

The CAH's Role in Building Healthy Communities



CRHC Annual CAH Workshop
November 4, 2011

Presented by
Bill Charney, Charney Associates
Clint Cresawn, CO STRIDES Program Manager, CRHC

Premise for Today's Workshop:

- CAHs are key community assets
- Community residents = the "owners"
- Success = making *their* communities healthy
- Today's focus – building the *dialogue* between the CAH and the community
 - Community Health Needs Assessments
 - Optimizing the Board's role as the CAH / Community "conduit"
 - CEO Role

Premise for Today's Workshop:

- If CAHs are community assets...
 - Challenge – "tapping in" to those communities.
 - Aim – connecting with others to optimize need fulfillment, service and value (tangible and intangible) of hospital to its respective community.
- This workshop–
 - Elevate understanding of how to enhance community connections.

Who "Owns" the Hospital?

- (Not the same as "who uses it?")
- Think "owners" vs. "customers"
- Board's purpose/priorities decisions shape who customers are!
- Think broadly: "Who gets ultimate benefit, either direct or indirect, if our CAH fulfills its mission?"
- Thus, "On whose behalf should the Board continually revisit and refine the hospital's priorities?"

PRINCIPLE

Ownership



- All organizations are “owned”
 - legally (and/or morally)
- Owners =
 - not all *stakeholders / customers*
 - correspond to *shareholders*
 - *governmental agencies – typically “residents and taxpayers”*
 - *501c3 – typically some “community”*
- Board’s *purpose*: Serve owners’ interests



The Need for Community Linkage / Assessment

Who Does the Board Hear From?:

The Stakeholder / Owner Distinction

- Stakeholders = vendors, employees, current customers, other affected agencies
 - Viewpoints, and bias, should be considered
- Example:
 - Who owns your car?
 - Who are your car’s stakeholders?
- Stakeholders – a key source of input when establishing results priorities
- Board “moral accountability” – to owners

“Customers” vs “Owners”

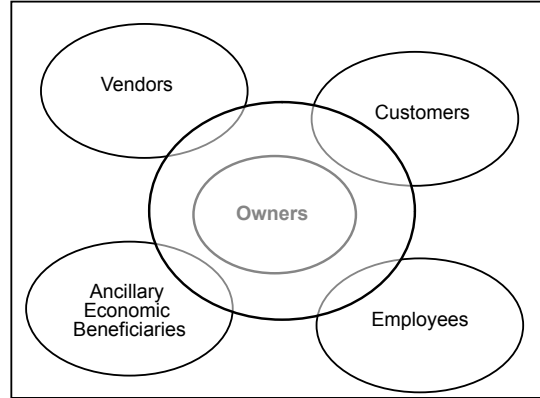
- Customers –use / transact with organization.
- Owners –benefit from it fulfilling its purpose, even if not using it.
- Natural inclination to view as the same ...
 - But, what underlying values / decisions made some people customers?
- Today’s beneficiaries may not be most appropriate tomorrow!

Patients / Customers

- Specific incident perspective
- Purchasing mentality
- Cost-focused
- Focus on personal interests
- “I want it now”– immediately
- Shares opinions – reactive
- Easier to define who they are
- May just use certain services
- “I”

Owners

“Stakeholders”



PRINCIPLE

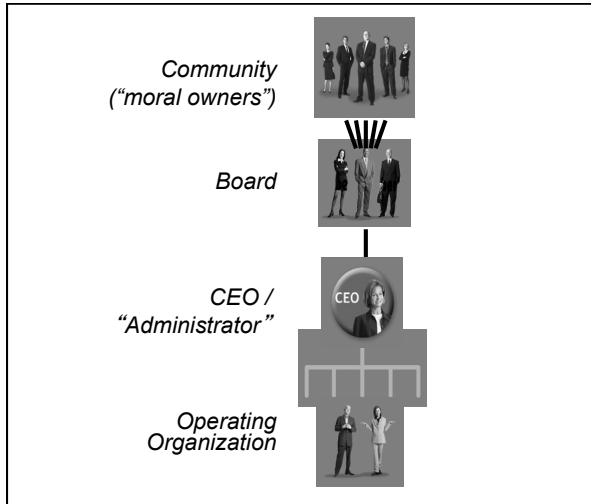
Governance / The Role of Boards

- Connect “Owners” interests with operational performance.
- Board job — define / ensure effective Hospital / District performance:
 - achieves appropriate results
 - avoids inappropriate situations
- NOT – “run the hospital”

