CRITERIA
for the
QUALITATIVE EVALUATION
of
COMMUNITY BENEFITS
at
Nonprofit Acute Care Hospitals

Health Care Advocacy Task Force
Lower/Outer Cape Community Coalition

Revised 2003

CRITERIA
for the
QUALITATIVE EVALUATION
of the
COMMUNITY BENEFITS GUIDELINES
for
Nonprofit Acute Care Hospitals

The Lower/Outer Cape Community Coalition is a community-wide alliance committed to improving the quality of life for all of those living in the eight towns of the Lower/Outer Cape.

The Lower/Outer Cape Community Coalition was formed in 1987 to:

- mobilize and maintain broad based community development and collaborative problem-solving initiatives around health and human service initiatives
- insure the availability of and access to basic opportunities and services
- provide leadership in developing policies, practices, and programs that are effective, responsive, and accountable to those they serve

The Health Care Advocacy Task Force (HCATF) of the Lower/Outer Cape Community Coalition is a partnership between representatives of local agencies and communities on the Lower/Outer Cape to increase access to health care especially for citizens who are currently uninsured or under-insured, to advocate for local, state and federal health policy changes that increase access, and advocate for quality patient care through every stage of medical treatment.

Health Care Advocacy Task Force Members-2003
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Prepared by the
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About Community Benefits

In June 1994, the Attorney General's Office issued "Community Guidelines for Nonprofit Acute Care Hospitals" to set forth principles encouraging Massachusetts hospitals to build upon their commitment to address the health and social needs of the communities they serve. The Guidelines represented a unique non-regulatory approach that called upon hospitals to identify and respond to community needs by formalizing their approach to creating programs that address those needs and issuing annual reports of their efforts. The importance of Community Benefits were reaffirmed in 2000 when they were reissued by Attorney General Tom Reilly. Then, in order to insure that the Community Benefits Guidelines remained current, they were revised and re-issued in 2002.

Community Benefits Principles

The following are the Community Benefits Guidelines for Nonprofit Acute Care Hospitals as set forth by the Attorney General

A. The governing body of each acute care hospital should affirm and make public a Community Benefits Mission Statement, setting forth its commitment to a formal Community Benefits Plan.
B. The Governing Board and senior management should be responsible for overseeing the development and implementation of the Community Benefits Plan, the method to be followed, the resources to be allocated, and the mechanism for its regular evaluation.
C. A hospital should delineate a specific community or communities that will be the focus of its Community Benefits Plan and should involve representatives of that designated community in the planning and implementation process.
D. A Community Benefits Plan should include a comprehensive assessment of the health care needs of the identified community as well as a statement of priorities consistent with the hospital's resources.
E. The hospital should develop and implement its Plan in a timely fashion.
F. Each hospital should submit an annual Community Benefits Report to the Attorney General's Office which discloses its level of community benefits expenditures and describes the hospital's approach to establishing such expenditures. The hospital should make the Report available to the public.

Community Benefits Annual Report

The Attorney General's Community Benefits Guidelines call upon hospitals to prepare annual reports documenting the status of their Community Benefits program and initiatives within five months of the end of their fiscal year. Each report consists of two parts: a full-text report offering a detailed description of the hospital's community benefits plan and programs; and a standardized summary that offers a "snapshot" of each hospital's community benefits report that facilitates analysis.

Web Site

http://www.ago.state.ma.us

The Attorney General's Office provides internet access to comprehensive information about the community benefits program in Massachusetts. The website includes:

- The Attorney General's Community Benefits Guidelines
- Current reporting guidelines
- Annual reports submitted by hospitals

Community Response

Community members and groups are encouraged to provide thoughtful and constructive feedback on the Community Benefits processes and activities described in their local hospital's annual report. The submission content standards and process are contained in the Community Benefits Guidelines.

Qualitative Evaluation

In 1996, the Lower/Outer Cape Community Coalition sponsored two community speak-outs on health care needs on the Lower/Outer Cape in response to the proposed merger between Cape Cod Hospital and Falmouth Hospital. One outcome of these public forums was the creation of the Health Care Advocacy Task Force. The mission of the Task Force is to increase access to health care, to advocate for health policy changes, and to advocate for quality patient care. Strategic planning quickly led to a focus on community benefits as a vehicle for forging community/hospital partnerships and insuring that unmet health needs of residents who lack access to health care will be addressed.

