

the catholic health association


growth

CHA
THE CATHOLIC HEALTH ASSOCIATION
OF THE UNITED STATES

Planning for
Community
Benefit

Donna Meyer, Ph.D.
Webinar – March 23,
2010

Welcome from Donna



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Participant Introductions - *Poll

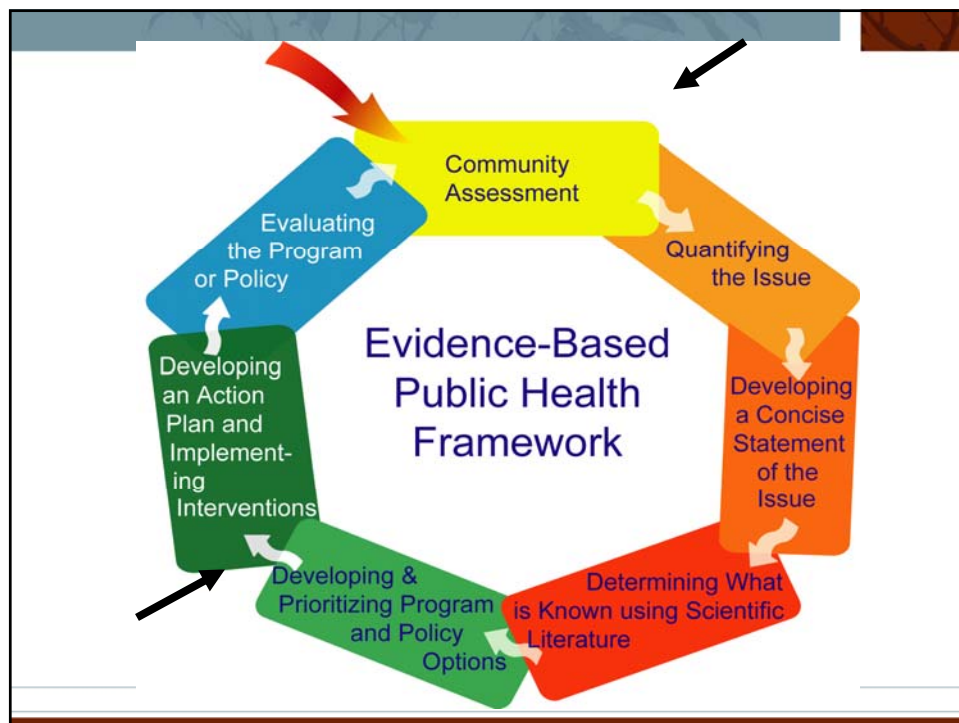
- To describe my community, this winter I (or my family) shoveled snow: (Pick best answer.)
 - More than 5 times (easily enough for several snow “people”)
 - 3 to 4 times (could (did) have a snowball fight)
 - 1 to 2 times (maybe skipped a day at work)
 - Shovel does not work with our rain
 - Shovel not needed for sunshine

Guidelines for Polling Questions

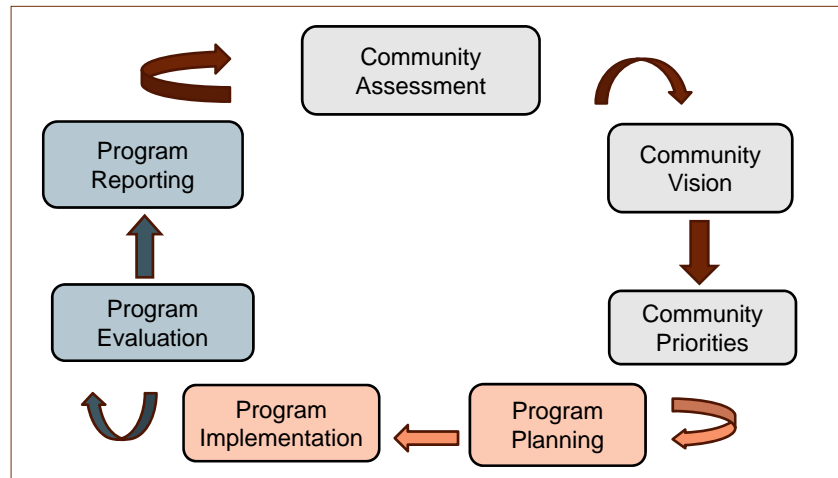
- No “right” or “wrong” answers
- Select best, not perfect, description
- If several in room, group should decide
- No science nor statistical analysis of results
- A tool to learn from each other
- Encourage questions and discussion