“Governance”

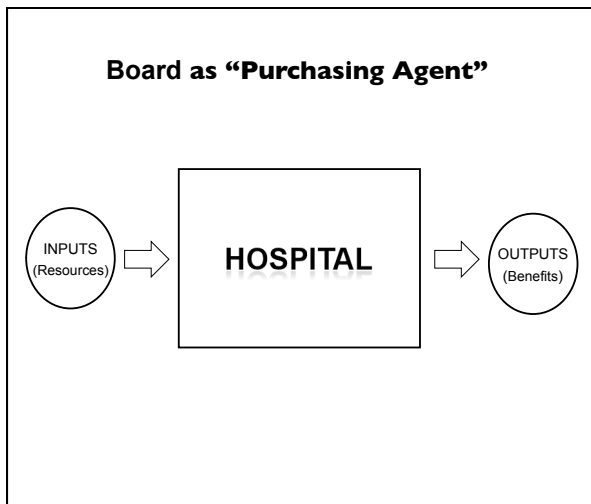
(from Latin) Gubernare

- To steer
- *(not to row)*




Board as "Purchasing Agent"

- Like any enterprise, hospitals have "inputs" and "outputs."
- Fiduciary Responsibility
 - *not* just about Balance Sheet.
 - *ultimately* – a favorable relationship between inputs and outputs.



Board as "Purchasing Agent": Exercise #1



1. What are your hospital's INPUTS?
2. What are your hospital's OUTPUTS?

Linkage: Connecting with the Community

- Deliberate dialogue between a CAH and “owners”...
 - To inform decisions re: community needs and priorities, and...
 - to help owners understand and value the organization.
- Quite distinct from “P.R.”

Linkage Benefits

- Keeps Board aware of trusteeship role – that the organization belongs to others.
- Board and CEO have broader perspective (vs. agendas / voices of individuals or stakeholder groups).
- Reminds Board of its governance role re: ensuring fulfillment of organizational purpose (not “overseeing” operations).

Linkage Component #1: Needs Assessment

Community



Advantages:

- Recognizes a “chain of command.” Board
- Focuses on larger context (vs. individual age or special interest groups).
 - Avoids a few “outspoken” citizens causing pain/disruption due to Board losing sight of its view of “community” as a whole.
- Reminds Board of governance role -- ensuring fulfillment of purpose (not “overseeing operations”).

Board



Linkage Component #2: Advocacy / “Ambassadorship”

Community



Advantages:

- Builds hospital’s “Brand”
 - Message credibility from Board
 - Community / Employee pride
 - More attractive to physicians/professionals
- “Friend-raising” today =
 - More effective fundraising tomorrow

Board





Community Health Needs Assessment

Presented by Clint Cresawn
Colorado STRIDES Program Mgr.



PPACA – Section 9007

- Community Health Needs Assessment required to maintain tax exempt status and avoid excise tax penalties
- Assessment reporting required with first tax return after 3/23/12
- Applies to all 501(c)3 hospitals, regardless of ownership



Requirements / Opportunities

- Input from a wide spectrum of stakeholders in the community regarding health needs
- Results must be made “widely available to the public”



Requirements / Opportunities

- Identification of the population’s needs, both based on their perceptions and health outcomes data
- Analysis of delivery system’s response to needs, including current services and community benefits
- Identification of gaps
- Setting of planning priorities





