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Hospital-based Strategies for Creating a Culture of Health

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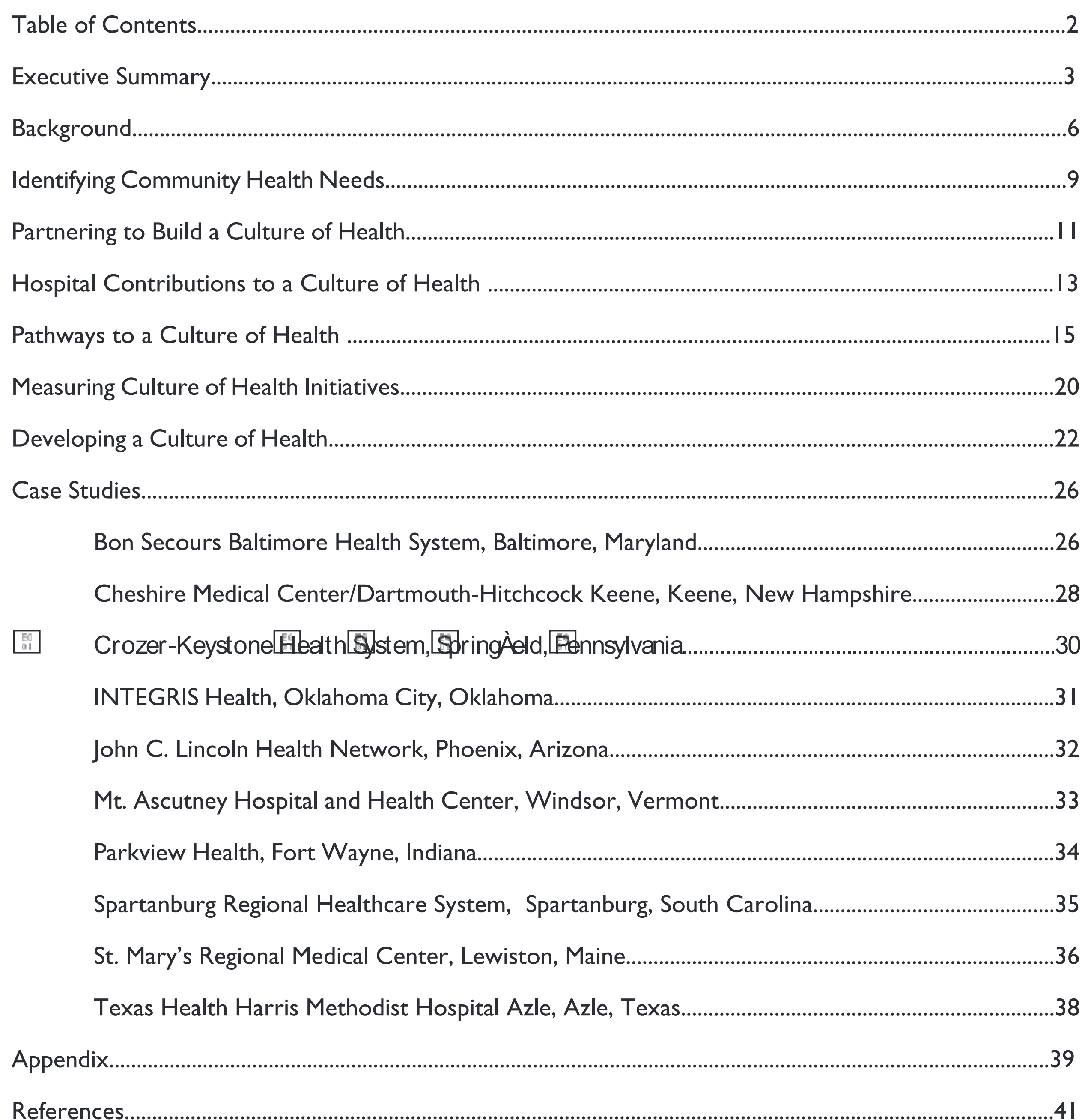

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Executive Summary

As the United States health care system transforms, hospitals are playing a greater role in building a culture of health in their communities. With expertise in improving health and building strong relationships in their communities, hospitals and health care systems are uniquely positioned to partner with community stakeholders to address the conditions, behaviors, and socioeconomic and environmental factors that drive health.

The Health Research & Educational Trust (HRET) is working with the Robert Wood Johnson Foundation (RWJF) to study the approaches that hospitals and health care systems are using to build a culture of health. HRET reviewed community health needs assessments, assessed a broad base of literature, evaluated American Hospital Association (AHA) and HRET resources and conducted interviews with hospital leaders.

RWJF characterizes a Culture of Health as one in which getting healthy and staying healthy is a fundamental and guiding social value. It is a culture in which all people—whatever their ethnic, geographic, racial or socioeconomic circumstance happens to be—live longer, healthier lives; where promoting health is as important as treating illness; in which high-quality health care is available to everyone—where, when and how they need it; and where the health of all children is a matter of fact and not chance.

RWJF believes that when a Culture of Health is ultimately achieved, it will reflect the following characteristics:

1. Good health flourishes across geographic, demographic and social sectors.
2. Being healthy and staying healthy is valued by the entire society.
3. Individuals and families have the means and opportunity to make choices that lead to healthy lifestyles and optimal well-being and functioning.
4. Business, government, individuals and organizations work together to foster healthy communities and lifestyles.
5. Everyone has access to affordable, quality health care.
6. No one is excluded.
7. Health care is efficient and equitable.
8. The economy is less burdened by excessive and unwarranted health care spending.
9. The health of the population guides public and private decision making.
10. Americans understand that we are all in this together.

RWJF has drawn from these principles and created four interrelated areas of action that serve as areas of focus and measurement for building a Culture of Health. These areas of action include:

- Social cohesion and shared value of health
- Multisectoral collaboration to build health partnerships
- Improved and equitable opportunity for healthy choices and environments
- Improved quality, efficiency and equity of health and health care systems

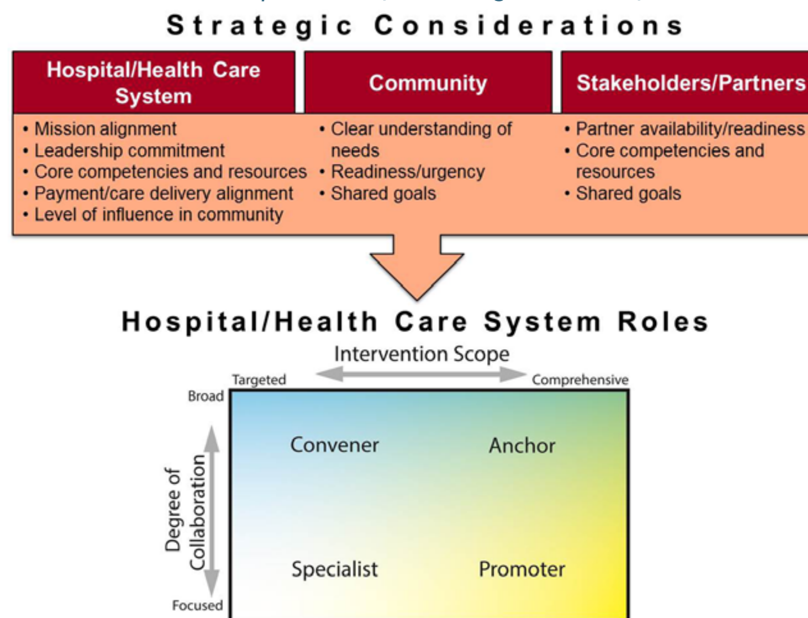
As a starting point to identify how hospitals and health care systems address community health, HRET reviewed community health needs assessments from 300 tax-exempt hospitals. Based on this review, the most commonly identified driver of community health needs is a lack of access to care. Other commonly prioritized drivers include lack of health insurance; socioeconomic factors; limited preventive and screening services; limited care coordination; and inadequate chronic condition management. The most frequently prioritized health needs are obesity and behavioral health; other commonly prioritized health concerns include substance abuse, diabetes, cancer, tobacco cessation and cardiovascular disease.

Hospitals and health care systems collaborate with a variety of community partners across sectors to build a culture of health. Hospitals' most common partners are primary and secondary schools, local public health departments, business groups and community nonprofit organizations. Partners were found to vary by the community need being addressed. Primary and secondary schools were the most common partners for obesity and prevention and screening services, while community health centers and federally qualified health centers were cited as common partners for issues related to access to care, behavioral health and substance abuse.

The extent to which hospitals and health care systems engage in creating a culture of health varies. Two of the foundational factors hospitals can consider in determining their role are: 1) the degree of mission alignment with population health and 2) the level of engagement and commitment from their board and senior leadership. Hospitals and health care systems also can consider their level of readiness, including: degree of resource commitment; core competencies; participation in financial and care delivery models that align with population health; and degree of influence in the community. Other important strategic considerations include the community's readiness, the availability and alignment of community partners that can contribute resources and expertise, and consensus on goals for culture of health initiatives.

The model below (Figure 1) outlines factors hospitals and health care systems can consider as they determine their role in fostering a culture of health. The roles are based on two dimensions: degree of collaboration (focused versus broad) and scope of interventions (targeted versus comprehensive). Hospitals and health care systems may play one of these roles for all their culture of health initiatives, or their role may vary based on the intervention or specific prioritized community need.

Figure 1. Strategic Considerations and Hospital Roles for Building a Culture of Health



Source: HRET, 2014.

The process of assessing community health needs provides a platform for hospitals to clearly define and prioritize community health concerns, develop strategies to address them and foster sustainable collaborations with key partners. As the population health paradigm gains traction, hospitals increasingly are fostering leadership commitment and aligning their missions to advance the ultimate goal of a hopsital or health care system: a Culture of Health in their community.