Participant Introductions - *Poll

- My experience with community planning could best be described as:
 - Extensive with both large and small communities
 - Moderate with both large and small communities
 - Most experience with large cities (<100K)
 - Most experience with small communities
 - Limited or no experience



Community Benefits Planning Outline



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Objectives for Today

- After this session, participants should be able to:
 - Explain the purpose and importance of community planning processes to both their colleagues and their community (15 min)
 - Identify at least 3 reasons why community assessment/priority setting is uniquely different than standard strategic planning (15 min)
 - Explain how to select and design programs to address community priorities (45 min)

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Why Commit to Community Planning?

- Requirement for Tax Exempt Hospitals
 - Existing State Rules
 - New IRS Form 990 Questions
 - Pending Senate Health Reform Bill Requirements
- Assure Policymakers understand Your Commitment
 - Articulate plans and programs

Why Commit to Community Planning?

- Insures Maximum Value of Community Benefits Programming
 - Part of History and Tradition
 - Care for sick, uninsured, disadvantaged (ACHE)
 - Social Responsibility of Catholic HC Services
 - Part of Organization's Foundation Documents
 - Mission, Vision, Values
 - Integrated into Organization's Plan and Budget
 - Team Approach
 - Incorporated into Communication Strategies

Why Commit to Community Planning

- If community benefits are well planned and well executed they are very “Good Business” for community, institution and the greater good
 - Create Healthier Communities
 - Increased Productivity
 - Improved Economy
 - Use Limited Healthcare Resources Appropriately
 - Reduce Health Care Costs
 - Major Goal in Healthcare Reform
 - Significant Return on Investment

When you explain Community Planning to your Board or Senior Leadership, you emphasize: (Pick one) *Poll

- The Legal requirement
- The Mission imperative
- The Business imperative
- 1 and 2 above
- 2 and 3 above
- 1 and 3 above
- I never need to explain

When You explain Community Planning to the colleagues, you emphasize: (Pick one) *Poll

- The Legal requirement
- The Mission imperative
- The Business imperative
- 1 and 2 above
- 2 and 3 above
- 1 and 3 above
- I never need to explain

When You explain Community Planning to your community, you emphasize: (Pick one) *Poll

- The Legal requirement
- The Mission imperative
- The Business imperative
- 1 and 2 above
- 2 and 3 above
- 1 and 3 above
- I never need to explain

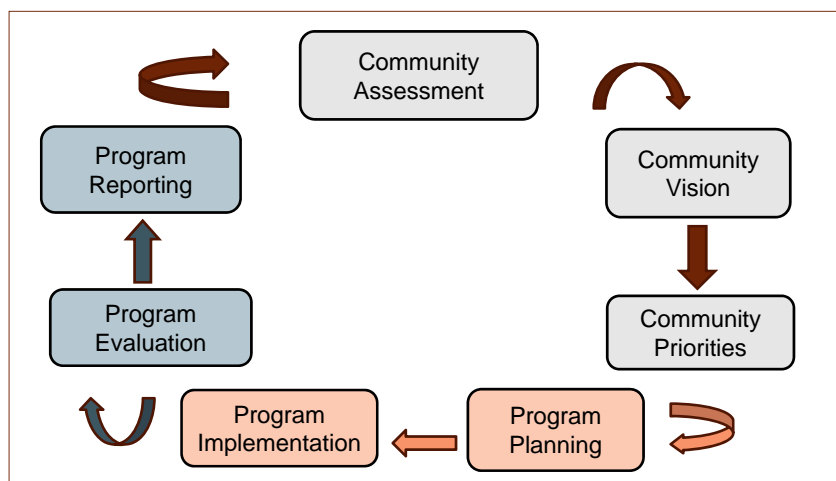
If you had infinite time and patience to explain
CB, you would like to emphasize: (Pick one)
*Poll

- The Legal requirement
- The Mission imperative
- The Business imperative
- 1 and 2 above
- 2 and 3 above
- 1 and 3 above

Resources for Building Commitment

- See “Chapter 2: Building a Sustainable Infrastructure” in
A Guide for Planning and Reporting Community Benefit
2008 Edition, Catholic Health Association of the United States
Developed in Cooperation with VHA, Inc.
- Advancing the State of the Art of Community Benefit online:
www.ASACB.org

