CHARTING A COURSE TO COMMUNITY HEALTH: A GOVERNANCE PRIORITY

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Nonprofit health system boards have a long tradition of promoting community health as core to their system's mission. Yet, although the U.S. health sector has evolved with clinical and technological advances, communities are struggling with an explosion of chronic illnesses related more closely to lifestyle behavior and other social determinants than to clinical factors.[1]

The costs related to chronic illness and lifestyle choices are important drivers in making U.S. health care far more expensive than that of other advanced nations.[2] At the 2017 Berkshire Hathaway Inc. annual shareholder meeting, chairman of the board and renowned investor Warren Buffett referred to U.S. health care costs as a "tapeworm" dangerously impairing our ability as a nation to compete globally.

Health care organizations continue to focus efforts on clinical services and technological advances while investment in community health lags behind. Yet, improving community health never has been a more urgent priority than it is today, given the growth of chronic illness, the nation's rising health care expenditures and poor U. S. health status indicators. There are powerful contributors to the disconnect, such as:

- The social determinants of health are difficult to measure and to affect. Making progress is complex and slow.
- Health care still largely depends on payment models that reward volume over quality. Such models offer little or no incentive for investing in community health measurement and improvement.
- Successful community health improvement initiatives require partnerships with multiple organizations, including employers, schools, social service agencies, public health agencies and others. These partnerships are difficult to establish and maintain.
- Community health investments take time to mature. We are not used to waiting years before seeing tangible results.
- There are many competing pressures for investment, such as building accountable care organizations, physician group development and information technology improvements, just to name a few.

These competing forces are real and have immediate economic consequences. The barriers to making community health improvement a priority are understandable, yet we cannot allow them to hinder our core obligation to community health. The cost of treating chronic ailments — obesity, mental illnesses, addiction, to name just a few — are major contributors to the cost of health

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care. These illnesses often are closely connected to issues that require collaboration among multisector partners. Yet relatively few health systems consistently and substantially take leadership roles in such partnerships.

Precisely because there are so many forces that distract health systems from a strong focus on community health, boards must take the lead to ensure that community health improvement is a mission priority. A recent publication in the American Hospital Association's "Advances in Health Care Governance" series calls boards and management leaders to this priority. The report, entitled "The Leadership Role of Nonprofit Health Systems in Improving Community Health," makes the case for health systems to engage proactively in multisector efforts to improve the health of the communities they serve. The report also identifies challenges they may encounter in doing so, discusses five diverse systems that have chosen to take leadership roles in multisector initiatives and offers four recommendations for consideration by system boards and CEOs.[3] The recommendations are:

1. If they have not already done so, health system boards are encouraged to embed in key governance documents their commitment to improving the health of their communities. Specifically, the system's mission statement, strategic plan and annual budgets should express the board's commitment clearly and consistently. A distinct and substantive reference to community health in each of these documents should strengthen the board's resolve to act on their commitment.

2. Health system boards are encouraged to hold themselves and their executive and clinical leadership teams accountable for setting clear priorities and making measurable progress in improving the health of the communities their systems serve. Accountability for results will generate attention to community health issues and strategies in the boardroom on a consistent basis.

3. Health system boards and chief executive officers are encouraged to build collaborative partnerships with other stakeholders in the public and private sectors that share the commitment to community health improvement. A growing body of evidence shows that improving the overall health of populations requires multisector efforts and concerted collective action toward clearly defined targets using well-established metrics.

4. Boards should be selective and focused as they pursue community health initiatives. 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. The needs are infinite and system resources are limited, especially given our nation's prevailing payment models.

Improving community health deserves to be established as a priority by the governing boards of nonprofit health systems. There are realistic approaches to pursuing this goal; however, it will require an intentional and sustained commitment by the governing boards to have impact and achieve success.

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NOTES

1. Nancy Adler et al., *Addressing Social Determinants of Health and Health Disparities: A Vital Direction for Health and Health Care* (Washington, D.C.: National Academy of Medicine, 2016). https://nam.edu/wp-content/uploads/2016/09/Addressing-Social-Determinants-of-Health-and-Health-Disparities.pdf.
2. David Squires and Chloe Anderson, *U.S. Health Care from a Global Perspective: Spending, Use of Services, Prices, and Health in 13 Countries* (New York: The Commonwealth Fund, Oct. 8, 2015). www.commonwealthfund.org/publications/issue-briefs/2015/oct/us-health-care-from-a-global-perspective.
3. Lawrence Prybil et al., *The Leadership Role of Nonprofit Health Systems in Improving Community Health* (Chicago: American Hospital Association, 2017). http://trustees.aha.org/populationhealth/16-leadership-role.pdf.

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