The criteria that are offered here are based on the Attorney General's Guidelines for Community Benefits. The purpose of the criteria is to assist hospitals, health care advocates, and community groups in evaluating a hospital's response to the Massachusetts Attorney General's recommendations for meeting their charitable obligations as tax-exempt entities. By examining both the adherence to the principles and the annual reporting expectations, a more complete picture of a nonprofit hospital's commitment to Community Benefits emerges.

The Health Care Advocacy Task Force (HCATF) of the Lower/Outer Cape Community Coalition offers this tool for qualitative self-evaluation by Community Benefits Advisory Boards and for external evaluation by community advocacy groups. It is also intended to assist in the preparation of a community response for submission to the Attorney General's office. These criteria can be applied annually to monitor improvement and compare achievements.

A publication of the Lower/Outer Cape
Community Coalition

CRITERIA FOR QUALITATIVE EVALUATION OF YOUR HOSPITAL'S COMMUNITY BENEFITS PLAN

Rank your hospital's progress in meeting the intent and spirit of the Attorney General's Community Benefits Guidelines by circling 0, 1, or 2. The zero means no evidence is available in the Plan; 1 indicates concrete evidence of partial voluntary compliance; and 2 indicates full compliance.

Evidence of compliance may be contained within the Community Benefits Annual Report or known to the evaluators.

no partial Compliance
evidence compliance

I. SPECIAL COMMUNITY BENEFITS MISSION STATEMENT

A. Mission statement included.
0 1 2

Evidence: Page 4 of Report

Mission reflects willingness to allocate resources.
0 1 2

Evidence: Page 4 of Report

Recognition of community partnership intent included.
0 1 2

Evidence: Page 4, 5, etc

B. Mission statement affirmed by governing body of the hospital. 0 1 2

Evidence: Implied

Available to the public.

0 1 2

Evidence: With publicly available report

COMMENTS:

II. INTERNAL OVERSIGHT AND MANAGEMENT

A. Role of Governing Board and senior management in overseeing development, implementation, resource allocation and evaluation of plan. 0 1 2

Evidence: Should include evaluation component in report

Community benefits advisory group established.
0 1 2

Evidence:

Advisory group integrated with hospital policy-making structure. 0 1 2

Evidence:

Includes (non-hospital) members of the community to be served.0 1 2

Evidence:

no
partial Compliance
evidence compliance

Reflects the racial, cultural and ethnic diversity
within the community. 0
1 2

Evidence: Not clear

B. Method of sharing information about community benefits
with staff at all levels of the hospital described. 0
1 2

Evidence: Page 5 of report

COMMENTS:

III. COMMUNITY HEALTH NEEDS ASSESSMENT

A. Needs assessment process described and participants identified. 0
1 2

Evidence: Should preclude the plan in the report, to reflect the cycle.

B. Needs assessment conducted within the last three years
0 1 2

Evidence:

C. Information sources enumerated.
0 1 2

Evidence: Page 6

D. Findings of needs assessment summarized. 0
1 2

Evidence: Request more detail in summary

COMMENTS:

IV. COMMUNITY PARTICIPATION

A. Process and mechanism to engage community participants
described.
0
1 2

Evidence: Page 9

B. Community participants identified. 0
1 2

Evidence: Needs assessment, questionnaire, advisory council

C. Community role in development, implementation and review of
community benefits plan and annual reports described. 0
1 2

Evidence: Increase participation by increasing the publicity of process & outreach

COMMENTS:
Community role in review and annual report
is not described.

no
partial Compliance

evidence compliance

V. COMMUNITY BENEFITS PLAN

A. Process of development of the Plan, including how the community was involved.
0
1 2

Evidence:_____
_____
_____

B. Target population clearly delineated. 0
1 2
Evidence: Page 9 (is "adults" a typo on Page 9 last line) needs of youth

Priorities identified including an explanation of how these relate to the results of the community health needs assessment.
0 1 2

Evidence: Links are stronger in some areas than others
_____

C. Short-term (one-year) and long-term (three to five years) strategies and goals documented.
0 1 2

Evidence: _____
_____
_____

D. Process for measuring outcomes and evaluating effectiveness of programs.
0
1 2

Evidence: Description of program should be part of application process. How this is evaluated should be outlined and results included in public report.