Background

The United States health care system is rapidly transforming to prioritize preventive care and health promotion. Legislative and regulatory changes, namely the Affordable Care Act and its implementation, are creating pressure as well as providing resources to support a systemic shift toward population health. Simultaneously, payment and care delivery models and health information technology are evolving to support a coordinated population health approach to health care delivery.

Figure 2. Population Health Definition

What is population health?

Population health is the health outcomes of a defined group of people, including the distribution of such outcomes within the group.

What is meant by a defined group of people?

A defined group of people may be, but is not limited to, those who are attributable to or served by a hospital or health care system, those living in a specified geographic area or community, or those experiencing a certain condition or disease.

What are the primary goals hospitals and health care systems should include in their population health strategies?

Hospitals and health care systems should include these five distinct goals in their population health strategies:

1. Coordinate hospital-based interventions with community stakeholders and other key partners through mature collaborations;
2. Increase preventive health services through coordinated care across the health care continuum;
3. Provide culturally and linguistically appropriate care;
4. Promote healthy behaviors; and
5. Track population health metrics against dashboard targets.

What processes should be considered when implementing a population health strategy?

Population health is achieved through a focus on three interrelated processes:

1. Identify and analyze the distribution of specific health statuses and outcomes;
2. Evaluate the clinical, economic, social, behavioral and environmental factors associated with the outcomes; and
3. Implement a broad scope of interventions to modify the correlates of health outcomes.

Source: American Hospital Association, 2014.

Recognizing the paradigm shift toward population health, hospitals and health care systems are increasing leadership engagement, collaborating with community partners and expanding their scope of services to address the nonmedical factors that influence the health status of their communities. As hospitals and health care systems embark on improving health at the population level, they understand the necessity of addressing the social, economic and environmental factors that contribute to a culture of health.

The Robert Wood Johnson Foundation (RWJF) is catalyzing a movement within the United States to support a holistic, integrated approach to building a Culture of Health. This movement will cultivate a shared vision of a culture of health; build demand for it among all Americans; and discover and invest in solutions that make a culture of health real.

A Culture of Health is characterized by improved population well-being and reflects the following principles:

1. Good health flourishes across geographic, demographic and social sectors.
2. Being healthy and staying healthy is valued by the entire society.
3. Individuals and families have the means and opportunity to make choices that lead to healthy lifestyles and optimal well-being and functioning.
4. Business, government, individuals and organizations work together to foster healthy communities and lifestyles.
5. Everyone has access to affordable, quality health care.
6. No one is excluded.
7. Health care is efficient and equitable.
8. The economy is less burdened by excessive and unwarranted health care spending.
9. The health of the population guides public and private decision making.
10. Americans understand that we are all in this together.

In a culture of health, all people are able to make healthy choices within a larger social environment that values, provides and promotes options that are capable of producing better health for everyone, regardless of background.

RWJF has drawn from these principles and created four interrelated areas of action that serve as areas of focus and measurement for building a Culture of Health. These areas are:

- Social cohesion and shared value of health
- Multisectoral collaboration to build health partnerships
- Improved and equitable opportunity for healthy choices and environments
- Improved quality, efficiency and equity of health and health care systems

As experts in managing and improving health, hospitals and health care systems play an essential role in community health improvement. In their role as employers and significant participants in local economies, hospitals and health care systems are uniquely positioned to actively participate in building a sustainable culture of health.

To describe how hospitals and health care systems are contributing to a culture of health, the Health Research & Educational Trust (HRET):

- reviewed a broad base of existing literature and AHA/HRET internal resources, including survey data, research reports, award program applications, and case studies;
- conducted interviews with more than 25 leaders of hospitals and health care systems; and
- reviewed a sample of 300 community health needs assessments.

Based on this extensive review of resources, HRET:

- identified trends in community health needs and priorities, community partnerships and measurement approaches;
- developed a framework of strategic considerations and outlined potential roles hospitals and health care systems can play in community health improvement; and
- described approaches hospitals and health care systems can take to build a culture of health.

This report provides strategies for hospitals and health care systems to consider as they strive to foster a culture of health in their communities.

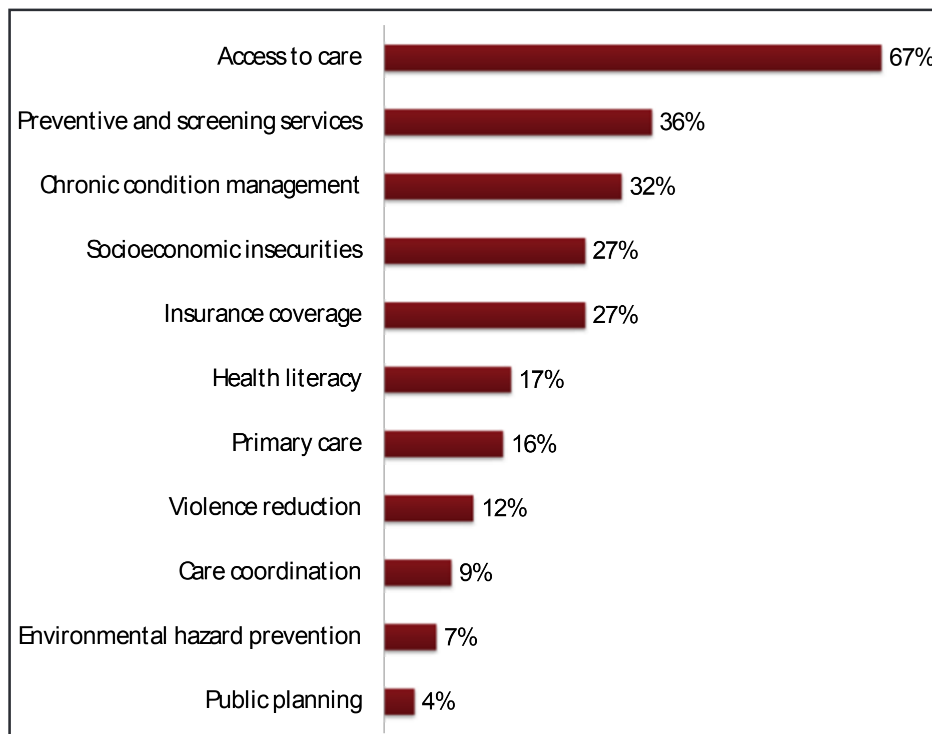
Identifying Community Health Needs

The community health needs assessment (CHNA) process is vital as hospitals and health care systems work toward a building a culture of health in their communities. The Affordable Care Act stipulates that tax-exempt hospitals conduct CHNAs every three years and adopt implementation strategies to address the identified priority needs of their community. By bringing together stakeholders from the health care system, public health departments and the local community, the CHNA process provides a platform for augmented partnerships between the hospital and community organizations to collaboratively address the health needs of the community. HRET reviewed 300 CHNAs to identify key trends in community health needs and partnerships. (See Appendix for a full description of the research methodology.)

For the review, community health needs are conceptually divided into drivers and conditions. Drivers are considered the structural and social factors that correlate with health status. Conditions refer to the diseases and health concerns experienced by community members.

The most commonly prioritized driver of community health needs was a lack of access to care, which includes transportation issues and a shortage of providers, with 67 percent of hospitals indicating it as a need. Other commonly identified drivers included: limited preventive and screening services; inadequate chronic condition management; socioeconomic factors (e.g., poverty, housing, food insecurity); and insurance status. Figure 3 shows the percentage of hospitals that identified specific community health drivers as a priority.

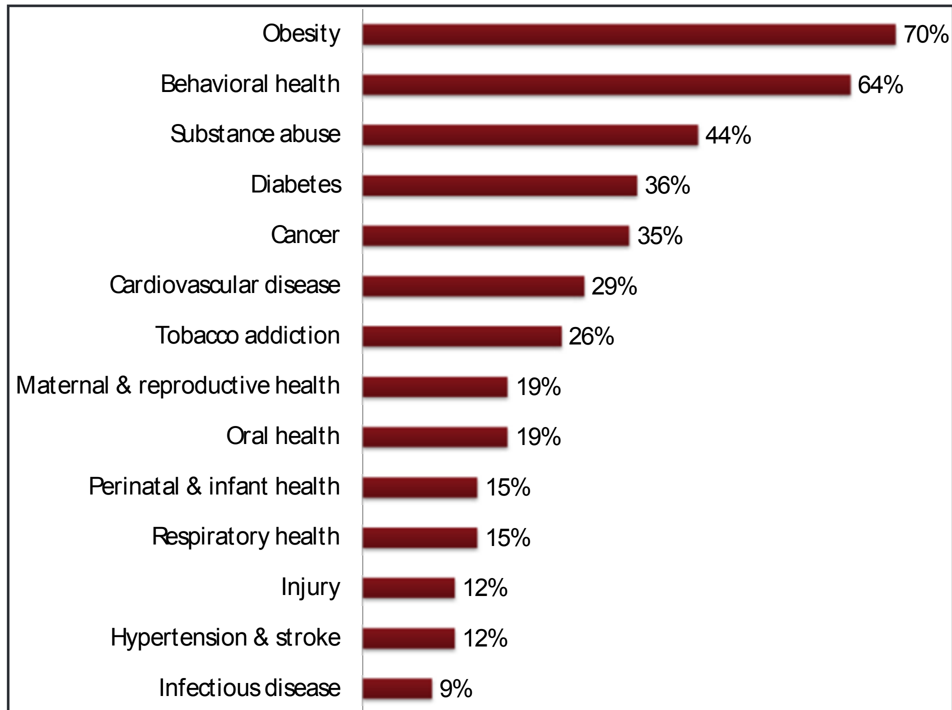
Figure 3. Priority Community Health Needs – Drivers (n=300)



Source: HRET, 2014.