Community Benefits Planning Outline



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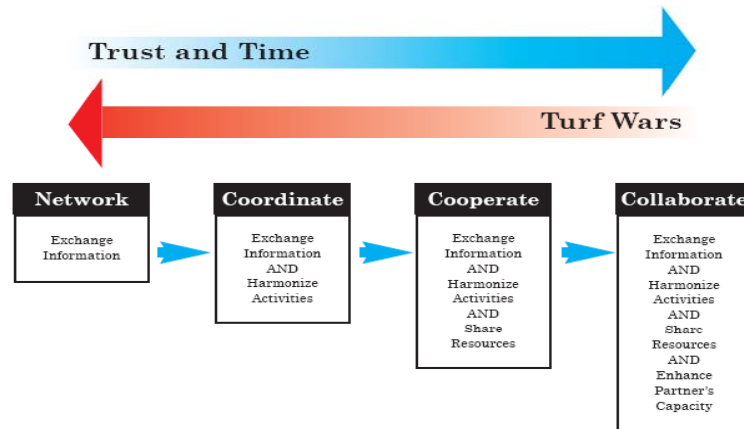
Unique Characteristic of Community Planning

- Not typical free enterprise
 - Profit and market share are not key indicators
- Health does not equal medicine
 - “Health care” only 5 – 10% of health equation
- Collaborative
 - You do not “control” the Community Owned Plan; you participate in the planning process.

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The Coalition Continuum



Other Suggestions for Community Planning

- Join the existing community process; avoid reinventing the wheel.
- Contributions should include in-kind
- Listen to community members; not just leaders.
- Do not let perfection be the enemy of the good!
- Focus on limited number of priorities.
- Be sure layers of plans are coordinated: a community owned plan; an institutional plan; and program plans.

Case Study - #1 *Poll

- A hospital in a large community applied for grant funds to start a new diabetes education program based on the high number of diabetic patients they were seeing. Diabetes was identified as a community priority. When asked about existing assets (programs), an inventory identified 6 existing programs in the community. This is an example of:
- Lack of collaboration
- Not listening to community members
- Focusing on too many priorities
- Not developing a program plan

Case Study - #2 *Poll

- In a large city, about 200 NGOs, schools, and other civic organizations had been collaborating on community planning for years. The hospitals decided the planning did not meet state requirements and hired a consultant to do a more “formal” community assessment. This is an example of:
- Lack of collaboration
- Not listening to community members
- Focusing on too many priorities
- Not developing a program plan

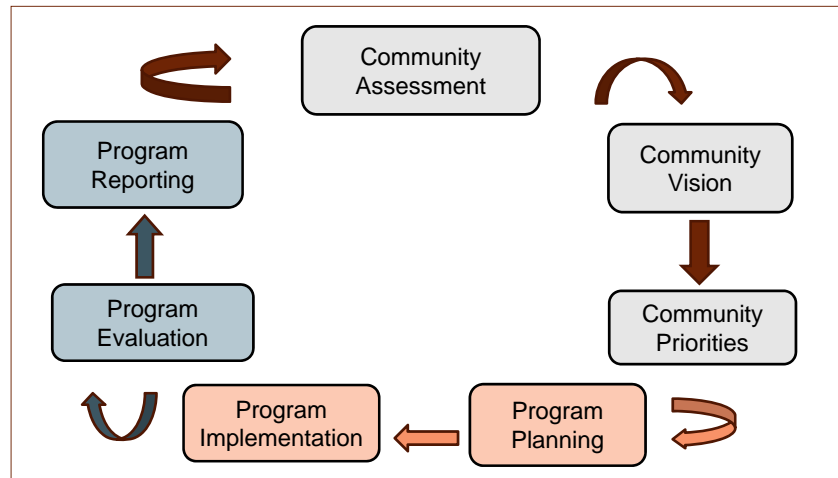
Community Priority Setting Challenges *Poll

- In your experience, which challenge do you experience most often?
- Successful collaboration
- Reinventing the wheel
- Listening to community members
- Perfection is the enemy of the good!
- Focus only on medical care
- Focus on too many priorities.
- Confusion between the “layers” of planning

References for Community Planning

- Chapter 3: “Planning for Community Benefit” in **A Guide for Planning and Reporting Community Benefit** 2008 Edition, Catholic Health Association of the United States Developed in Cooperation with VHA, Inc.
- **Building Communities from the Inside Out**, 1997, John McKnight and John Kretzmann.
- **Collaborating to Improve Community Health**, 1996, The Healthcare Forum.