Community Input

- Questionnaires
- Focus Groups

Standard questions revolve around

- Usage of your services
- Usage of other providers
- Satisfaction with each
- Perceived access to care



Community Input

Additional questions might revolve around perceived value of hospital services and community benefits

For the Community Health Needs Assessment, only pertinent data would need to be reported



Meeting 1 – Sample Agenda

- Purpose & Responsibilities
- Share Hospital Medical Service Area
- Share Hospital Services / Community Benefits
- Present & Discuss Economic Impact Data
- Present Community Input Tools
 - Surveys
 - Focus groups



Meeting 2 – Sample Agenda

- Review Meeting 1 materials
- Collect surveys
- Present & Discuss Demographic & Economic Data
- Present and Discuss Health Indicator and Health Outcome Data Report
- Hold additional focus group(s)



Meeting 3 – Sample Agenda

- Review first two meetings
- Community Input Summary Report
- Discuss community health needs and issues
 - Identify and prioritize community health needs
 - Determine possible strategies
 - Summarize community recommendations



Meeting 4 – Sample Agenda

- Review the process thus far, with particular focus on community recommendations
- Unveil the hospital's responses to community input



Economic Impact of SPRHC

Economic Impact of Spanish Peaks Regional Health Center's 2010 Operations and 2011 Construction on Huerfano County

Employment Impact

Activity	Number		Secondary	Total
	Employed	Multiplier	Impact	Impact
Operations	351	1.22	77	428
Construction	<u>25</u>	1.16	<u>4</u>	<u>29</u>
Total	376		81	457

Source: Survey data for operations employment income, 2010; construction income and employment estimated from IMPLAN data and current IMPLAN multipliers. Minnesota



Economic Impact of SPRHC (continued)

Economic Impact of Spanish Peaks Regional Health Center's 2010 Operations and 2011 Construction on Huerfano County

Income Impact

Activity	Direct		Secondary	Total
	Income	Multiplier	Impact	Impact
Operations	\$ 13,985,000	1.15	\$2,098,000	\$16,083,000
Construction	\$ <u>853,000</u>	1.15	<u>\$ 128,000</u>	<u>\$ 981,000</u>
Total	\$14,838,000		\$2,226,000	\$17,064,000

Source: Survey data for operations employment income, 2010; construction income and



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 Clint Cresawn ccr@coruralhealth.org www.coruralhealth.org
 Bill Charney bill@bcharney.com www.bcharney.com



Products Provided

- Press releases associated with each meeting
- Agendas & PowerPoint Presentations for each meeting
- Hospital Services and Community Benefits Summary
- Demographic & Economic Data Report
- Economic Impact Report



Products Provided

- Health Indicator & Health Outcome Data Report
- Community Health Survey Questionnaire
- Community Health Survey Questionnaire Summary
- Community Assessment Recommendations to Hospital Summary



Another Resource

- CRHC hosts Rural Health Works training
 - economic impact analyses of healthcare
 - mapping and spatial data analysis
 - the new IRS-mandated community health needs assessment for nonprofit hospitals
 - budget studies for new or expanded health services
- Tuesday, Dec 13, 9 am to 4 pm. The registration fee is only \$49. Lodging incentive for first 6 rural registrants.



For Additional Information

Clint Cresawn
Colorado STRIDES Program Manager
Colorado Rural Health Center
3033 S Parker Rd Ste 606
Aurora CO 80014

800.851.6782, ext 255

ccr@coruralhealth.org



“Looking Back”: Exercise #2



1. Think of a significant decision your CAH made re: priorities / changes to programs, services, facilities, etc.
2. In retrospect, what kind of input might have ...
 - ...helped the Board/CEO make a better decision, or
 - ...helped the Board/CEO have more confidence in its decision, or
 - ...helped the decision be more well-received in the community?