Obesity and behavioral health were prioritized by 70 percent and 64 percent of hospitals respectively. Other commonly prioritized health concerns included substance abuse, diabetes, cancer, cardiovascular disease and tobacco cessation. Figure 4 presents the percentage of hospitals that prioritized each of the following conditions.

Figure 4. Priority Community Health Needs – Conditions (n=300)



Source: HRET, 2014.

Partnering to Build a Culture of Health

Hospitals and health care systems work collaboratively to build a culture of health. A recent survey by the Association for Community Health Improvement (ACHI) and the American Hospital Association (AHA) revealed hospitals' most common community partners. The most common partnerships are with schools, local public health departments, business groups and community health centers (Table 1).

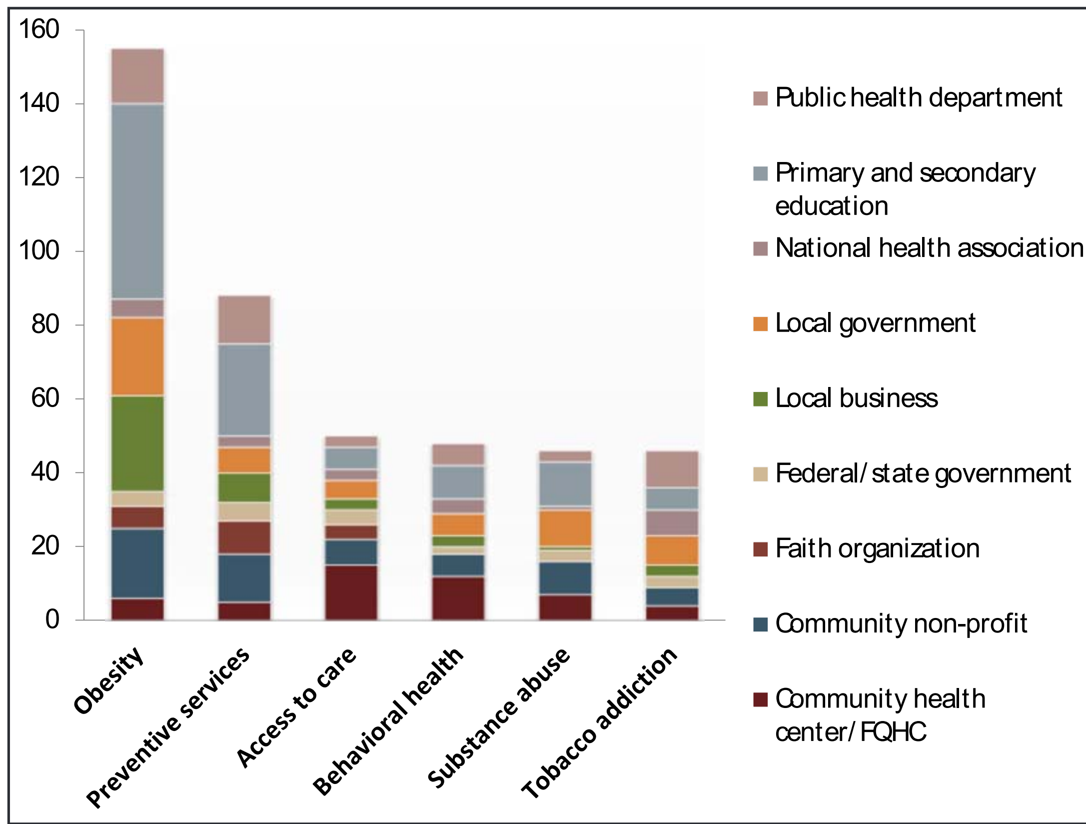
Table 1. Hospitals Partnering with External Organizations (n=1,198)

Organization Type	Percent
Primary and secondary education (school districts)	78
Public health department (local)	77
Chamber of Commerce or other business group	71
Community health center	70
American Heart/Lung/Diabetes Associations	68
City or county government	66
Community health coalitions	61
Faith community organization(s)	58
Postsecondary education (colleges, universities)	58
Service leagues (Lions, Rotary, etc.)	55
United Way	52
Neighborhood organization(s)	45
Public health department (state)	43
YMCA/YWCA	38
Environmental organization(s)	18

Source: ACHI, 2013.

Review of CHNAs revealed that partnerships differ based on the issue the hospital is seeking to address. The highest frequency of partnerships focused on obesity, followed by preventive and screening services. Full results by type of partnership and community need addressed are shown in Figure 5.

Figure 5. Frequency of Partnerships for Intervention by Community Need



Source: HRET, 2014.

Hospitals' primary partners for obesity and prevention and screening services are primary and secondary schools. Local governments, businesses and nonprofit community organizations also are common partners for obesity initiatives. For issues related to access to care, behavioral health and substance abuse, community health centers and federally qualified health centers were cited as common partners. The local public health department is most likely to be a partner on obesity, prevention and screening services, and tobacco addiction initiatives.

Hospital Contributions to a Culture of Health

Hospitals and health care systems are engaged in a variety of initiatives to promote a culture of health. Some initiatives target the health care system while others address socioeconomic correlates of health. Examples are categorized by RWJF's action model dimensions in Table 2.

Table 2. Types of Hospital and Health Care System Contributions to a Culture of Health

Action Dimensions	Initiative Types
Social cohesion and shared value of health	• Advocacy, public service education and media campaigns • Improved public planning (e.g., infrastructure to encourage walking, environmental hazard reduction) • Civic leadership development and youth empowerment • Communitywide events or challenges (weight loss, sponsored runs) • Community volunteer efforts to address socioeconomic drivers, physical environment or health (hotline staffing, volunteer tax preparation, tutoring, volunteer neighborhood improvements)
Multisectoral collaboration to build health partnerships	• Convening and collaborating with community stakeholders (e.g., barber shops, fire/police departments, public health departments, churches/faith communities, senior centers, schools, community members, etc.) • Networks of collaborating providers to offer care for vulnerable populations • Pooled resources and initiatives to achieve collective impact • Seamless health care services (physical health, behavioral health, social, emergency, housing, transportation, crisis and other services)

Improved and equitable opportunity for healthy choices and environments	• Investments in community development to reduce socioeconomic insecurity
	    Local economy stimulation
	    Availability of affordable housing
	    Community infrastructure/asset building (e.g., neighborhood rejuvenation)
	• Addressing food deserts
	• Services to provide social and basic needs (reading/literacy, crisis intervention, life/job-skill building, clothing and basic supplies)
	• Workforce capacity development and local hiring
	• Reduction of environmental hazards and improved environmental sustainability

Action Dimensions	Initiative Types

Improved quality, efficiency and equity of health and health care systems	• Expanded access to health care services
	  ◦ Broader health care services, including telehealth, mobile care, in-home care, special-needs care, medical homes for specific populations
	  ◦ Establishment of FQHCs or community clinics
	  ◦ Expansion of behavioral and social services
	  ◦ Transportation to improve access
	• Expanded insurance coverage
	• Free or low-cost/discounted services (e.g., prescriptions, health and ancillary services, health equipment, nonmedical supplies and services)
	• Doctors staffing community clinics or providing free care to vulnerable populations
	• Wellness programs and community outreach (e.g., screenings, prevention, primary care, wellness education, support groups, hotlines, websites, educational resources)
	• Chronic disease management and improved care coordination
	• Navigation and advocacy assistance (e.g., insurance enrollment, connections to health and social resources, financial assistance, community health workers)
	• Culturally appropriate approaches to outreach and care

Source: HRET, 2014.

Pathways to a Culture of Health

Though the ways hospitals and health care systems build a culture of health vary based on each hospital's unique attributes and goals, the path to a culture of health should support RWJF's areas of action: social cohesion; multisectoral collaboration; improved quality, efficiency and equity of the health care systems; and equitable opportunity for healthy choices. Given their expertise and skill sets, hospitals can address all of these dimensions as they develop a strategy to build a culture of health.

Mission alignment and leadership engagement on population health improvement indicate long-term commitment to fostering a culture of health. Financial and care delivery models that are aligned with a population health approach also are crucial to fund health promotion initiatives. Other important considerations include the hospital's or health care system's resource commitment and its level of influence in the community. Strategic questions hospitals and health care systems can use to evaluate their level of readiness and engagement in culture of health initiatives are shown in Table 3.

Table 3: Strategic Considerations – Hospital and Health Care System Characteristics

Mission Alignment
To what degree are your organization's mission, vision and values aligned with community and population health?
Does your strategic plan incorporate goals to improve community health?
Does the culture of your organization support a culture of health in your community?
Leadership Engagement
To what degree is your board of trustees committed to population health as an institutional priority?
To what extent are your CEO and senior management team passionate about population health? Do they make commitments of time, resources and/or money?
Do you have an organizational champion(s) who is assigned to lead population health initiatives (e.g., chief population health officer, leader who has significant time dedicated to population health initiatives)?
Resource Commitment
What resources can your organization commit to support culture of health initiatives (e.g., financial, time, facility space, staff, information technology, in-kind or other resources)?
Core Competencies
Does your organization have staff expertise and internal capacity to support population health initiatives?
Does your organization provide continuing staff education and skill building on population health?
What expertise and competencies can your organization contribute toward building a culture of health in your community?
Financial and Care Delivery Model Alignment
To what degree do your financial and care delivery models align with population health? For example, does your organization participate in financial reimbursement or care delivery models that support population health (e.g., accountable care organizations, patient-centered medical homes, value-based payments such as bundled payments or capitation)?
How can you make a business case for engaging in culture of health initiatives?
Are other funding sources available to support culture of health initiatives (e.g., community benefit, revenue tithing, grant funding)?
Are your clinicians committed to care delivery practices that promote population health across the continuum of care (including prevention and wellness)?
Community Influence
What is your organization's level of influence in the community (e.g., size, market share, brand strength, reputation)?