Community Benefits Planning Outline



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Multiple Levels of Planning

- Priority Setting
 - Community owned
 - One plan
 - Entire community
 - At least every 3 years
 - Redo if major change
 - Foundation document
 - Critical for grants
- Program Planning
 - Various owners
 - Many coordinated plans
 - Smaller focused groups
 - Continuous process
 - Constant improvement
 - Working documents
 - Critical for effectiveness

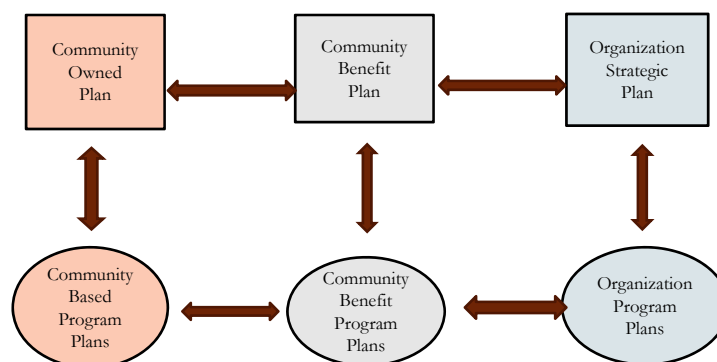
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Program Selection

- First identify and convene those interested in each priority – form committees
- Select priority which:
 - Best fits your Organizational strengths and plans
 - Focuses on underserved population
- Redo very thorough inventory of all existing services
 - Throughout community
 - Within your own institution
 - Include those remotely relate
- Assure Organizational interest and fit

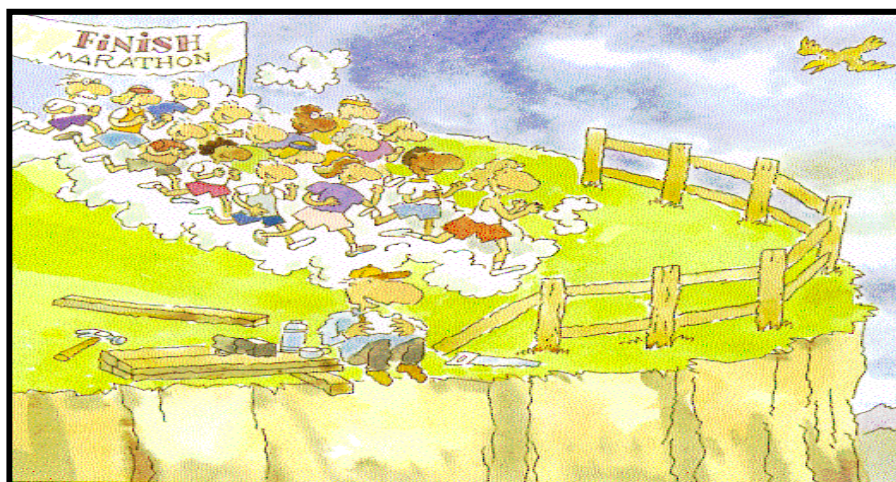
Fit With Organizational Strengths



Program Selection

- Understand problem and underlying causes
 - For example, if diabetes was identified as a priority, do you wish to expand the ED to take care of acute episodes or retrain amputees for new jobs - - or should you put some resources into addressing the obesity epidemic?
 - For example, if cancer rates are escalating, do you wish to build new cancer programs or should you also work with local industry to advocate for cleaner air and water?
 - We can “move upstream” – we reduced auto morbidity with safety devices, we decreased cancer by lowering smoking rates; we do have a history of succeeding when we focus and work together.