E. Process and considerations for determining amount budgeted. 0
1 2

Evidence: This is not described in report, but aware it exists
_____

Linkage between priorities/goals/needs and budget evident.
0 1 2

Evidence: Though we had to work at it
_____

F. Process for reviewing, evaluation and updating the Plan included.
0
1 2

Evidence: Page 23, CBAC planning cycle
_____

Other: Plan developed and implemented in a timely fashion 0 1 2

Evidence: Page 23
_____
_____

COMMENTS:

no

partial Compliance

evidence compliance

VI. PROGRESS REPORT: ACTIVITY DURING REPORTING YEAR

A. Level of community benefits expenditures disclosed. 0 1 2

Evidence: Pages 18 & 28

Discussion of the financial environment/status of the hospital offered. (optional)
0 1 2

Evidence: Cover letter

B. Detailed narrative description (or table) of community benefits provided.
0 1 2

Evidence: Pages 11-15

Information regarding expenditures/budget for each major program/initiative provided.
0 1 2

Evidence: Pages 11-15

- Hospital's current operating budget available on line.
- Community Benefits Budget Comparison

Last year $1,379,898 This year $1,030,406 Projected for next year Pg 18 – thanks for including

COMMENTS:

VII. NEXT REPORTING YEAR

A. Approved budget/projected expenditures divulged. 0 1 2

Evidence: Page 18

B. Anticipated goals and program initiatives identified. 0 1 2

Evidence: Page 19

C. Projected outcomes targeted.
0 1 2

Evidence:

COMMENTS:

no

partial Compliance

evidence compliance

VIII. CONTACT INFORMATION

A. Contact person and information included. 0 1 2

Evidence: Page 3

OTHER
Annual Community Benefits Report submitted to Attorney General's Office. 0 1 2

Evidence: Letter from CEO to AG

Community Benefits Report available to the public. 0 1 2

Evidence: _____

COMMENTS:

Increase number of people involved in CBAC by increasing publicity and outreach.

More detail needed re: results of needs assessment.

Interested that needs of youth did not emerge.

Commended for how much the Report has improved over the past years.

Thanks for responding to last year's community input.

Some members concerned that the results of level funding from '03 to '04 (decreased services) were not addressed in the report.

Hospital: Cape Cod Hospital
Date of evaluation: June 9, 2004

Group completing the evaluation:
Contact Person: BL Hathaway
Health Care Advocacy Task Force of the Lower/Outer Cape Community Coalition

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BACKGROUND

Since Cape Cod Hospital first issued a Community Benefits Report in 1996, the Health Care Advocacy Task Force (HCATF) of the Lower/Outer Cape Community Coalition has evaluated these reports by applying the standards described in the Attorney General's *Community Benefits Guidelines for Nonprofit Acute Care Hospitals.* While the *Guidelines* were revised and re-issued in 2002, they remain substantively unaltered in their description of a dynamic, collaborative process whereby hospital resources are allocated to community-identified needs.

GENERAL COMMENTS AND RECOMMENDATIONS

General Comments:

Cape Cod Healthcare has made significant strides over the past eight years in developing a community process to identify needs, set priorities, and allocate resources. Particularly, Cape Cod Healthcare is to be commended for the commitment of significant resources to address the healthcare needs of the uninsured over the past several years.

The HCATF appreciates the apparent responsiveness to suggestions that were proffered last year such as providing the background information included in "About This Report" and the differentiation between community benefits and community services as defined on page 10. On the other hand, some recommendations were not instituted and remain to be addressed such as describing the process for measuring the outcomes and effectiveness of programs funded through community benefits.

The HCATF sees the outreach for and nurturing of the Community Benefits Advisory Council (CBAC) as vital to a healthy community benefits process. As attendance in the CBAC flags, so too, does the confidence of the HCATF that the priorities selected and programs funded are community-identified rather than hospital-identified.