Source: HRET, 2014.

Hospitals and health care systems also should consider community characteristics as they assess their path in creating a Culture of Health. Table 4 provides some strategic questions to consider in assessing a community's characteristics and level of readiness to work toward a culture of health.

Table 4: Strategic Considerations – Community Health Needs and Characteristics

Understanding Community Needs
Does your organization have a strong understanding of community health needs, based on both quantitative and qualitative information?
Has your organization assessed the health care and socioeconomic needs of your community?
Has your organization worked with the community and stakeholders to understand and prioritize needs?
Community Readiness
How ready is your community to address needs? What is the level of urgency and commitment within your community to address those needs?
Aligned Goals
What is the degree of the community's commitment to improving the physical environment and socioeconomic drivers of health?
To what degree is equity important to your community (e.g., equitable opportunities for healthy choices, physical and social environments)?
To what degree is the community interested in addressing health care quality, efficiency and equity?

Source: HRET, 2014.

Building a culture of health is not the sole responsibility of hospitals and health care systems. By partnering with local stakeholders, hospitals can augment the impact of their interventions in the community, enabling them to address needs beyond the walls of the hospital. Table 5 includes strategic questions for hospitals and health care systems as they consider engaging multisectoral community partners.

Table 5: Strategic Considerations – Stakeholder Characteristics

Stakeholder Availability
Are strong, capable stakeholders available in the community to play a role in developing a culture of health?
Are other hospitals or health care systems in your community willing to collaborate to achieve shared goals?
What nonhealth care sectors could your organization engage to build a culture of health?
Aligned Goals
To what degree are your organization's goals and strategic priorities on community health needs aligned with those of key stakeholders in the community?
Resources and Core Competencies
What advantages and core competencies can key community stakeholders contribute toward a culture of health (e.g., program offerings, subject matter expertise, etc.)?
To what degree can each stakeholder commit resources to support culture of health initiatives (e.g., financial, in-kind, staff time, facility space, IT services or other resources)?
What roles could each potential partner play? How do these roles complement one another?

Source: HRET, 2014.

After exploring these strategic considerations, hospitals and health care systems should have gained an understanding of their own goals, resources and capabilities and well as those of their community. Using that framework, hospitals can consider the strategic questions in Table 6 to determine their desired level of collaboration with community stakeholders and scope of interventions. These two dimensions –

degree of collaboration and scope of interventions – are indicative of the role that hospitals and health care systems play in building a culture of health.

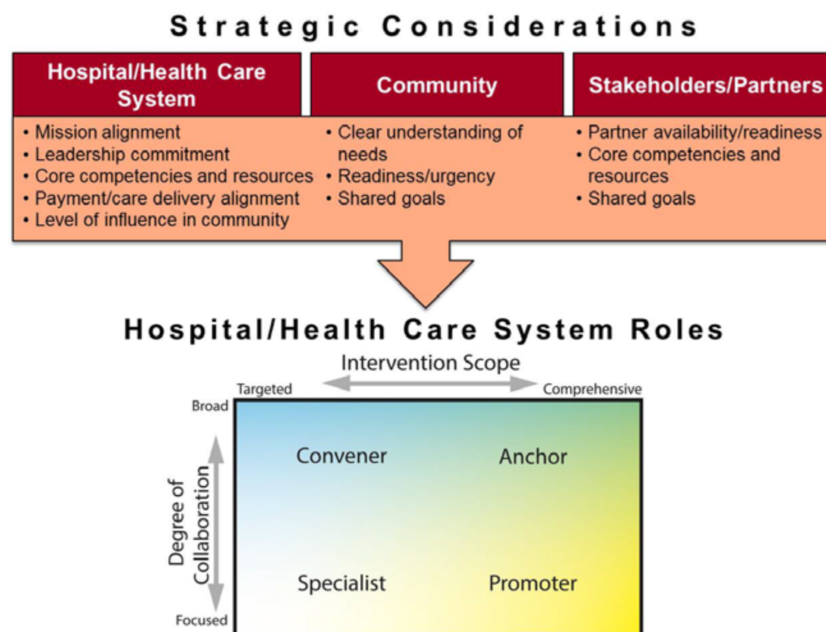
Table 6: Strategic Considerations – Collaboration and Scope of Interventions

Degree of Collaboration
Have you identified and approached specific community partners with similar goals?
How many stakeholders do you want to partner with – focused set versus a broad range?
What are your partners' challenges, advantages and core competencies in addressing community needs? What does each one bring to the table?
Have you defined roles and responsibilities for your organization and each partnering organization? Have you formalized your partnership?
To what extent will you collaborate with each partner – funding, information sharing, resource sharing, shared goals and mission, merged initiatives?
Scope of Interventions
Which specific interventions are you going to focus on in the short term to address community health needs? In the long term?
Is your organization interested in addressing nonmedical factors, such as socioeconomic and environmental issues?
Will the scope of interventions focus on a few targeted conditions/drivers or a comprehensive range of medical and socioeconomic issues?
Will your interventions be based in the hospital or in the community? Or both?

Source: HRET, 2014.

Based on the strategic considerations in Table 6, hospitals and health care systems can decide which of four potential roles they can play to build a culture of health in their community (Figure 6).

Figure 6. Strategic Considerations and Hospital Roles for Building a Culture of Health



Source: HRET, 2014.

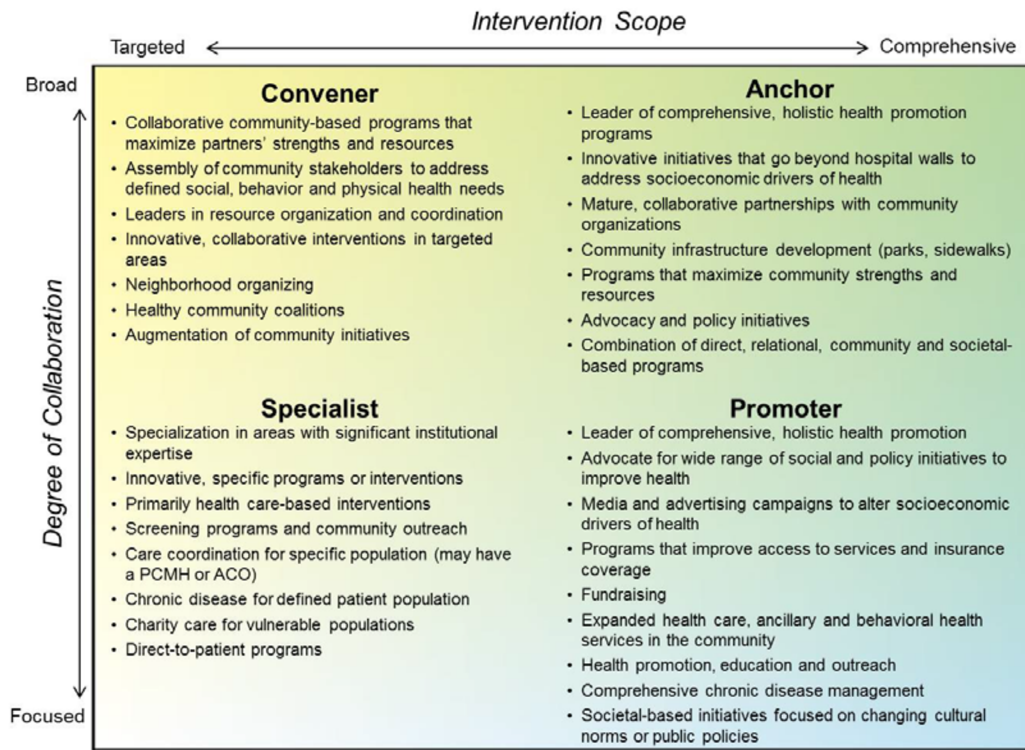
The roles are:

- **Specialist** – The specialist engages in community health improvement by concentrating on a few specific issues for which the organization is a subject matter or programmatic expert. The specialist works with a focused group of community partners. The specialist hospital may have limited support and resources for broader initiatives or choose to address issues where it can have the greatest impact given its expertise and resources.
- **Promoter** – The promoter plays an active role in building a culture of health by supporting other organizations' initiatives through funding or contributing resources (e.g., employees, facility space). The promoter has broad intervention scope but limited community partnerships. Promoters may use their influence in the community and with the government to help shape policy or provide community education.
- **Convener** – The convener fosters a culture of health by bringing together hospital and community stakeholders to build collaborative relationships and work toward shared goals. Conveners are influential in their communities and are able to bring together a broad range of multisectoral partners to address community health needs. These hospitals and health care systems target specific issues to address significant community health needs. Conveners may provide funding, facilities, staff expertise or in-kind services to support broader community health programs, but they also empower community stakeholders to take the lead.
- **Anchor** – The anchor serves as a leader in building a culture of health within the community. Activities of anchor hospitals can include those of the specialist, promoter and convener. Anchors are influential in their communities, and they have strong, active partnerships with a wide range of diverse community organizations to address a comprehensive scope of interventions that encompass both socioeconomic and medical concerns in the community. Anchors also may be environmental and economic stewards in their communities. Population health improvement is a fully integrated part of their mission, with leadership engagement and significant resources allocated to support a broad range of issues that affect health.