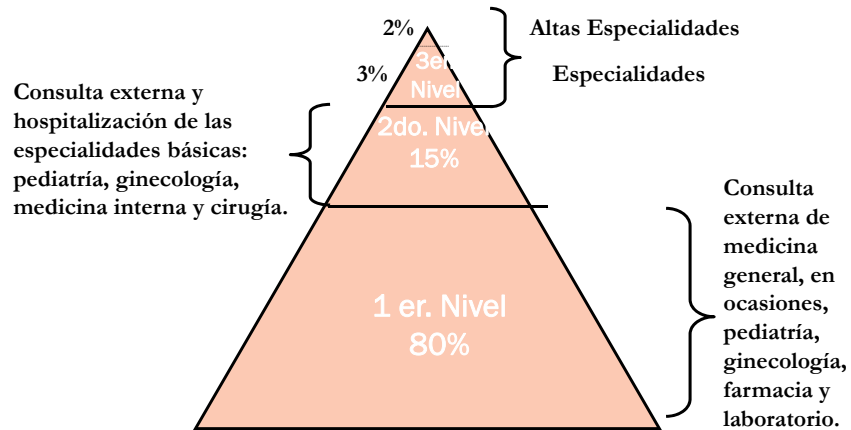
Try to keep Focus on Health and Wellness



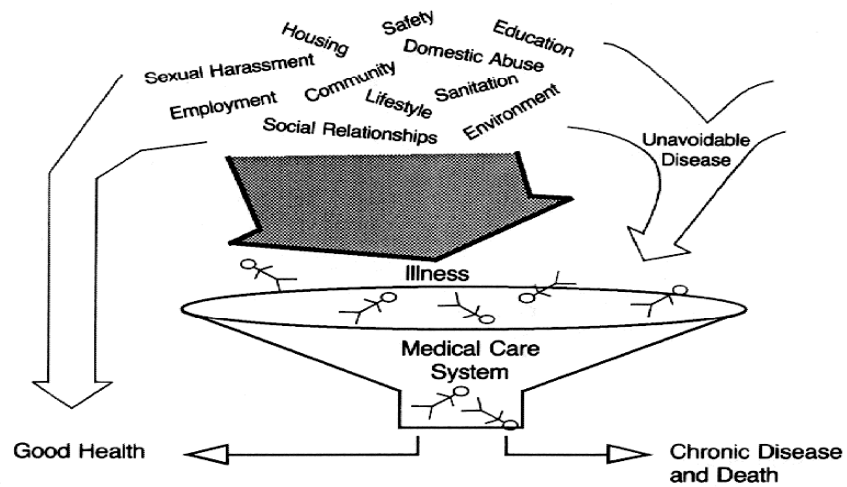
"It makes more sense to put a strong fence around the top of the cliff than an ambulance down in the valley."

— Joseph Malins

Estructura del sistema de salud



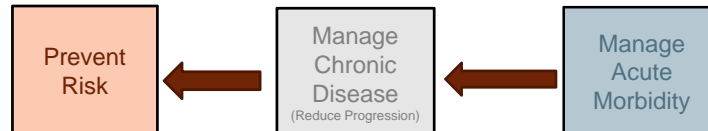
Current Healthcare System



J. Horowitz; The New England Journal of Medicine; Vol. 329, Number 2: 1993, pg 131

Understand Underlying Cause of Problem

- Study condition and its root causes
- Map potential interventions



- Which interventions offer greatest value to society?
- Which interventions will offer greatest ROI?

Program Selection

- Inventory all indicators already being monitored at National, State, and local level
 - Sources
 - Health People 2010/2020
 - www.countyhealthrankings.org
 - Value
 - Why reinvent wheel
 - Understand what is realistic
 - Use comparisons to set goals
 - Track related indicators even if not program goal

Program Selection

- Research evidence-based services to use as model
 - Sources
 - Websites
 - Colleagues
 - Value of using existing evidence-based model
 - Meta-analysis
- Are there existing programs that could form basis
 - This is good time to evaluate existing services
- What kind of funding is available?
 - Okay to let metrics and funding drive program design

Case Study

- The hospital ED saw so many cases of acute asthma in children. So the nursing staff developed a teaching program designed for parents and children and offered it free to the near-by community. Few attended. One of the nurses attended a course about community planning and devised a survey instrument to ask community members about their health priorities. They indentified lack of regular trash pick-up and stray dogs tipping trash cans. The Ed staff worked with local retailer to procure new locking trash cans and with the city dog pound to handle stray animals.

