

Building Capacity for Research, Policy Analysis and Stakeholder Engagement

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Northeastern University

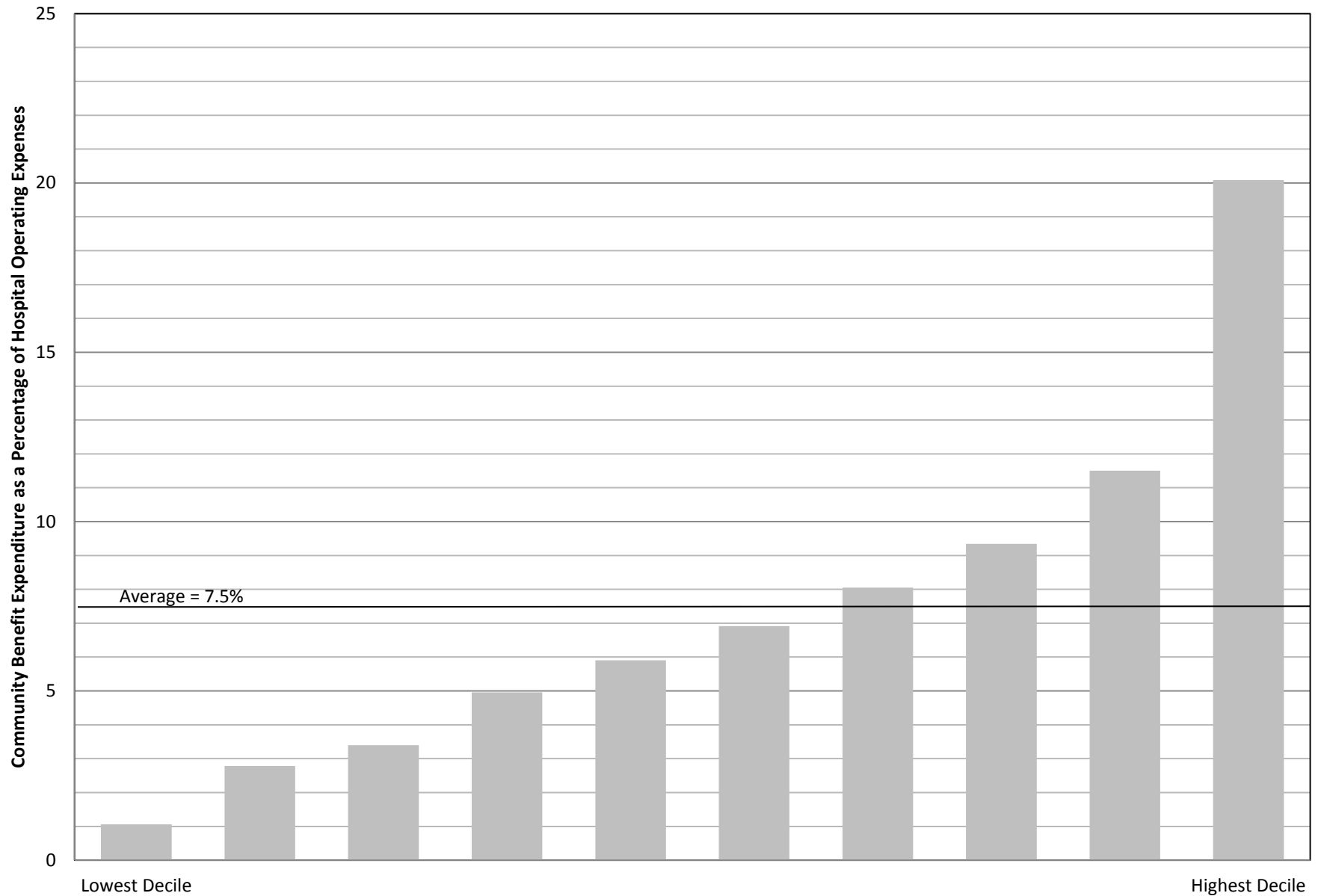
Goals for Building Capacity

- Transparency
- Evaluation
- Improvement
- Engagement

Key Health Policy Issues

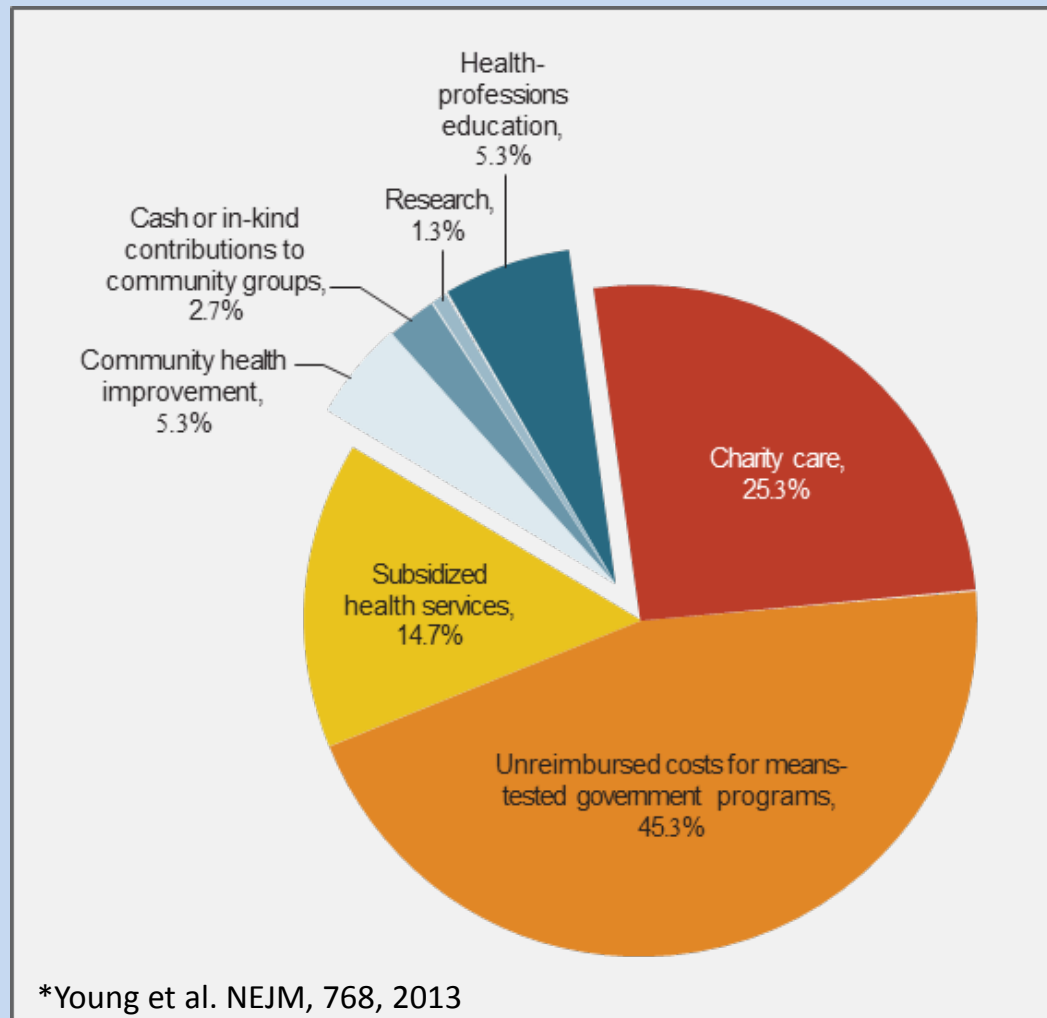
- Post-ACA hospital spending patterns for community benefits.
 - Spending levels and variation
 - Redistribution of dollars
- Federal CHNA Implementation
- Role of hospitals in promoting population health in local communities
- State-level regulation of hospital community benefits
- Classifying hospital activities/services as community benefits (e.g., community building)

