health report chronicled 244 programs that touched the lives of more than 250,000 people (view the report at http://bit.ly/2cCNaqO).

Mission leaders and those involved in community health system-wide now meet monthly to share best practices, discuss challenges and evolve the work of improving community health. A centralized system-level team also meets monthly to ensure alignment of activities across the functions of mission, advocacy, finance, communications and the Mercy Health Foundation.

Leveraging best practices and deploying system scale to best support these efforts is critical and complex work requiring data standardization and consistent measurement and reporting. Through partnerships, Mercy Health will continue to evolve this work to provide its communities with new and more comprehensive levels of impact.

Texas Health Resources

Sustained and expanding commitment to community health improvement through partnerships

Texas Health Resources, based in Arlington, Texas, is one of the largest faith-based, nonprofit health systems in the country, with 29 hospital locations serving more than 6.8 million people across 16 counties in North Texas.

Commitment and Leadership in Community Health

Texas Health Resources has pursued strategies to enhance both individual and population health through a decade-long strategic plan that supports its mission:

> *"To improve the health of the people in the communities we serve."*

Three broad phases encompass Texas Health's journey toward becoming a "population health company." The initial phase began with strengthening the effectiveness of what is today a system with 29 hospital locations with more than 350 access points for care. The second phase focused on moving from a hospital-centric to a patient-centric organization through extending the organization's culture into the community; delivering value through attention to quality, cost and service; and generating the financial capacity to fund sustained transformation. Key initiatives involved creating an integrated care network of hospitals and clinicians, including a commitment to clinician leadership throughout the system; expansion of care and service delivery through outpatient and other non-hospital locations; and building infrastructure to manage the health of populations as well as individuals. The final phase of its 10-year plan is focused on affordability, innovation and reliability. Keeping people out of the hospital and a holistic view of health that attends to people's physical, emotional, spiritual and social needs are at the core of Texas Health's philosophy and approach to improving community health. Hallmarks of this commitment include:

- Providing the people of North Texas with resources to improve their health to reduce the development of chronic diseases that require expensive, long-term care. These resources touched the lives of more than 194,000 individuals in 2015, a 40 percent increase from 2014. Additionally, Texas Health delivers culturally competent care that provides effective and responsive health services to multicultural populations to improve their health outcomes and satisfaction; and designs health improvement programs centered on increasing health awareness, literacy and navigation, and reducing chronic disease.
- Growing its behavioral health services throughout the region to address the unmet needs of those with mental health conditions. Texas has historically ranked at or near the bottom of states in per-capita funding of behavioral health services, which impacts individual lives, communities and the overall economy. Texas Health is addressing this issue on two fronts. First, it is working with other health systems to help state legislators understand the impact this has on the state and identify ways to solve these problems. Second, Texas Health is expanding access to behavioral health services in North Texas as part of the continuum of care. Today, Texas Health is the largest single provider of behavioral health services in the state, and plans to increase its offerings to include a new addiction treatment facility and a behavioral health hospital.
- Establishing Southwestern Health Resources, in partnership with the University of Texas Southwestern Medical Center, to expand the care continuum and build the capacity to manage population health. The integrated network blends the strengths of Texas Health and UT Southwestern to better serve patients throughout North Texas through initiatives such as wellness programs, preventive care and advanced medical interventions.
- Providing major financial support, along with insurers such as BlueCross BlueShield of Texas, for a Blue Zones Project™ in Fort Worth. This initiative addresses social determinants of health and seeks to make healthy choices easy for people so that they live longer with a higher quality of life. Texas Health's CEO became the executive champion for this initiative.
- Contributing $848 million in charity care and community benefit in 2015, exceeding by 24 percent the state law requirement that nonprofit hospitals

must provide at least 5 percent of their net patient revenue in total charity care and community benefit.

Community Health Improvement: Partnerships, Priorities, Progress

Texas Health works with more than 200 nonprofit partners in the region to increase health and well-being locally, including formal agreements with strategic nonprofit partners like the American Cancer Society, American Diabetes Association, American Heart Association and March of Dimes.