Case Study – Continued *Poll

- Six months later, the hospital staff decided to offer the classes again, but when they reviewed statistics they discovered asthma visits had declined markedly. In addition to not listening to the community, the initial experience is an example of:
- Lack of collaboration
- Not addressing root causes
- Focusing on too many priorities
- Not developing a program plan

Program Selection *Poll

- In your experience, what is the most difficult step in selecting a program to design and implement?
- Assuring organizational interest
- Inventorying existing services in community
- Gathering collaborative team
- Understanding root causes of issue
- Inventorying existing indicators
- Identifying evidence-based program to use as model

Program Design

- Define Program
 - Program theory, goals, objectives and indicators
- Construct Program Logic Model
- Plan Budget and Sources of Funding
- If feasible, determine and compare ROI
- Agree on expectations and evaluation plans
- Construct timelines
- Incorporate Budget and Plan into organizational plans
- Publicize – tell the story

Building Blocks of Program Design

- Define program - building blocks – logic model
 - Purpose – Use
 - Develop Agreement – common understanding
 - Set expectations
 - Plan for program evaluation
 - Elements
 - Program theory
 - Program goals
 - Program objectives
 - Indicators

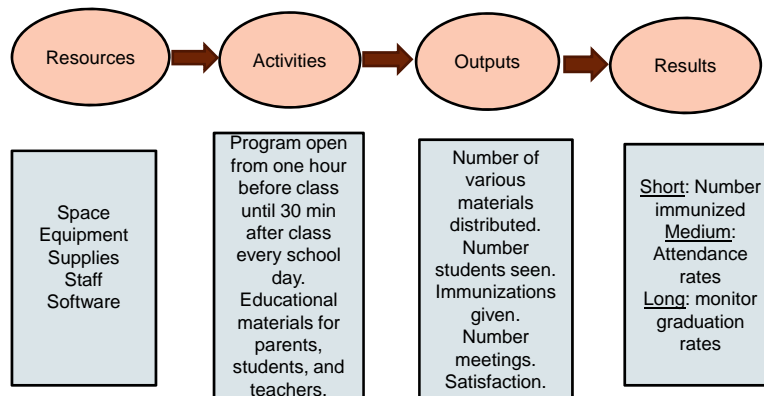
Example 1 of Program Selection

- Community Priority: Increasing High School completion.
- Indicators: HP2010 national target was 90%; the national baseline in 1998 was 85%; this community's rate for 1996 was 71%. Schools report attendance and immunization rates.
- Evidence Base: School attendance is highly correlated with graduation rates. Many children miss school because they report illness or do not have required immunizations. The literature offers a couple of evidence-based models for school health programs.

Example 1 of Program Building Blocks

- Program Theory: statement that explains outcomes and strategies to achieve them. If we offer school based health programs, we will increase attendance rates.
- Program Goals: convey the overall intent. Provide school based access to health care for students.
- Program Objectives: measurable and observable. During next school year, XYZ School will increase attendance rates by 10% and increase age specific immunization rates to 90%.
- Indicators: how measure. School district will report attendance using state report system; health program will report specific immunization rates.

Construct Logic Model – Example 1



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Example 2 of Program Selection

- Community Priority: Diabetes
- Indicators: HP2010: Promote healthy eating; Promote increased physical activity; Increase diagnosed adults who receive formal diabetes education (NBL 45%), who annual eye exam (47%), annual foot exam (55%), annual HbA1c (24%). ARHQ: Preventable hospitalizations for diabetes DRGs.
- Evidence Based: Formal education and annual tests are correlated with reduced morbidity and mortality from diabetes. Literature offers good evidence-based models to replicate. (Community programs exist for insured.)

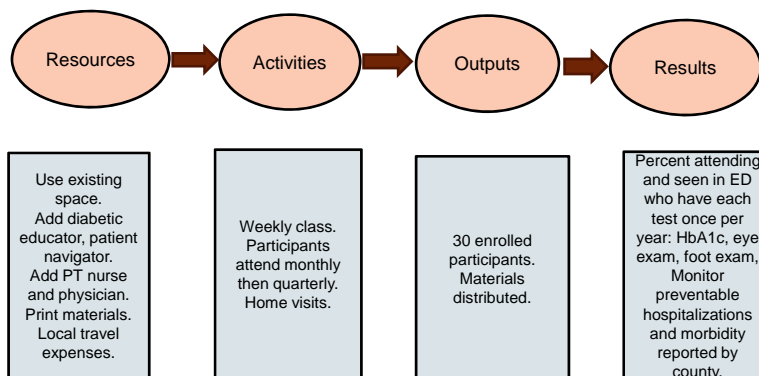
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Example 2 of Program Building Blocks

- Program Theory: If we offer one stop shopping to uninsured diabetes patients, they will improve their understanding of the disease and their testing rates.
- Program Goals: To improve diabetic education and care for low-income diabetic adults.
- Program Objectives: Short: Encourage attendance. Medium: Increase testing rates by 20% during the first year and to standards by year two. Long: Reduce morbidity. Monitor preventable hospitalizations.
- Indicators: Denominator – all uninsured diabetic adults seen in class or in ED.