Hospitals and health care systems may play one of these roles for all their culture of health initiatives, or their role may vary based on the intervention or community need. Highly collaborative approaches with a broad scope of interventions may have a greater impact on population health because such approaches engage the community to a greater extent and focus on a wide range of medical and socioeconomic needs.

Not all hospitals or health care systems can or should be anchors. The other roles identified, while perhaps more targeted in their approach, have the potential to make a significant impact on community health. Figure 7 outlines some of the types of interventions most likely to be used by hospitals and health care systems in each role.

Figure 7. Community Health Interventions by Hospital Role



Source: HRET, 2014.

Measuring Culture of Health Initiatives

Well-chosen measures are essential to developing interventions and evaluating results. Many of the measures currently used by hospitals and health care systems are focused on process metrics, such as the number of people served by a program or the number of services provided. However, outcome measures are essential to quantifying the impact of interventions and monitoring progress toward culture of health goals. Commonly used outcome measures are focused on specific health status improvements, increases in healthy behaviors and quality of life improvements. Less commonly, hospitals measure outcomes related to socioeconomic and physical environment initiatives or return on investment for community health initiatives. Examples of process and outcome measures used by hospitals are shown in Table 7.

Table 7. Process and Outcome Measures for a Culture of Health

Process Measures	Outcome Measures
• Number of people served by a program or service • Number of people using prevention and screening techniques (e.g., prostate exams, mammograms or immunizations) • Attendance or participation rates (e.g., health fair, class) • Amount of services or equipment distributed (e.g., bike helmets, educational materials, booster seats, free medications) • Resource usage rates (e.g., number of website visitors, calls) • Number of volunteers • Financial investment levels • Wait times	• Health status improvement in a population (e.g., mortality rates, disease morbidity, life expectancy, BMI/weight loss, birth weight) • Percentage of people who increased healthy behavior or ceased a negative health behavior • Quality of life improvements (e.g., self-esteem levels, daily activities, depression/anxiety levels) • Reduction in undesired health care service utilization rates (e.g., ED usage, length of stay, hospitalizations, inpatient days, readmissions) • Improvements in access and desired health care utilization rates (number of clinic or primary care visits, free prescriptions filled) • Health literacy rate improvements • Cost savings or return on investment to the hospital or community • Reduced uninsured rates • Improved program satisfaction rates • Social and economic improvement rates (e.g., improved graduation rates, unemployment rates, poverty rates, social skills improvements) • Security and physical environment improvement rates (e.g., air and water quality, housing improvements, transit availability, community safety, sanitation) • Community capacity and commitment (e.g., leadership and service, volunteerism rates)

Source: HRET, 2014.

Comprehensive metrics for building a culture of health can be developed along RWJF's four dimensions:

- Social cohesion and shared value of health: measuring perceived norms and social capital; evaluating community engagement or measuring actions that signify participation in promoting health in the community, such as providing volunteer care or participating in a charity sporting event
- Multisectoral collaboration to build health partnerships: measuring strength, nature and quality of collaborations along with number of innovative partnerships
- Improved and equitable opportunity for healthy choices and environments: measuring social and environmental factors and availability of resources; considering equity across the population
- Improved quality, efficiency and equity of health and health care systems: measuring health outcomes, health care system quality and equity across demographics

Developing a Culture of Health

Innovative hospitals and health care systems have been successful in creating a culture of health by: creating clear leadership commitments; collaborating and aligning with stakeholders along clearly defined and shared goals; allocating resources; measuring results and determining ways to ensure their initiatives are sustainable and replicable. Hospitals and health care systems can play a leading role in developing a culture of health by taking several steps, as shown in Table 8.

Table 8. Ten Steps for Developing a Culture of Health

Approaches	Key Steps

1. Obtain clear leadership commitment; ensure mission and strategic priorities are focused on a culture of health	• Develop commitment and leadership at the board and executive levels, and ensure mission and strategic priorities are focused on creating a culture of health
	  - Include diverse members on the board and executive management team, to mirror the patient population and community in the hospital's service area
	  - Discuss community needs and population health data at board and executive team meetings
	  - Review population and community health initiatives at the board level and discuss challenges and barriers to success
	  - Educate the board and executive management on population health management and culture of health concepts and initiatives
	  - Review the hospital's mission statement and revise if necessary to reflect commitment to the community and a culture of health
	  - Incorporate a culture of health into the strategic planning process and prioritize population and community health initiatives
	• Encourage community volunteerism at leadership and staff levels

2. Develop organization's culture of health approach	• Determine which role the organization wants to play (anchor, convener, promoter, specialist) • Evaluate whether the role will be consistent across all community health needs or vary by topic (generally plays a convener role, but for a specific health concern, will be a specialist)

Approaches	Key Steps
3. Clearly define the population and identify and prioritize community needs	• Develop a clear but broad definition of the community or population based on the specific patient population or geography; a critical mass is required to produce measurable outcomes for targeting areas where there are high concentrations of health inequities within the region or hospital service area or where health needs are greatest • Look at community health needs (if the hospital is tax exempt, review the CHNA; if it is another hospital type, review other sources for needs in the community) • Create community buy-in by involving diverse stakeholders in community needs assessments; ensure input is gathered from underserved and underrepresented populations and those who experience care disparities or inequities • Identify and prioritize the top 3–5 issues in the community, including socioeconomic correlates of health, such as access, health behaviors, insurance coverage, social/economic/housing issues and physical environment drivers
4. Evaluate external dynamics	• Determine how ready the community is to address community needs – level of urgency and commitment within the community to address these needs • Evaluate the degree to which the community agrees on common, shared goals • Evaluate community stakeholder readiness, availability and alignment of shared goals

5. Identify interventions to address community needs and determine partnerships	• Identify the top 3–5 intervention strategies and activities to address community health needs
	• Determine which community members and stakeholders are capable of supporting each initiative; evaluate the degree of alignment and shared goals that exist between organizations
	  - Identify synergies and connect with strong partners or "centers of excellence," where partners can build on each other's strengths, have aligned visions and shared priorities, and coordinate action to benefit the greater societal good
	  - Evaluate new, nontraditional partnerships that are aligned with hospital priorities to address pressing community needs
	• Determine what resources and assets each community stakeholder could contribute and what roles they could play
	• Develop strategic partnerships with key community organizations
	  - Clearly define partner vs. hospital/health care system role and responsibilities for each intervention activity
	  - Align incentives to ensure that all stakeholders benefit from the partnership
	  - Create shared ownership of each objectives
	• Build trust on an ongoing basis through strong communication and information sharing

Approaches	Key Steps
6. Align financial incentives and identify available resources for each initiative	• Determine resource investments for the organization and each stakeholder – Evaluate how best to invest money, staff, technology in-kind support and time into culture of health initiatives and who will provide each resource type • Identify other possible funding sources to support culture of health interventions • On an ongoing basis, build workforce skills and competencies on population and community health • Shift toward value-based financial arrangements that align with population health (e.g., global budgeting and capitation approaches that require collaboration and initiatives to address health care disparities and social correlates of health within the population)
7. Clearly define measures and potential return on investment for each initiative	• Identify a small set of measures for each community health issue that the organization will use to evaluate results – Focus on evidence-based, benchmark measures that help to identify, prioritize and evaluate population and community needs – Prioritize metrics that focus on outcomes, particularly health status, social correlates of health and broader dimensions of culture of health – Using your key indicators, evaluate interventions to determine effectiveness and monitor progress toward objectives; adjust if necessary based on new information • Document the return on investment for each initiative, stakeholder and the broader community • Maximize transparency and information sharing; pool and share data at multiple levels across partnerships on an ongoing basis
8. Implement initiatives and track progress	• Develop a strategy map that facilitates and tracks implementation of the intervention strategies and that incorporates: – Community health issues – Strategy – Key activities and milestones – Partners – Roles/responsibilities of hospital and partners – Measurement approach • Make ongoing improvements to intervention approaches based on results

Approaches	Key Steps
9. Foster ongoing stakeholder and community alignment and engagement	• Address language, ethnic, health literacy and cultural barriers through ongoing cultural competency training for staff and community partners • Break down silos and barriers across stakeholders through open communication and transparent information sharing • Provide outreach and education to specific stakeholders and the larger community • Gather feedback and input on an ongoing basis, and encourage healthy exchanges using both formal and informal approaches • Communicate well – post priorities and implementation strategies publicly and in multiple places so that all stakeholders can easily access the information
10. Establish sustainability over time and replicate successful initiatives	• Benchmark culture of health interventions against other best practices across the country • Incorporate continuous improvements into initiatives • Identify initiatives that are most innovative or effective, and determine how to spread them more broadly to other populations or geographies • Gather feedback from all stakeholders on an ongoing basis to identify challenges, evaluate and celebrate successes, and share learnings

Source: HRET, 2014.

Hospitals and health care systems are taking on the challenging work necessary to build a culture of health in their communities. It is clear that hospitals and health care systems are making progress to better understand and address the needs of their communities in partnership with community stakeholders. These efforts can manifest themselves in various ways, based on each hospital or health care system's unique characteristics, capabilities and goals and those of their community. Each hospital should carefully consider its path as it determines the role it will play in building a culture of health.

The United States is at a critical juncture as the health care system transforms to prioritize preventive care and health promotion With this shift toward population health, hospitals and health care systems have opportunities to catalyze change in their communities. These opportunities include addressing the social, economic and environmental factors that contribute to improving population health. Collaboration with community members and stakeholders allows for additional resources and expertise as hospitals and care systems expand their scope and reach of services. Through defining and prioritizing community health concerns, developing strategies to address them and fostering sustainable collaborations with key partners, hospitals and health care systems can work collaboratively toward a shared goal—building a Culture of Health.