Distribution of Hospital Community Benefit Expenditures ¹

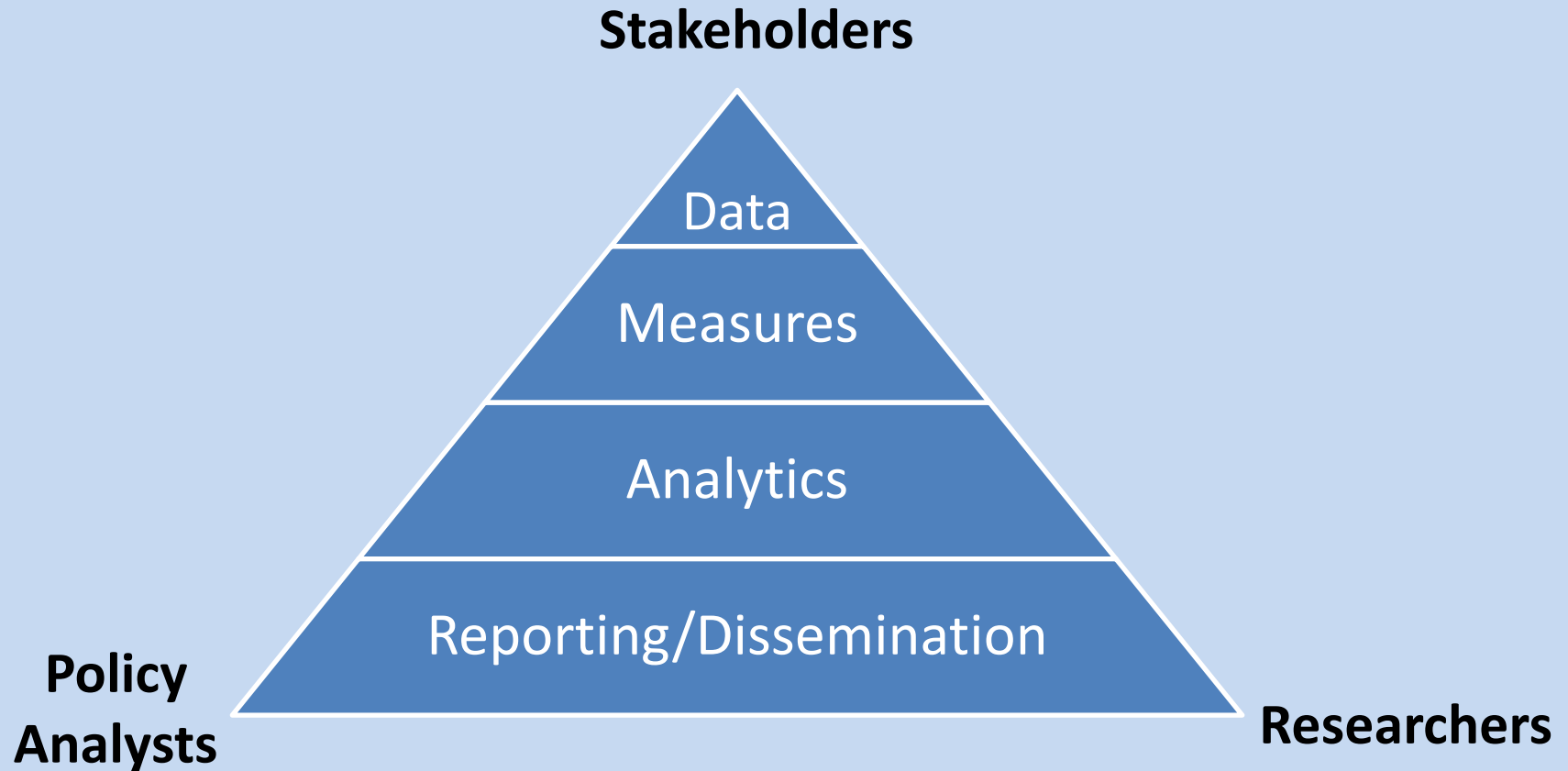


¹ Young et al. NEJM, 768, 2013

Distribution of Community Benefit Expenditures among Benefit Types*



Components of Capacity Building



Data

- **IRS Schedule H** (Form 990)
- **The Hilltop Institute**
- **County Health Rankings and Roadmaps**
- **AHA** – Hospital-level characteristics
- **AHRF** – County-level demographic characteristics
- **CDC** – County-level indicators for health status (e.g., behavioral risk factors)
- **CMS** – Hospital-level quality measures; County-level indicators for health status
- **NACCHO** – characteristics and activities of local health departments

Data

Key Data Challenges

- Hospital-level community health initiatives
- Community-level health resources
- Data that matches with a hospital's community