Examples of Linkage Tools/Approaches for CAH Consideration

Common Linkage Tools / Approaches

- Community Assessment Surveys
- Tabulated Surveys
- Focus Groups
- Invited Presentations at Board Meetings
- Public Forums
- Meetings with selected groups within the community

Community Assessment Surveys

- Comprehensive overview of community and CAH's role in it
- Multi-faceted
 - Typically include overviews of demographics, evolving needs, community perceptions, “SWOT” analysis, focus groups, interviews with key leaders, etc.
- Example: Current CRHC program (per Clint's presentation)
- Should only be needed on a periodic basis

Tabulated Surveys / Questionnaires

- CEO/staff – best position to collect *customer* input
 - On-site
 - Data-base capture (w/permission) for future outreach
- On-line Surveys:
 - easily altered – even frequently
 - Quick and convenient.
 - Can use to educate community (cover letter).
 - Can assess perceptions of: needs, access / responsiveness, understanding of resources, etc.
 - Best to NOT focus on short-term issues – citizens more likely to respect longer-term focus.

Focus Groups

- + Great opportunity for values focus to discussion.
- + Multiple groups, well facilitated, can be good indicators of trends, shared needs, perspectives, etc.
- Not statistically representative sampling.
- + Can enhance Board / CEO understanding of perceptions, trends of thought of particular demographics, interest groups, etc.

Community Connections Events

- EXAMPLES:
 - “Community Connections Dinners”: A college board meets monthly with targeted community groups, e.g. employers in various sectors.
 - “Town Hall” meetings: Best to focus on constituents’ “owner” hats to discuss the future.
 - Education / Dialogue at Board meetings:
 - With leaders from organizations with shared purpose / concerns (e.g. seniors groups, health advocates, disabilities, occupational therapy, drug / alcohol addition, etc.)

Public / “Open” Meetings

- Beware ...
- Boards become reactive
 - Those who show up – often either:
 - disgruntled customers or employees
 - potential vendors
 - reporters/media seeking controversy!
 - Attendees claiming to “represent the community” usually don’t ...(!)

Linkage as Outreach/ “Ambassadorship”

- “Annual Report” to Community
- Post minutes on website
- Key Stakeholder Meetings
- Local Media:
 - Newspaper Opinion Editorials
 - Editorial meetings
 - Radio shows
- Board member presentations to Community Groups (Rotary, Kiwanis, Lions, etc.)

Rural Community – a “Societal Enterprise”

- Many needs. Some overlapping talents. Limited resources.
- Hospital / city/county gov’t / counseling agencies / schools / recreational facilities – collectively define a “community.”
- Working jointly – greater opportunities for collaboration, if not also cost-sharing.

“Interboard” Connections

- Multiple agencies serving similar needs without dialogue -- duplication likely.
- If duplication = waste -- community not well served.
- Focus dialogue on Needs / Results (not programs). What are the needs? Who’s creating results? For which recipients? At what cost?
- Two purposes served:
 - 1st, board can better prioritize needs / results.
 - 2nd, board outreach/advocacy for organization.
- Meetings – can be between representatives, whole boards, etc.

Good Governance:



***Not voting the way the
Board’s constituents would vote ...***

***... but voting the way they would vote
if they understood the issues and
their implications.***

**Successful Community Connections (over time):
What it would look like**

- Board & CEO understand evolution of community needs.
- Periodically refined priorities/policies reflect these changes.
- Citizens recognize CAH's responsiveness.
- Vocal consumers understand the CAH belongs to the larger community – not just individuals using its services.
- Community recognizes Board as trustee/servant.
- More community involvement (donor, volunteer, Board, etc.)
- Public comment at meetings – dialogue, not complaints.
- Public support for hospital grows – “Emotional Equity.”

**Key Learnings:
Exercise #3**



1. Identify three key learnings / ideas from this evening.
2. Looking back, on a 1 – 10 scale (10 being highest), rate your CAH's “connection” activities in the recent past.
3. What two things would you like to see your CAH do that would elevate that #?

**Discussion /
Q & A**