Case Studies

Bon Secours Baltimore Health System, Baltimore, Maryland

Background:

Bon Secours Hospital serves West Baltimore, one of the most socioeconomically disadvantaged neighborhoods in Maryland, which has a high prevalence of poverty, chronic disease and health disparities. Most of the patient population is on medical assistance or lacks health insurance. Bon Secours takes a holistic and multisectoral approach to community health, reaching beyond the traditional model of health care to affect the social determinants of health.

Intervention:

Bon Secours Baltimore Health System leads a wide variety of initiatives to foster a culture of health in West Baltimore. These initiatives include:

Community Works – Community Works is a constellation of initiatives to transform the health and social environment of West Baltimore. Key programs include:

- Family Support Center – provides resources and services to low-income families with young children and includes an Early Head Start program in addition to home visiting programs.
- Women's Resource Center – a drop-in center for women struggling with substance abuse, domestic violence, homelessness or depression that connects them to resources and services.
- Our Money Place – teaches participants to manage and grow their finances and includes credit and debt counseling, screening for public benefits, tax preparation, and emergency eviction assistance services.
- Career Development – a comprehensive program that offers teen and adult participants education, workforce development and financial literacy skills to succeed in the workplace and life. Components include job readiness, job placement, and a youth program through on-the-job training in the Clean and Green Landscaping program.

Health Enterprise Zone – In 2010, Bon Secours Baltimore Health System took the lead in forming a coalition of 16 health, wellness, educational and community-based organizations to transform the health of the community. The coalition worked with the state of Maryland to have West Baltimore declared a Health Enterprise Zone. The funds from the Health Enterprise Zone are used to attract additional primary care physicians, nurses, care coordinators and community health workers to augment preventive care for residents living in the designated ZIP codes. Additionally, community grants will fund fitness equipment in churches, healthy eating and medication management initiatives to keep people healthy and out of the emergency room.

Neighborhood Revitalization – Bon Secours has been working on housing and neighborhood revitalization in West Baltimore since the mid-1990s. The hospital collaborates with Enterprise Homes, an affordable housing developer. Bon Secours manages the engagement with the community, partnerships with local government and financing, while Enterprise is responsible for construction, design and accounting. Bon Secours also is responsible for the ongoing operations of the properties, which currently comprise 648 units of senior/disabled and family housing in six apartment buildings and 59 renovated row homes.

Bon Secours takes a leadership role in communitywide revitalization. As it was beginning its housing development activities in the 1990s, Bon Secours and its surrounding neighborhoods used the real estate development as a catalyst to assemble the Operation Reachout Southwest coalition and develop a community revitalization plan with strategies and desired outcomes in six issue areas: health, public safety, education, economic development, physical planning and youth/seniors. This plan served as a blueprint for many of the programs listed above and provided neighborhood residents with a voice and a means of participating in program planning and implementation. Today, Bon Secours is a key participant in the Southwest Partnership, which is building upon the success of Bon Secours, Operation Reachout Southwest and the development of the University of Maryland Biopark.

Results:

Bon Secours Baltimore Health System continues to pursue its goal of fostering a healthy community in West Baltimore. It has received designation by the City of Baltimore as an Anchor Institution for West and Southwest Baltimore and an action plan has been created to prioritize city efforts in targeted areas in collaboration with the city and other anchors.

Bon Secours credits the success of each of these initiatives to resident participation in planning and implementation as well as leveraging neighborhood assets to facilitate further investment.

- The West Baltimore Street corridor has been revitalized; a three-block area that was once two-thirds vacant has been transformed into a vibrant community where families live, work and play.
- Bon Secours' successful housing investment is beginning to attract other affordable developers to the neighborhood.
- Bon Secours and its neighborhood have developed a successful track record of planning and implementation; the program has been identified as a credible partner to state, local and private investors/funders.

As it starts to implement a patient-centered medical neighborhood, Bon Secours continues to work outside the walls of the hospital and emphasize the psychosocial and economic needs of its community members.

RWJF Dimensions: Social cohesion and shared value of health; multisectoral collaboration to build health partnerships; improved and equitable opportunity for healthy choices and environments; improved quality, efficiency and equity of health and health care systems

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Cheshire Medical Center/Dartmouth-Hitchcock Keene, Keene, New Hampshire

Background:

Cheshire Medical Center/Dartmouth-Hitchcock Keene (CMC/DHK) is a 169-bed hospital in New Hampshire and the only hospital in the county. In 2007, CMC/DHK initiated an innovative citizen-engagement initiative with the goal of making its region, Monadnock, the healthiest community in America by 2020. The Healthy Monadnock initiative engages the community in creating a culture of health and supports the local health system's evolution from an emphasis on caring and curing disease to one of promoting health and well-being.

Intervention:

The Healthiest Community Advisory Board, which is made up of 28 stakeholders from local community organizations including the hospital, leads in the overall strategic direction for the Healthy Monadnock 2020 initiative. CMC/DHK: 1) facilitates action planning; 2) aligns partners; 3) manages data collection and analysis; 4) handles communications; 5) coordinates community outreach; and 6) mobilizes and leverages funding.

CMC/DHK strives to maintain a balance between the strong leadership needed to keep all partners aligned and working together and the invisible "behind-the-scenes" backbone organization role that supports other stakeholders' ownership of the initiative's success. In the county, CMC/DHK has primary responsibility for improving access to primary care, facilitating communication between patients and providers and improving quality of services.

More than 500 Cheshire County residents contributed to the development of 21 action strategies that largely fall under four categories: 1) healthy eating, 2) active living, 3) social determinants of health (education, income and jobs) and 4) mental well-being. The strategies are intended to provide high-impact change that will affect large groups of people and encourage healthy habits and lifestyle change among children, adults and seniors. The Healthy Monadnock 2020 action strategies are focused on improving quality of life and preventing the leading causes of death in the community.

Healthy Monadnock's driving engine to develop a culture of health are the champions – the grassroots heath advocates. The champions program is designed to engage and enhance the capacity of all levels of the community, including individuals, schools and other organizations, to improve their own health by motivating community members to live, share, model and inspire the values, goals and strategies of Healthy Monadnock. The champions advocate for program, project, policy and environmental changes in the places they live, learn, work, play and heal to create an environment that supports the health and well-being of all Monadnock region residents.

Results:

Healthy Monadnock 2020 has fostered collaborations with numerous community-based organizations and businesses including eight champion partners, 89 organizational champions (businesses, civic groups, non-profit organizations, coalitions) and 19 school champions. They also collaborate with Antioch University of New England to evaluate progress and create a conceptual framework for implementing the intervention.

CMC/DHK actively measures process and outcome measures of health in collaboration with Antioch University of New England. Healthy Monadnock's update reports detail the county's health status in comparison to benchmark outcomes and targeted goals. Community awareness of Healthy Monadnock is high with 45 percent of residents knowing about the initiative in 2012. The efforts of

Healthy Monadnock 2020 have contributed to improved rates that are better than the U.S. average for: adults with good or better health, adults at healthy weight, adults who smoke, physical activity, fruit and vegetable eating, poverty and unemployment, among others.

CMC/DHK is seeing the positive results of Healthy Monadnock's success. As a result of fewer admissions and shorter length of stay, the hospital's inpatient census has dropped by nearly 40 percent in the last five years. While New Hampshire is still in a fee-for-service market, promoting a culture of health through Healthy Monadnock 2020 is a crucial element of CMC/DHK's strategic plan. The hospital's leadership is invested in continuing to foster a culture of health inside the hospital and in the community. CMC/DHK's focus on building a culture of health in the Monadnock region has it well positioned for success in a value-based market.

RWJF Dimensions: Social cohesion and shared value of health; multisectoral collaboration to build health partnerships; improved and equitable opportunity for healthy choices and environments

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Crozer-Keystone Health System, Springfield, Pennsylvania

Background:

Crozer-Keystone Health System (CKHS) is composed of five hospitals and several outpatient centers. It is situated in Delaware County, which has significant socioeconomic and health disparities; oil refineries; and other heavy industries that impact air and water quality.

CKHS noticed it was receiving a high number of emergency calls for asthma in its pediatric population. A survey by Crozer pediatricians showed that, in one school district, children had asthma at a rate of 24 percent, more than double the state average of 10 percent. Children who were missing school days because of asthma were not doing as well as a result of their absenteeism. In addition, CKHS discovered that many asthmatic children were not connected with a primary care facility and did not know how to use inhalers.

Intervention:

CKHS began a comprehensive, multipronged approach to address pediatric asthma in its community. It started by contacting the state Environmental Protection Agency, which fined companies for releasing pollutants above permissible levels. CKHS used funds from the fines toward asthma-related interventions. CKHS also rallied to have trash plants moved further from inhabited areas, so that community members could breathe healthier air. In addition, CKHS initiated the Kids Asthma Management Program (KAMP), a school-based intervention. KAMP provides asthma screening; referral to spirometry; group education for students, parents, and staff; and support of asthma camps and asthma awareness days. Because obesity and asthma are linked, CKHS also partners with children's soccer leagues to encourage weight loss and a healthy lifestyle. Further, CKHS partners with an environmental justice community organization, Chester Environmental Partnership, to run an indoor/outdoor home intervention and environmental remediation and education program. The program is designed to increase health literacy and asthma self-management skills for children and parents.

Results:

CKHS has seen great improvements in pediatric respiratory health. The 911 calls for asthma-related symptoms in children have decreased to less than 1 percent of what they once were. Also, the program implemented with Chester Environmental Partnership showed a reduction in frequency of children's asthma flares, improvement in asthma control, and a decrease in emergency room visits.