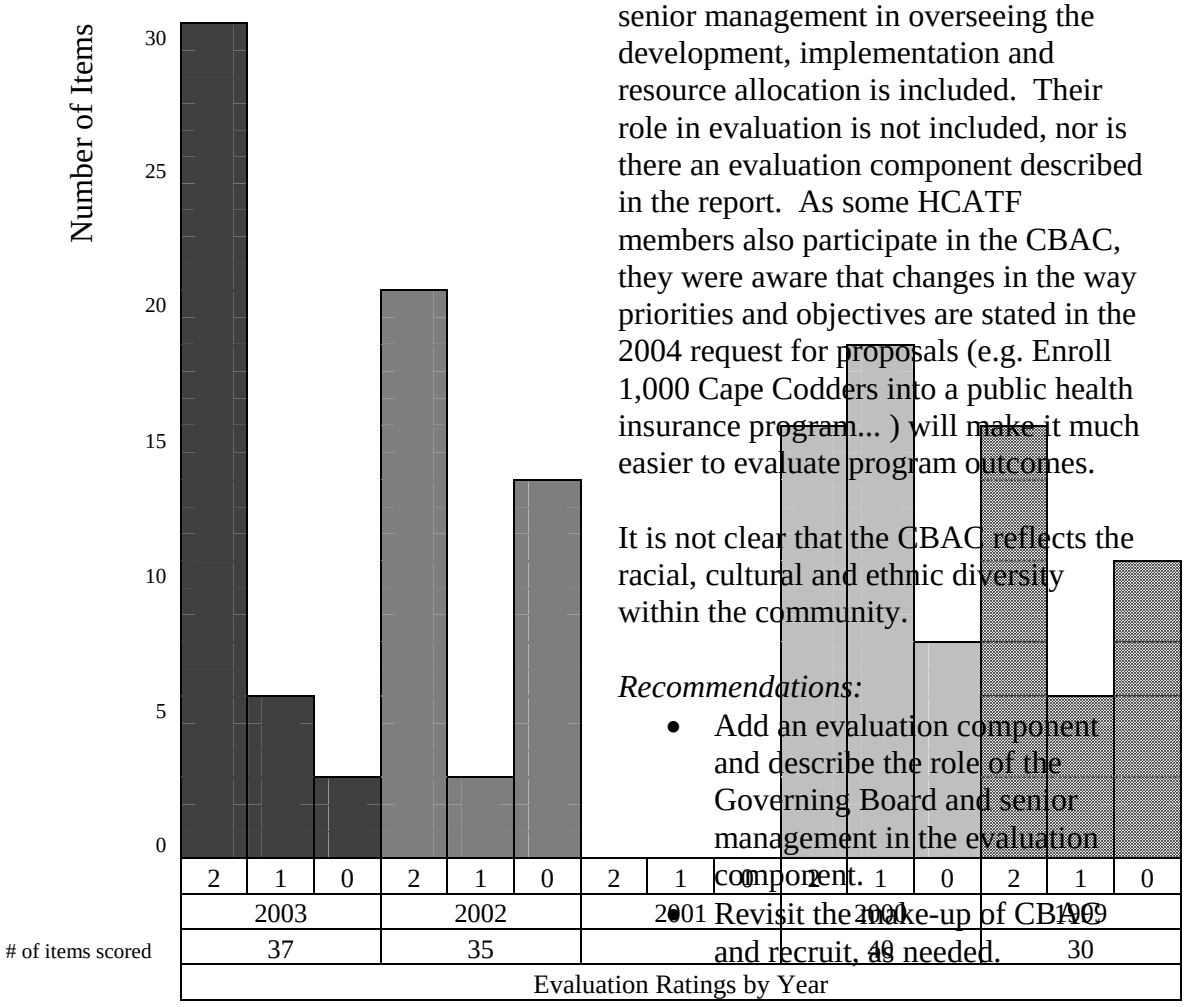
General Recommendations:

- Increase the number of people involved in the CBAC by increasing outreach through other existing CCHC advisory groups and committees, publicity and personal contacts. Task force members suggested that a community-based organization (CBO) could be funded to recruit, orient and sustain CBAC membership. Current members could identify the representation, numbers and geographic links needed. Identifying a CBO to carry out these tasks could be accomplished through the existing RFP process.

COMMENTS and RECOMMENDATIONS BY SECTION (as presented in the Guidelines)

Each member of the Health Care Advocacy Task Force applied the *Criteria for the Qualitative Evaluation of Community Benefits at Nonprofit Acute Care Hospitals* to Cape Cod Healthcare's FY 2003 Report. The Task Force met to reach consensus on evaluation items and to discuss the content and format, in general. The numerical scoring was applied again this year, and Task Force members found 30 of 37 items scored a "2", meaning full

compliance. Five items were scored a "1" for partial compliance and only two items were rated a "0" meaning there was no evidence in the plan that a criterion is met.
Comparison with scoring in previous years offers a depiction of the significant progress that has been made in meeting the intent of the Attorney General's Community Benefits Guidelines.