The system's service area is diverse, creating a variety of opportunities for enhancing health and well-being. Specific initiatives target priorities identified through the CHNA process, which Texas Health conducts in a consistent manner across the system with community partners. Activities based on the most recent system-wide CHNA include expansion of Faith Community Health Outreach, sponsorship of individuals in the Comprehensive Diabetes Care Outpatient Program, expansion of the system's behavioral health services and sponsorship of collaboratives to address issues such as child automobile safety and healthy eating, chronic disease management for adults and seniors and provision of low-cost mammograms. Texas Health is completing its second CHNA cycle for 2016-18.

Texas Health assesses progress toward community health improvement using metrics that measure impact over time. The system has gained experience in employing outcome methodology and measurement through participation in the Delivery System Reform Incentive Pool (DSRIP) 1115 waiver program, which provides Medicaid incentives with approval from the Centers for Medicare & Medicaid Services (CMS) for meeting specific community health initiative metrics (for more on the DSRIP program, see the article by Homer, et. al. in the References section of this report). Texas Health also tracks internal performance indicators related to quality, safety, experience of care and cost at local, zone (regional) and system levels and monitors community health investment impact through community benefit and CHNA reporting. The system acknowledges that use of metrics and demonstration of impact are a work in progress (see Exhibit 9 on page 31). More on Texas Health's commitment, including 2015 programs and assessment of impact, can be found in its *2015 Community Responsibility and Sustainability Report* at www.TexasHealth.org/Responsibility.

Board Engagement

Texas Health's journey to improve community health and well-being has involved board participation at every step. The organization uses its system board strategy, finance and quality committees to plan, allocate resources and monitor progress toward achieving system goals. Local community health advisory councils and entity boards also provide input to Texas Health leadership and the system board. Texas Health envisions community health as a system-wide priority that will increasingly require a unified approach and centralized resource allocation to best achieve results.

System board members describe Texas Health as a "leaderful" organization, i.e., leadership for improving community health and well-being exists from the board through the organization's front-line employees. Based on an employee's regularly scheduled workday, employees can use 8-12 hours per year of paid work time to volunteer and support a Texas Health-sponsored or a local community outreach project led by another nonprofit organization within Texas Health's service area, many of which focus on community health.

The system board understands and supports Texas Health's evolution from a hospital- to a patient-centric- to a population health-focused organization and encourages creating the relationships with community partners necessary to influence change at the grassroots level. Texas Health believes that partnership is both a strategy and a capability so central to the system's future that it recently worked with the system governing board to re-evaluate the system's vision statement to emphasize how it is partnering with the community for lifelong health and well-being for North Texas residents.

The board's participation in Texas Health's evolving strategy and the CHNA process has deepened its focus on turning Texas Health's long-term commitment and investments into measurable, sustained improvement in community health and well-being.

Exhibit 9 — Impact on Community Health

2015 PROGRAMS	TARGET POPULATION	IMPACT
Child Automobile Safety	Children	Educates and raises community awareness about child passenger safety and the risk of unintentional injury from motor vehicle collisions. In 2015, we provided more than 157 car seat checks and educated 1,907 families.
Motivate to Move	Children	A program sponsored by Texas Health Presbyterian Hospital Allen that taught elementary students at 17 schools about healthy eating and being more physically active.
Chronic Disease Self-Management	Adults, Seniors	Provides information and teaches practical skills on managing chronic health problems. In 2015, more than 263 graduates completed 29 programs.
A Matter of Balance	Seniors	An evidence-based fall prevention program for older adults. In 2015, more than 352 seniors participated in an eight-session course.
Healing Hands Ministries	Vulnerable	Provides affordable medical and dental care to medically disadvantaged residents near Texas Health Presbyterian Hospital Dallas. Texas Health Physicians Group providers devoted 200 hours per week to see nearly 600 patients who otherwise may not have received care.
Healthy Education Lifestyles Program	Adults, Seniors	Improved 80% of Texas Health Harris Methodist Hospital Azle's diabetic patients' glucose levels and controlled 64.7% of their blood pressure, surpassing the Healthy People 2020 target of 57%.
ED Patient Navigation Program	Vulnerable	The Emergency Department Patient Navigation Program at Texas Health Harris Methodist Hospital Alliance helped 787 patients in the last year.
Low-Cost Mammogram Program	Vulnerable	Texas Health Presbyterian Hospital Plano served 133 women with 162 procedures through its low-cost mammogram program for women with disproportionate unmet health-related needs.