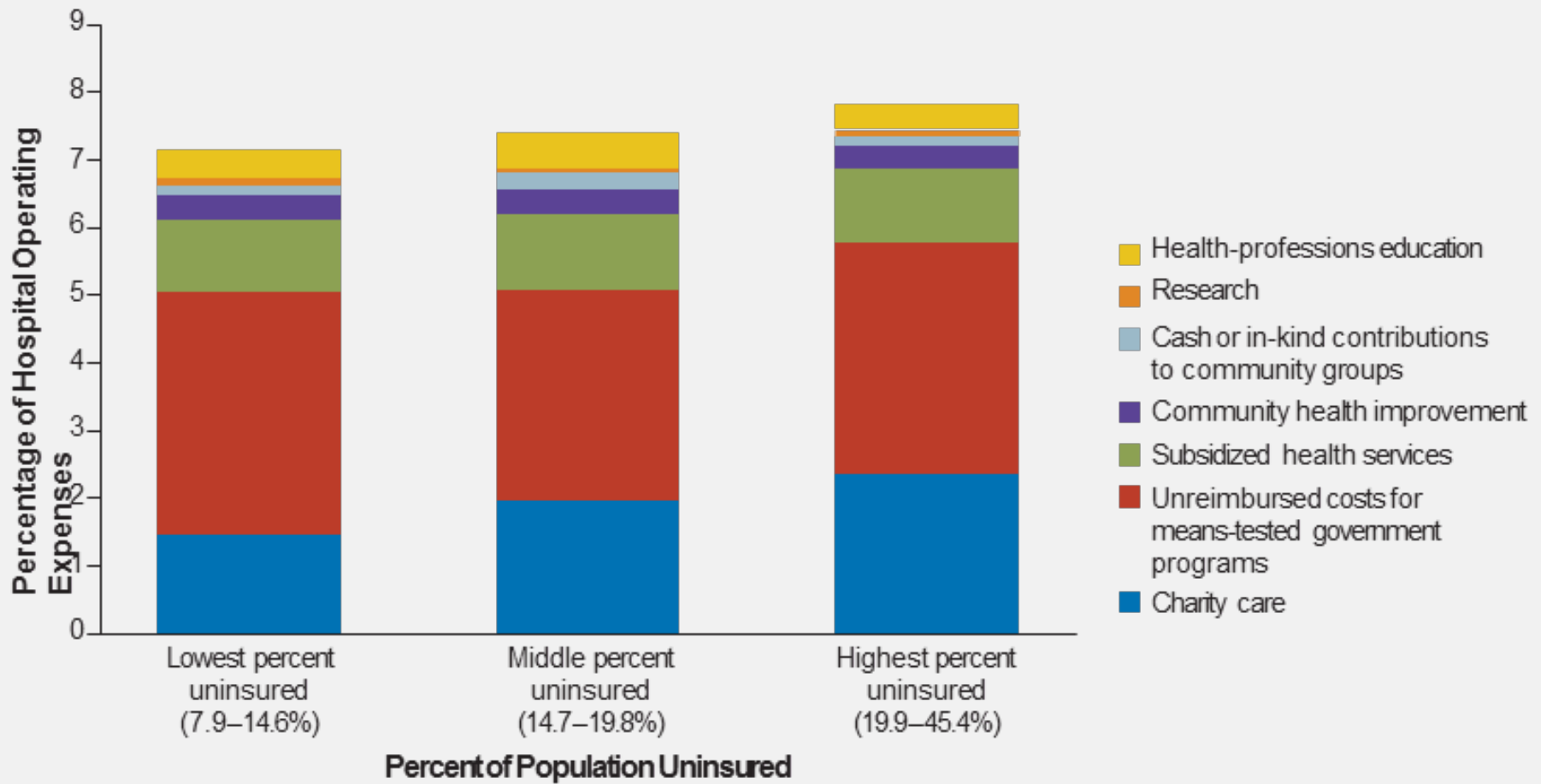
Measures

- Hospital patterns of community benefit spending (e.g., direct patient care versus community health)
- Hospital overall investment in population health
- Hospital-level indices for CHNA development and CHNA implementation
- Community-level indices for disease prevention/health promotion

Analytics

- Observed vs. Normative benchmarks for hospitals' provision of community benefits
- Alignment of hospital community benefits with community needs
- Impact of hospitals' community health initiatives on health status of population
- Unintended consequences of measurement

Hospital Community Benefit Expenditures, According to the Percentage of Uninsured Residents*



*Young et al. NEJM, 368, 2013

Table: Hospital Community Benefit Expenditures, by Community Health Needs Quartile: United States, 2009 *

Variable	Total Sample, n=1522, Means or Frequencies (SD)	Quartile 1 (Lowest Health Need), n= 381, Means or Frequencies (SD)	Quartile 2, n= 381, Means or Frequencies (SD)	Quartile 3, n= 377, Means or Frequencies (SD)	Quartile 4 (Greatest Health Need), n=383, Means or Frequencies (SD)
Hospital community benefit expenditures					
Direct Patient care benefit as % of total expenditures	6.3 (5.4)	5.1 (3.7)	6.0 (4.1)	6.4 (5.9)	6.9 (7.2)
Community health improvement initiatives as % of total expenditures	0.6 (2.8)	0.8 (5.1)	0.5 (1.0)	0.5 (1.0)	0.5 (1.6)
Total community benefit as % of total expenditures	7.2 (6.3)	6.8 (6.2)	7.1 (4.7)	7.2 (6.1)	7.8 (7.6)

Note. We calculated community health needs quartiles using the global community health needs indicator.

*P <.01 for analysis of variance between quartiles.

*Singh, Young et al., AJPH, 105, 2015.

Reporting/Dissemination

- User-friendly reporting formats
- Most pertinent information (minimize information overload)
- Interactive (e.g., maps with online tools)

Summary

- Building capacity (with data, measures, analytics and reporting/dissemination) is critical for addressing important health policy issues. There is much to do.
- Terrific opportunities exist for harvesting Schedule H data to examine and support hospitals' expanded role in population health.
- Key challenges exist for developing more comprehensive community-level health data and measures, and for obtaining data that matches a hospital's community.
- Measurement and reporting always spark creative behavior by those being measured.