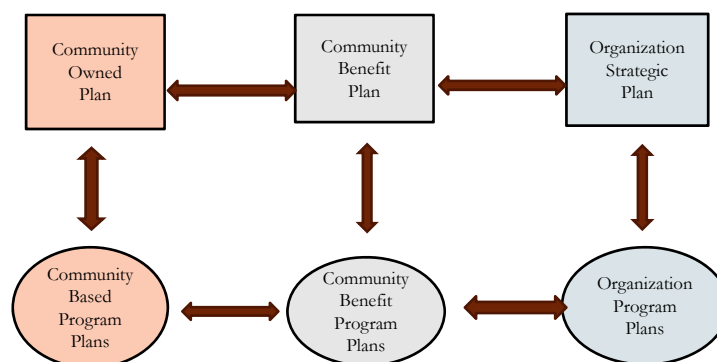
Construct Logic Model – Example 2



Program Design

- Use: CHA's Program Planning Worksheet (Appendix A)
<http://www.chausa.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=3774>
- Budget costs and revenues
- Finalize sources of Funding; grant applications, etc.
- Use local economist to help with ROI Models
 - New horizon/ future direction
 - High costs of preventable hospitalizations and morbidity
- Construct timelines
- Agree on expectations
- Agree on evaluation plans

Incorporate into Organizational Plans



Communicate

- Internal Community
- External Community
- Celebrate successes!!!

Program Design and Implementation *Poll

- In your experience, what are the most difficult steps (pick two!) in program design and implementation?
- Understanding program theory
- Developing goals and objectives
- Selecting indicators
- Designing a logic model
- Evaluating program processes
- Evaluating program impact or outcomes

Reference

- **Evaluating Community Benefit Programs**, The Catholic Health Association of the United States, 2009.
 - (This session covered Sections I and II. The next session will cover the remainder of this manual. You may wish to review before the next session.)

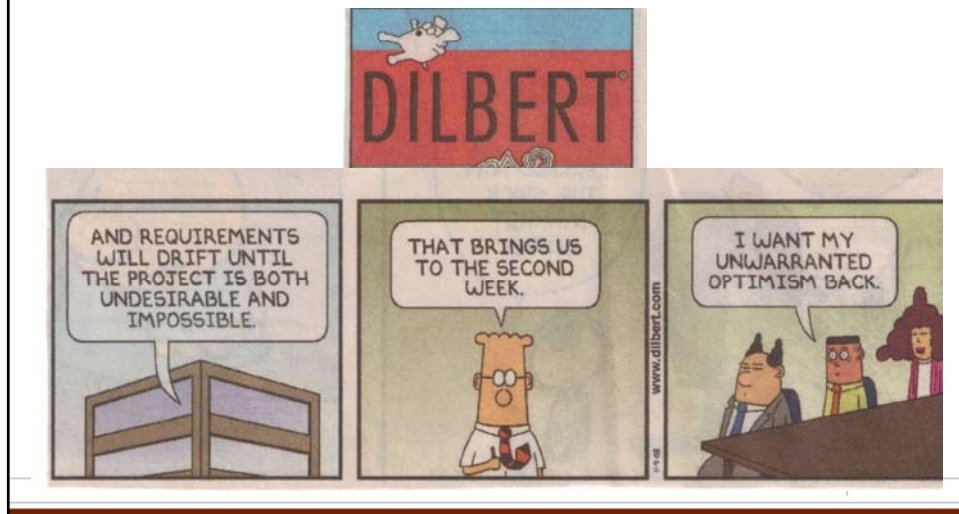
Community Planning is Challenging



Community Planning is Challenging



Community Planning is Challenging



Community Planning takes Commitment

You must trust in the future because believing will
give you confidence to make a difference!

For people of faith...

“unwarranted optimism”

= endless hope.

Our faith histories have taught us what it
means to survive the wilderness. We
know what hope and vision can do!