Community Health Needs Assessment

Texas Health began formally conducting Community Health Needs Assessments (CHNA) in 2013 to evaluate the health status and needs of the communities we serve. Our baseline assessment identified two key areas to address:

1. Chronic disease prevention and management.
2. Health awareness, literacy and navigation (i.e., having the knowledge and being able to understand your health; how to obtain, process and understand reliable health-related information; where to seek services; and how to navigate the health care system).

Using CHNA findings, we developed strategies for each facility within our health care system to implement from 2014 to 2016. Each year, our hospitals assess the health needs of their local communities to determine if changes are needed based on what the CHNA found.

Moreover, our Community Health Advisory Councils remain engaged with external stakeholders to identify and prioritize community health needs. In 2015, Texas Health invested more than $1 million in community benefit grants and sponsorships to improve health and well-being in the communities we serve.

Section IV. Recommendations and Conclusion

The purpose of this publication is to discuss the role of nonprofit health systems in collaborative efforts to assess and improve the health of the communities they serve. Our examination of the health of America's population and the factors that determine it, the rapidly changing health environment, and several health systems that are demonstrating strong commitment to community health improvement has led to four recommendations for governing boards and CEOs of our nation's nonprofit health systems to consider.

Recommendation 1

If they have not already done so, health system boards are encouraged to incorporate their commitment to improving the health of communities their system serves in key governance documents. Specifically, the system's mission statement, strategic plan and annual budgets should reflect the board's commitment clearly and consistently.

Improving access to medical and hospital services and the quality of these services—while important—is insufficient to resolve the health challenges facing our country. Courage, innovation and transformational changes in traditional policies and practices are needed, and our nation's nonprofit health systems can and should play a vital role.

To enable this to happen, health system governing boards must take a leadership stance and—through policy positions and resource allocation decisions—demonstrate solid commitment to community health improvement. Board commitment is essential for many reasons including the fact that current payment systems do not properly reward providers for community health improvement initiatives. Therefore, boards and executive teams must identify other sources of funding support. Also, some clinicians and other parties may view a new focus on community health as competing with the organization's traditional focus on caring for individual patients and/or with their personal interests. Only with strong leadership by the board will commitment to community health improvement become imbued into the system's culture and priorities.

The health systems profiled in Section III provide solid evidence that progress is possible in diverse settings. Their boards, clinicians and executive leaders are taking on the challenges and investing in community health improvement initiatives because they understand the downstream value these investments will make to their organizations and, more importantly, the communities they serve.

Recommendation 2

Health system boards are encouraged to hold themselves and their management teams accountable for setting clear priorities and making measurable progress in improving the health of the communities their systems serve.

Implementing this recommendation will require thorough assessment of community health needs, establishment of clear and meaningful targets for improvement, adoption of solid metrics related to those targets, and the development of board scorecards and processes for monitoring progress. These steps are essential to enable the board to demonstrate its commitment to community health improvement and hold its management team accountable for demonstrating evidence-based progress.

Making a formal governance commitment to assessing, measuring and improving community health and putting in place the expertise, tools and processes for monitoring progress in relation to established priorities also will provide a solid foundation for the board to fulfill its accountability to the communities the health system serves. In the contemporary environment, it is increasingly important for nonprofit health systems to be intentional and proactive in sharing information about their priorities

and performance with the communities they serve, the media and other stakeholders. Policies and communication programs that enhance a health system's level of transparency with internal and external stakeholders will build their understanding, trust, and support for the system (Prybil, et. al., 2013).

Recommendation 3

Health system boards and chief executive officers are encouraged to build collaborative partnerships with other stakeholders in the private and public sectors who share their commitment to community health improvement.