RWJF Dimensions: Social cohesion and shared value of health; multisectoral collaboration to build health partnerships; improved and equitable opportunity for healthy choices and environments

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INTEGRIS Health, Oklahoma City, Oklahoma

Background:

INTEGRIS Health is the largest Oklahoma-owned health care corporation. Its facilities cover the continuum of care, with five hospitals in the Oklahoma City metropolitan area, three regional hospitals across the state, and a joint venture with six other facilities. Recognizing that a large percentage of men have limited contact with health professionals and fail to get routine check-ups and preventive care, INTEGRIS developed a men's health initiative.

Intervention:

Established in 2004, The INTEGRIS Men's Health University (Men-U) provides a wide scope of no-cost health services and educational programs, including physician lectures, local health and wellness screenings throughout the year, a free clinic, health and education information offered on the Men-U website, Champions of Men's Health Clinics, and a variety of programs targeted especially for men and their families. For INTEGRIS, it is not about return on investment – it is about doing the right thing for the community.

In order to engage men in health promotion, Men-U relies on the power of humor and male-friendly activities. Events include "Prostates and Pancakes" and car shows paired with health screenings. Ten years ago, they initiated a partnership with the local sports radio station that has become a focal point of the initiative. Doctors from INTEGRIS go on the show to banter with the hosts about a variety of men's health issues. Though they use humor, the message is clear – get checked. Men are incentivized to remain engaged in their own health by collecting points on their "Man Card," which also enables INTEGRIS to track the involvement of men in the program. Participants can apply their Man Points toward tickets to sporting events or other designated activities.

Results:

Since its inception, the program has reached thousands of men and their families across Oklahoma and created awareness of the importance of men's health. INTEGRIS offers a variety of opportunities for access to no-cost health education and screenings, and has proven to be a successful model for sustainability and replication for other health systems within the United States. Over the past few years, Men-U has started targeting minority populations for health promotion. INTEGRIS is reaching out to African-American men through churches, barber shops and designated community champions. Their next initiative will address men's health issues in the Native American community.

Though it is difficult for INTEGRIS to determine if this program is making a population-level health impact, the health system knows there has been an increase in awareness and slight improvements in some areas. Given the state of men's health in Oklahoma, INTEGRIS realizes it will take a long time and a lot of effort to move the needle – but the hospital is committed to making that goal a reality.

RWJF Dimensions: Social cohesion and shared value of health; multisectoral collaboration to build health partnerships; improved quality, efficiency and equity of health and health care systems

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John C. Lincoln Health Network, Phoenix, Arizona

Background:

The John C. Lincoln Health Network began in 1927 as Desert Mission, which addresses the health and social needs of families in Central and North Phoenix. The John C. Lincoln Health Network continues to take an integrated approach to care, providing both health and social resources to improve the lives of families in its community.

Intervention:

Desert Mission aims to build a culture of health in Phoenix with programs that addresses a variety of health, social and economic needs.

- *Food Bank*: Desert Mission's food bank provides emergency food assistance to families in need. The food bank is designed in a market format to allow families to choose their own groceries, and a demonstration chef provides education on nutrition. It also partners with schools to provide Snack Pacs for children at risk of going hungry over the weekend.
- *Community Health Center*: The health center provides primary care to children and families with public insurance or no insurance and focuses on illness prevention, screening, education and care continuity. It is located in the same building as the dental and behavioral health clinics, making the Community Health Services building a *de facto* medical home.
- *Children's Dental Clinic*: The clinic provides comprehensive dental care to children up to age 20 who have public insurance or no insurance. The staff is supplemented by volunteer dentists, specialists and hygienists.
- *Marley House Behavioral Health Clinic*: The clinic provides counseling services for those with public insurance or no insurance. Services are available in English and Spanish.
- *Lincoln Learning Center*: The center provides preschool and child care with extended hours. Tuition assistance is available for qualifying families.
- *Neighborhood Renewal*: Neighborhood Renewal addresses housing, the primary need identified in John C. Lincoln's community health needs assessment, by acting as a community development organization to facilitate the building of housing, neighborhoods and businesses based on the needs of the community. The program provides housing counseling, affordable housing and homeowner rehabilitation and commercial development.

Results:

In 2012, Desert Mission served nearly 40,000 individuals. The community health center had more than 4,000 patient visits, nearly 2,000 counseling visits and 3,500 dental care visits. Neighborhood Renewal has been particularly effective in the community. It facilitated homeownership for 121 individuals and provided rehabilitation for nine homes in 2012, bringing the total number of homes rehabilitated to 130. Through this multipronged approach, John C. Lincoln continues to demonstrate its commitment to meeting the health and social needs of its community's most vulnerable members.

RWJF Dimensions: Social cohesion and shared value of health; multisectoral collaboration to build health partnerships; improved and equitable opportunity for healthy choices and environments

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Mt. Ascutney Hospital and Health Center, Windsor, Vermont

Background:

Mt. Ascutney Hospital and Health Center (MAHHC) is a 25-bed critical access hospital in a rural area of Vermont. It also has a 10-bed rehabilitation unit, a large outpatient clinic and operates an outpatient clinic in Woodstock, Vermont. The hospital's service area is made up of approximately 16,000 people in a nine-town area. When performing a community assessment in the mid 1990's, MAHHC recognized its service-area population had a variety of unmet needs. As a small, rural hospital, it also recognized need to obtain outside funding and develop strong partnerships with community organizations that had similar goals in order to meet those needs.

Intervention:

One identified community need in the Windsor area is oral health, a common issue in rural communities. Because MAHHC does not have dentists on staff, the hospital wrote grant applications to Delta Dental and a private foundation, using the funds it received to make dental vouchers. As a result, patients who attend MAHHC's free clinic and who have dental issues are provided vouchers to use at local dentist offices. The hospital partnered with local dentists, many of whom agreed to give a 20 percent discount for the patients using MAHHC vouchers. If necessary, the hospital will use its community health funds to cover a portion of the bills. Through another grant, MAHHC was able to bring a dental hygienist to a local school to perform screenings and educate students. Further, MAHHC has taught pediatricians how to do oral exams and give fluoride applications to prevent dental caries.

Results:

Pediatricians have completed 109 oral risk assessments and 112 fluoride applications. In schools, 256 children have received oral health education, 48 have been screened, 28 have received preventative care, 28 have received sealants, and 18 have been referred for dental treatments. The voucher program has served 11 patients who have been to 12 total appointments, at a cost of $2,502.

RWJF Dimensions: Social cohesion and shared value of health; multisectoral collaboration to build health partnerships; improved a nd equitable opportunity for healthy choices and environments; improved quality, efficiency and equity of health and health care systems

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Parkview Health, Fort Wayne, Indiana

Background:

Parkview Health is a community-based health system of seven hospitals serving northeast Indiana and northwest Ohio. Starting in 1991, more thatn 6,000 Burmese refugees have settled in the Fort Wayne area. Parkview joined the effort to improve the health of that vulnerable population.

Intervention:

Parkview is a collaborator on the Multicultural Health Initiative, a community-based organization that focuses on improving access to care and the social determinants that affect the health of the Burmese population. In 2013, Parkview began to explore the food deserts in its community and noticed that the Burmese refugee population primarily lives in an area without access to healthy food options. Parkview partnered with St. Joseph's Community Health Foundation to implement the HEAL Initiative – Healthy Eating Active Living. Parkview brings its expertise in healthy eating and St. Joseph's brings its connection to the Burmese community to achieve the greatest impact.

The program is based on Parkview's LiVe initiative but is modified for the population being served. Components of the HEAL Initiative include:

- *Urban farming* –The program teaches Burmese children and their parents how to apply their traditional gardening skills in an urban farm. The plot is located across the street from an apartment complex where many of the Burmese refugee families live. The building is also home to the Boys and Girls Club, enabling access to both children and their families. The urban farm helps increase access to produce and physical activity while fostering an environment for socialization and community building.
- *Grocery store education* – Recognizing that the Burmese refugees bought a lot of food that went unused, the initiative started teaching them how to shop and cook with American ingredients. Local chefs demonstrate uses for the food.

The program is in the early stages but has the potential to grow larger. Parkview is hoping to add a finance component to teach Burmese children and their parents how to save money.

Results:

Improving the health of vulnerable populations is part of Parkview's mission; everything the hospital is doing is designed to improve the health of the community. The HEAL Initiative is part of a long-term strategy of keeping this Burmese population out of the hospital; by starting with the youth, the hospital is working toward developing young adults who have the knowledge and experience to live healthy lives. The chief experience officer from Parkview, one of the program's champions, commented, "It's very contagious when you get the right people together."

RWJF Dimensions: Social cohesion and shared value of health; multisectoral collaboration to build health partnerships; improved and equitable opportunity for healthy choices and environments

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Spartanburg Regional Healthcare System, Spartanburg, South Carolina

Background:

Spartanburg Regional Healthcare System (SRHS) is a fully integrated health care delivery system that includes a 588-bed tertiary hospital, a 48-bed community hospital and a long term acute care hospital. In 2008, SRHS was spending $116 million per year in charity care, primarily on emergency and crisis inpatient care. Hospital administration recognized that myriad socioeconomic issues were contributing to these high costs and embarked on an initial effort to improve the health of these individuals and reduce dollars spent on charity care by addressing the social determinants of health.

Intervention:

After deciding that population health would be a strategy for the entire health care system, SRHS began cultivating community partnerships. Because SRHS believes that community health improvement is only possible if the community is working in concert with the hospital, a vice president from the hospital had in-person meetings with the president or CEO of each community organization with whom they wanted to partner.