I. Special Community Benefits Mission Statement

Comments:
There was full compliance with all guidelines related to the mission statement. Task Force members assumed affirmation by the governing body of Cape Cod Healthcare.

Recommendations:
None

II. Internal Oversight and Management

Comments:
The role of the Governing Board and senior management in overseeing the development, implementation and resource allocation is included. Their role in evaluation is not included, nor is there an evaluation component described in the report. As some HCATF members also participate in the CBAC, they were aware that changes in the way priorities and objectives are stated in the 2004 request for proposals (e.g. Enroll 1,000 Cape Codders into a public health insurance program...) will make it much easier to evaluate program outcomes.

It is not clear that the CBAC reflects the racial, cultural and ethnic diversity within the community.

Recommendations:

- Add an evaluation component and describe the role of the Governing Board and senior management in the evaluation component.
- Revisit the make-up of CBAC and recruit, as needed.

III. Community Health Needs Assessment

Comments:
While all items were scored as in full compliance, the HCATF suggested some reporting changes for the future.

Recommendations:

- The assessment of needs and assets should come before the long term goals and funding priorities in the report. In this way, it would be easier to follow the process logically from identifying needs to setting priorities to funding programs.
- The findings of the needs assessment should be provided in more detail, again, to make the relationship between the needs assessment findings and the identification of priorities apparent.

IV. Community Participation

Comments:
Key collaborations and partnerships are described as well as community involvement through the needs assessment activities. Additionally, the Attorney General's guidelines call for a description of the community role in the review of the community benefits plan and annual report. Again, CBAC members reported that they received a draft of the report with a very short three or four day turn around time, but this is not mentioned in the report.

More importantly, the level of community participation in all aspects of the CB process must be maintained, and in some aspects, expanded.

Recommendations:

- Present the draft FY 04 report to the Community Benefits Advisory Council in a timely manner to allow for meaningful feedback.
- Efforts to engage community participation continue to be vital to a collaborative planning process that truly reflects the needs of the community.

V. Community Benefits Plan

Comments:
The relationship between the results of the community health needs assessment and the priorities identified are stronger in some areas than in others. The long-term goals and short-term goals, called priorities in the report, are clearly stated. While one can reference funding priorities, it is sometimes not clear which priority funded programs will address.

The process for measuring outcomes and evaluating effectiveness of programs is absent. Clearly, programs must be evaluated to determine whether goals and objectives have been met and if not, why not. Evaluation is particularly important as groups may apply for funding in subsequent years and the CBAC wants to recommend support for programs and organizations that are effective in addressing the needs of the uninsured.

While members are aware that there is a process for determining which programs are funded and the budgeted amounts, it is not described in the report. Some members feel strongly that there should be much greater involvement of CBAC at this critical juncture if it is to truly be a collaborative community process.

Recommendations:

- Directly link the funded programs with the priority they are addressing.
- For readability and ease of understanding, HCATF members suggest that the report is ordered in the sequence in which activities take place.
- Develop and describe in the report the process for measuring outcomes and the effectiveness of programs.
- Describe the process used to determine which programs are funded and at what level.

VI. Progress Report: Activity During Reporting Year

Comments:
All information provided.

Recommendations:
None

VII. Plans for Next Fiscal Year

Comments:
The HCATF members were pleased to see the "approved program budget for the next fiscal year" included in this report. While the CB funding cycle was put on hold for a year, we are also aware that it is back on track.

Recommendations:
None

VIII. Contact Information

Comments:
Contact information clearly presented at the very beginning of the report.

Recommendations:
None

Other

Members of the HCATF noted that many documents (community benefits reports, community services descriptions, DoN community benefits commitments) over the past three or four years have included plans to address access to specialty care on Cape Cod for the uninsured. This continues to be priority for the HCATF which hopes to see some significant progress toward this goal in the upcoming year.

Conclusion

While there is always room for improvement, as the graphic depiction illustrates, Cape Cod Healthcare has made great strides in meeting the recommendations laid out by the Attorney General when measured item by item with the Guidelines. This year's CB Report is much stronger as a stand alone document that can be interpreted by someone with little or no familiarity with community benefits.

Such a vital and vibrant annual planning and reporting process deserves to be maintained by continuing meaningful community involvement in evaluating needs assessment findings, setting priorities, and making program and funding recommendations.

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