As documented in Sections I and II and reinforced by the experiences of the health systems profiled in Section III, assessing and prioritizing community health needs and, subsequently, designing, instituting and sustaining programs that will address these needs and produce measurable improvements in the health status of target populations are great challenges. Achieving positive results demands a broad range of expertise, a substantial investment of resources and a long-term perspective.

A growing body of evidence shows that improving the overall health of families, communities and other population groups requires multi-sector efforts and concerted collective action directed toward clearly-defined targets using well-established metrics. Making meaningful improvements in the health of a community and building a sustainable "culture of health" in that community is beyond the capability of any single organization. Multi-sector partnerships that include key stakeholders in the private and public sectors—health delivery organizations, public health agencies, school systems, the medical and dental communities, employers and other parties who care about the health of their communities—are necessary. As discussed in Section II, the active engagement and support of hospitals are vitally important to the success of multi-sector partnerships. Without the involvement of hospitals as anchor institutions, these community initiatives are unlikely to be effective and sustainable.

There is growing evidence that multi-sector partnerships focused on assessing and improving community health are needed and have potential to be productive; however, they are not easy to initiate and maintain. To be effective and durable, voluntary partnerships need to incorporate key characteristics that numerous studies in all sectors of society have found to be critical to success; e.g., a clear and well-understood definition of the partnership's mission and goals, trust and respect among the partners, leaders who encourage collaboration and are dedicated to accomplishing the agreed-upon goals, metrics for measuring progress and a process for continuous evaluation and improvement.

Recommendation 4

Health system boards and chief executive officers who embrace commitment to assessing and improving the health of the communities they serve should be conservative and pragmatic in defining the scope of their engagement and investments.

America's nonprofit health systems are growing in number and size. These systems have great strengths and, as illustrated by the systems profiled in Section III, their proactive leadership will be invaluable in multi-sector efforts to assess, measure and improve the overall health of the communities they serve.

The U.S. is highly diverse and health needs vary greatly from community to community. Assessing the overall health of a community, setting priorities, developing programs to address them and making sustainable impact on improving the community's health is a complex, costly and long-term challenge. America's nonprofit health systems can and should play an important role in these multi-sector initiatives, but each system and its local hospitals must define the nature, scope and boundaries of their commitment and the resources that can be allocated to these initiatives. In addition, as a condition of engagement, the community health improvement priorities, targets and metrics for measuring progress should be established and supported strongly by all key

partners. Open-ended commitments without well-defined understandings, boundaries and methods for measuring progress should be avoided. The scope and components of a system's engagement in multi-sector initiatives devoted to improving the overall health of communities and building an enduring "culture of health" in those communities can and should be modified over time as experience is gained, lessons learned and measurable progress achieved.

Conclusion

Over the years, America's nonprofit health systems have focused their resources principally on providing hospital and medical services to their patients and striving to improve the quality and efficiency of those services. This continues to be an essential component of their mission and responsibility to the communities they serve.

However, a large body of evidence shows that improving the health of families and communities and restraining the growth of our nation's health expenditures will demand broader approaches that address the full range of factors, including educational, environmental, lifestyle behaviors and socioeconomic, that determine health status. Developing and implementing these approaches demand collaborative efforts by key stakeholders in the public and private sectors. The active engagement and leadership of nonprofit health systems in these initiatives will be essential and will require strong, informed commitment by the systems' boards and chief executive officers.

Board and executive leaders must recognize the difficult challenges that are involved in striving to measure and improve community health. As stated in Section II of this report, the work is complex, priorities and metrics must be set carefully, short-term economic rewards are negligible and attaining substantial outcomes takes time. However, if nonprofit health systems accept leadership roles in multi-sector efforts to improve the health of their communities, it is more likely that improvement will occur.

This report shows that progress is possible. The health systems profiled here—and others across the country—are living the commitment made by their boards to assess, measure and improve the health of the communities they serve; to collaborate with other community stakeholders in these efforts; and to be responsible and accountable for making measurable progress. The systems' leaders know the journey is difficult and they have a long way to go, but they have made a firm commitment and are underway. It is our hope that—with the leadership of their boards and chief executive officers—many other health systems will join them.

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