Using Community Benefit to Address Local Health Priorities: How Communities Are Shifting State Law and Institutional Practice

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Importance of the Federal Framework for Community Partners

- Significant increase in transparency
- Formalized community benefit process encourages proactive planning
- Opens doors for community residents and community-based organizations, public health
- Opportunity for hospitals, public health to invest and engage directly with communities experiencing brunt of health inequities
- Broad frame of "community health" and "community building" captures social/economic health drivers that are often priorities for community residents



Supporting Community Engagement in CHNA Processes

- Three focused community benefit pilots with CBOs led by and working among communities of color (Fall 2013-March 2018)
 - Asian Pacific Network of Organizations (Portland, OR)
 - Northwest Bronx Community and Clergy Coalition (NYC)
 - Waite House-Pillsbury United Communities (Minneapolis)
- Key components
 - Funding
 - Technical assistance on policy, strategic coaching
 - Co-developed training curricula for grassroots residents and coalition partners







"The trainings made me realize I need to get involved. [I] began to learn, 'Why do I see certain things in particular neighborhoods—obesity, high blood pressure?' It was a real eye opener. We talked about housing, restorative justice and [how] all of that affects health." – D'Andre P., Bronx Health Justice Committee member



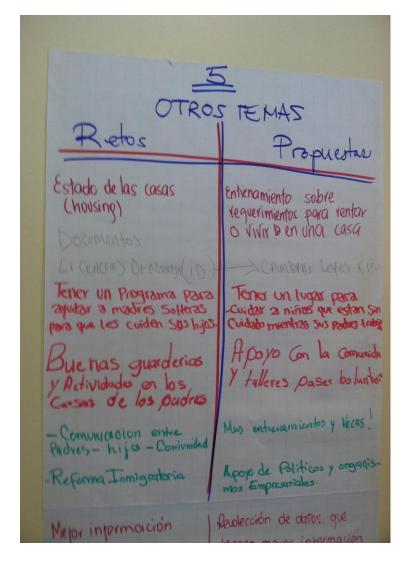


Outcomes & Impacts from Community Pilots

- About 950 residents and partners trained in asset mapping, SDH, community benefit processes
- Health care institutions partnered to support:
 - Roots to Rise! Affordable Housing & Cultural Center (OR)
 - Bronx Healthy Buildings Program job creation and asthma deterrence
- Formal roles for community partners in community health planning processes
 - Children's Hospital Community Benefit Community Advisory Board (MN)
 - Multnomah County CHIP (OR)
 - Take Care NY (NY)
- Assessments → role of structural racism, social/economic health determinants; prioritize robust engagement
- State community benefit policy assessment (OR, MA, CT)

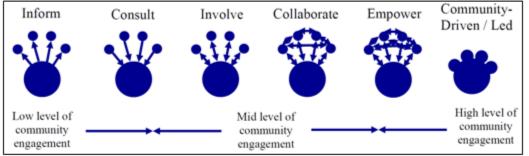
Recurring Themes: Pilots & Beyond

- Combining SDH and community benefit frame is powerful
- Importance of centering and following lead of residents impacted by inequities
- Hospital champions matter when they leave, need to start over
- Limited staff, funding, time for CBOs – investment yields results
- Public health and health care institutions still struggle with "who" and "how deeply" to engage in the community



State Policy Approaches: What's Next for Community Advocates?

- Streamlining reporting requirements
- Adapting public health best practices
 - Directing financial resources to community health priorities
 - Increasing and measuring community engagement
 - Directly addressing health equity and structural injustice
- Addressing social and economic health determinants
 - Level of Engagement Across CHNA and Implementation Strategy Please use the spectrum below from the Massachusetts Department of Public Health^a to assess the hospital's level of engagement with the community.^{ular Snip}



Source: Office of the MA Attorney General 2018 Community Benefit Guidelines, Hospital Self-Assessment Form

For a full description of the community engagement spectrum, see page 11 of the Attorney General's Community Benefits Guidelines for Non-Profit Hospitals.

Institutional Approaches: The Community Benefit Dashboard (Forthcoming)

- **Principle 1**: Target neighborhoods and population groups experiencing health disparities and address the root causes of poor health, including structural injustice and social/economic health determinants.
- Principle 2: Center community engagement efforts on community residents who bear the brunt of health inequities and structural injustice, and take steps to make their involvement in the community benefit process meaningful to them.
- **Principle 3**: Adopt financial assistance and billing policies that promote economic security, build racial and gender wealth equity, and preserve access to care for low- and moderate-income community residents.
- **Principle 4:** Invest in governance structures to ensure staff and programs have the internal resources and funding they need to effectively address community priorities.
- **Principle 5:** Evaluate health equity and community engagement efforts and share findings with internal and community stakeholders.

Thank You



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