SRHS took a multipronged approach to improve the health of the community by focusing on access to care issues. The hospital formed a partnership with 10 community organizations to create Access Health Spartanburg in 2010, which is designed to connect low-income, uninsured people to health care and address barriers to health services. Spartanburg forged partnerships with multiple community agencies to improve access to primary and specialty care and to focus on the social issues that affect people's ability to manage their health, such as transportation, access to medications, housing and employment. During the intake process with new patients, Access Health Spartanburg conducts a psychosocial assessment and connects that person to community-based resources based on their needs. A safety-net council comprising all of the social and health services in the community meets monthly to discuss difficult cases and identify any additional resources that could be leveraged to help an individual or family. The partnerships that Spartanburg Regional helped convene are crucial to making the council effective.

Results:

There are now more than 1,500 uninsured individuals enrolled in AccessHealth Spartanburg. By better coordinating primary care and addressing some of the social determinants of health, the program had reduced hospital costs for the targeted population by 42 percent. Hospital admissions decreased by 31 percent and length of stay decreased from 4.61 days to 3.95. Given the cost of running Access Health Spartanburg, the program has a 13:1 return on investment. This initiative, along with others, has resulted in significant health improvement and cost savings for the hosital system and community. In 2013, SRHS's charity care was reduced to $81 million – a $35 million reduction in five years.

RWJF Dimensions: Social cohesion and shared value of health; multisectoral collaboration to build health partnerships; improved and equitable opportunity for healthy choices and environments; improved quality, efficiency and equity of health and health care systems

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St. Mary's Regional Medical Center, Lewiston, Maine

Background:

St. Mary's Regional Medical Center, located in Lewiston, Maine, is mission driven to help people with limited resources, and this infuses everything they do. Located in the heart of Lewiston, St. Mary's serves a diverse and economically challenged population, including a large population of recent African immigrants and refugees. In the immediate area of the hospital and their Federally Qualified Health Center are two downtown census tracts where poverty rates are the highest in the state (67 percent). St. Mary's recognized poverty and the resulting food insecurity and unhealthy eating habits as major needs of their community, and has responded by developing strategies that address immediate needs while building the systems and partnerships necessary for the long-term shift toward a culture of health.

Intervention:

Based on the belief that good health relies upon access to health care, but also, at a more fundamental level, access to healthy food, St. Mary's Nutrition Center (NC) was founded in 2006 as a complementary strategy for increasing the health of the community. The programs housed there build the individual capacity of people to grow, access, choose and cook nutritious foods.

- *Lots to Gardens:* Lots to Gardens is a youth and community-driven program that has transformed more than a dozen vacant downtown lots into community gardens where 115 families build self-reliance and grow food. The gardens contribute to vibrant neighborhoods, bring together diverse individuals to grow healthy and culturally appropriate food, remove barriers for underserved people in accessing healthy foods, and act as outdoor classrooms for children and youth.
- *Food Pantry and Food Access Initiatives*: The St. Mary's food pantry is the largest in the county and serves roughly 1,500 families a month with emergency food supplies. The NC also creates other low-barrier access points for food including "veggie stands" at public housing complexes; tastings and snack-making programs to increase exposure to vegetables; "veggie shares" for youth participants and seniors; and harvest dinners prepared by children participating in garden education programs. The NC has invested significant energy in building momentum and support for the Lewiston Farmers' Market which now runs in the summer and winter. Having successful markets relies upon having enough customer support, and ensuring that the markets are accessible to people with limited income. In 2010, the NC started a Farmers' Market Incentive Program to incentivize greater consumption of fruits and vegetables for people using food stamps.
- *Cooking and Nutrition Education:* The NC offers hands-on cooking classes for all ages including weekly kids cooking clubs, "common sense" nutrition education classes, preservation classes, and culturally relevant, peer-led nutrition education for recent immigrants. Program participants not only learn why they should make healthy food choices, but also learn to like new healthy foods through food tastings and demonstrations, and learn the skills needed to cook it healthy foods at home.

Results:

Through youth programming, the NC has provided education to hundreds of low-income youth with garden-based job training and leadership programs. Additionally, the NC manages school and children's garden programs where youth discover the sources of their food and learn how to make healthy choices. Over the last two seasons, there were over $23,000 in federal nutrition benefit sales at the Lewiston Farmers' Market and more than 200 low-income customers participated

in the "Fresh Food Champion" program to stretch their dollars and have access to more healthy, fresh food. Through August 2014, more than 1000 participants had benefited from the more than 300 cooking and nutrition sessions offered.

The scope of St. Mary's Regional Medical Center's healthy food access initiatives continues to grow. Through launching and involvement with the Good Food Council of Lewiston-Auburn, they are involved in a multi-year community food assessment in partnership with other local organizations to better understand the food needs of their population. They ensure that their care and nutrition programs are culturally appropriate for their refugee population by partnering with ethnic community-based organizations who guide their work.

St. Mary's commitment to its economically challenged and diverse population demonstrates the health care system's commitment to high quality, equitable care for all people, regardless of their ability to pay. Despite financial barriers, St. Mary's remains committed to identifying public health needs and responding in ways that promote human dignity and community vitality.

RWJF Dimensions: Social cohesion and shared value of health; multisectoral collaboration to build health partnerships; improved and equitable opportunity for healthy choices and environments; improved quality, efficiency and equity of health and health care systems.

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Texas Health Harris Methodist Hospital Azle, Azle, Texas

Background:

Texas Health Harris Methodist Hospital Azle, an affiliate of Texas Health Resources, is a 36-bed hospital. After determining that a large portion of their emergency room visits were for issues related to chronic diseases, the hospital chose to focus on chronic disease management, including improved access to healthy foods and nutrition education. Access to affordable, healthy food is a significant issue for Texas Health Azle's patients, where more than half of their population lives in rural areas without a nearby grocery store.

Intervention:

Texas Health Azle designed a coordinated system of food hubs to provide increased access to affordable fruits and vegetables for anyone in the surrounding communities they serve. This program utilizes an existing relationship with a vendor who provides produce for the hospital. Locally grown fresh produce is purchased in bulk at a reduced rate, which allows the savings to be passed to the consumer. Twenty to 25 pieces of fresh produce are sorted and sold for $5 per bag, typically at least 50 percent less than the cost at a local grocery store.

Texas Health Azle provided the staff and secured the location for the first food hub, but the community quickly voiced their support and desire to participate in the program. The Azle Lion's Club was the first group to organize their own food hub, providing the volunteers and space to serve the community every month. The Azle Christian Church and other community groups have also organized their own monthly food hubs to serve other parts of surrounding rural counties. Texas Health Azle supplies the produce, but these organizations provide the distribution.

Results:

There are now seven food hubs throughout Texas Health Azle's service area. Last year these food hubs sold approximately 3,500 bags of produce (70,000-87,500 pieces). Each food hub is hosted by a community partner, with support and training provided by Texas Health Azle. A pre/post survey of program participants showed a 20 percent increase in the consumption of fruits and vegetables per week. In addition, Texas Health Azle recently helped to initiate three community gardens, which offer an additional opportunity for residents to access fresh produce.

RWJF Dimensions: Social cohesion and shared value of health; multisectoral collaboration to build health partnerships; improved and equitable opportunity for healthy choices and environments; improved quality, efficiency and equity of health and health care systems

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Appendix

Research Methodology

Literature Review

HRET reviewed published literature to explore the approaches that hospitals and health care systems are using to engage in community health. HRET also reviewed internal resources, which were comprised of information from the American Hospital Association (AHA) and its affiliates, including the Association for Community Health Improvement (ACHI) and the Institute for Diversity in Health Management (IFD). Innovative or high impact case studies were identified from:

- Community Connections (which includes vignettes of hospitals participating in community health initiatives)
- Foster G. McGaw Prize applications (the award is presented to a hospital with exceptional success in promoting the health and well-being of everyone in the community)
- AHA NOVA Award applications (the award honors collaborative programs focused on community health)
- Carolyn Boone Lewis Living the Vision Award applications (the award honors hospitals that are living the AHA's vision of "a society of healthy communities where all individuals reach their highest potential for health")

CHNA Review

HRET compiled a list of all general acute care not-for-profit hospitals in the United States (n=2,739). The sample excluded for-profit and government-owned facilities that are not required to conduct a CHNA. All available CHNAs were collected from hospitals' websites between March 19, 2014 and April 30, 2014. No additional follow up was done to locate CHNAs that were not accessible online. CHNAs were found for 2,407 hospitals.

A stratified random sample of 300 was taken from the 2,407 available CHNAs. The sample was stratified by three criteria:

- Hospital size
- System or stand-alone hospital
- Teaching hospital

CHNAs in this sample were published between January 2011 and March 2014.

The CHNAs were qualitatively analyzed using ATLAS.ti 7 (Thousand Oaks, CA). Seventy-seven unique codes were identified and defined by the research team based on a preliminary reading of sample CHNAs. The codes related to CHNA development methodology, health conditions, health drivers, community health priorities, partnerships, interventions and metrics. Secondary coding was performed on quotations for prioritization process, outcome measures and process measures to further parse out variations.

Intercoder reliability between four coders was assessed using Fleiss' kappa. Documents were recoded until $\kappa > 0.6$. Given the large volume of text to be coded in each CHNA, a lower reliability score is acceptable. For instance, two coders may code the same paragraph identically, but a mismatch on coding the header will artificially deflate the score. Code frequencies and co-occurrences were evaluated for each CHNA.

Survey Data

The Association for Community Health Improvement/American Hospital Association survey questionnaire was mailed to 5,000 short-term, acute-care hospitals across the United States. A total of 1,198 hospitals completed the survey questionnaire between mid-November 2011 and mid-January 2012, for a 24 percent response rate.

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