



**community**

**CONNECTIONS**

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Strengthening Community Trust:  
Strategies for CEOs



American Hospital  
Association



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Photos in this publication are courtesy of Doug Haight, photographer, and illustrate programs from recent Foster G. McGaw Prize winning organizations. Since 1986, the Foster G. McGaw Prize has honored health delivery organizations that have demonstrated exceptional commitment to community service. The Prize is sponsored by The Baxter International Foundation and the Cardinal Health Foundation and the American Hospital Association.

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# Table of Contents

Introduction .....	iii
<b>Measuring the Community Connection:</b>	
<b>A Strategy Checklist for Leaders .....</b>	<b>Tab 1</b>
1: Mission, Vision, Values and Ethics .....	1:5
2: Governance and Leadership .....	1:6
3: Quality and Patient Safety .....	1:7
4: Building Trust Inside and Out .....	1:8
5: Community Health and Benefit .....	1:9
6: Communications .....	1:10
<b>Testing the Community Connection: A CEO’s Resource for Listening .....</b>	<b>Tab 2</b>
Who to Talk To .....	2:3
The Method .....	2:3
Preparation .....	2:4
Maximizing Your Community Connection Effort.....	2:5
Next Steps.....	2:5
Tips for Success from Your Colleagues .....	2:6
Worksheet 1: Inventory of Potential Participants .....	2:9
Worksheet 2: Questions for Focus Groups or Personal Interviews .....	2:11
Worksheet 3: Summary of Findings, Implications, and Actions .....	2:17
Worksheet 4: Action Plan.....	2:19
Worksheet 5: “Thank You” Letter Template .....	2:21
Worksheet 6: Community Service Template.....	2:23
<b>Listening to Communities: Ideas in Action .....</b>	<b>Tab 3</b>
AtlantiCare, Egg Harbor Township, NJ .....	3:5
Baptist Health Care, Pensacola, FL .....	3:7
Grinnell Regional Medical Center, Grinnell, IA.....	3:9
INTEGRIS Health, Oklahoma City, OK.....	3:11
Oakwood Healthcare, Inc., Dearborn, MI .....	3:13
Providence Health & Services, Spokane, WA .....	3:15
Saint Barnabas Health Care System, West Orange, NJ.....	3:17
Saint Joseph Mercy Health System, Ypsilanti, MI .....	3:19
<b>Other Resources .....</b>	<b>Tab 4</b>
Community Service/Accountability—Recent Resources .....	4:3
Selected Community Connections Web Sites .....	4:5



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# Introduction

**Hospitals do more than treat injury and illness. Every day in America, hospitals like yours are hard at work, helping improve health and access to care in the communities they serve. Yet the hospital field faces many challenges—questions raised about hospital billing; charges and collection practices; queries into tax-exempt status; and calls for the field to speed efforts to improve quality and patient safety, just to name a few.**

On Capitol Hill, in state legislatures and in communities everywhere there is a call for increased accountability to the public. Now, more than ever, it's important we effectively connect with our communities – with our patients, with our caregivers, and with our neighbors.

Community Connections is a long-term initiative of the American Hospital Association aimed at helping hospitals across America reaffirm their rightful place as valued and vital community resources that merit broad public support. We started by sharing, in our communications and publications, innovative management strategies, programs, and services that hospitals across America are using to bring them closer to their communities. The good news is that hundreds of communities are benefiting from hospital initiatives ranging from job training and literacy to child and maternal health to care for the uninsured, disabled, and elderly. Already, a collection of these case examples has been mailed to every hospital in the country, and they also are available on our website, [www.caringforcommunities.org](http://www.caringforcommunities.org). These examples provide ideas that others can put to work as part of their own leadership plans.

Moving forward, Community Connections will be an anchoring theme to help you formulate your own effective strategies for listening, communicating, and collaborating with your communities. You have told us that staying connected to the people you serve — to improve community health, be more responsive to community need, and deepen public support — is high on your priority list. You want to “hardwire” this kind of thinking and innovation into your day-to-day management and your strategic plans.

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## Strategies for CEOs

In 2005, the AHA governing structure (Board of Trustees and Regional Policy Boards) tested a set of resources to help hospital leaders better understand the perceptions that our communities have of our hospitals. The governing leaders found the process so valuable and revealing that they wanted to share it with the entire membership.

As an initial set of resources, **Strengthening Community Trust: Strategies for CEOs** is designed to help you assess and improve the connections with your community. It includes:

- ◆ **A Strategy Checklist** designed to provide a framework for thinking about accountability, increasing dialogue, and embedding accountability-based thinking throughout the organization. The assessment, behind Tab 1, addresses 6 dimensions of accountability:
  - ❖ Mission, vision, values and ethics
  - ❖ Governance and leadership
  - ❖ Quality and patient safety
  - ❖ Building trust inside and out
  - ❖ Community health and benefit
  - ❖ Communications

*Now, more than ever it's important that we effectively connect with our communities – with our patients, with our caregivers, and with our neighbors.*

*Community Connections will be an anchoring theme to help you formulate your own effective strategies for listening, communicating, and collaborating with your communities.*

*Hospitals' most valuable and cherished asset is the trust of our communities. To build trust we have to build deep, meaningful, and lasting connections with people in every corner of our communities. When we make those connections, when bridges are built and bonds are strengthened, we create community champions who will stand by us, and who will stand for us, as we work to shape a brighter health care future for those we serve."*

— Richard J. Umbdenstock  
EVP, Operations  
Providence Health & Services  
(currently COO and President elect of the American Hospital Association)



*"We need to think about health care the way the consumers we serve think about it. When we do, we can design systems and services that deliver what people want, when they want it, and where they want it."*

— George F. Lynn  
President  
AtlantiCare

*"Listening to the viewpoints, concerns, ideas, problems, and complaints of people in our community was an eye-opening exercise. We now have a better understanding of the needs of the people we are trying to serve, and will use those new insights to improve our responsiveness to community needs."*

— Al G. Stubblefield  
President  
Baptist Health Care

*"Hospital executives and their boards need to be committed to truly understanding community health issues and challenges. The best way to do that is to get outside of the comfort zone of talking with people you know, and listen to the voices that too often go unheard."*

— Stanley F. Hupfeld  
President/CEO  
INTEGRIS Health

- ◆ **A CEO's Resource for Listening** is designed to help you better understand your community's perceptions of the hospital and how to effectively connect with your community. Included behind Tab 2, it features guidelines and worksheets to help you plan and conduct a series of meetings or focus groups with local community group leaders.
- ◆ **Ideas in Action**—These case examples, which you'll find behind Tab 3, include thoughts and ideas from current and past AHA Board members who have conducted similar conversations in their own communities.
- ◆ **Other Resources**, including a bibliography and selected web sites, which appear behind Tab 4, are provided to give you additional background information on community accountability resources.

These resources can be used in any number of ways depending on the current activities of your hospital. One option is to take the following easy steps:

### Step 1

Get a sense of where your organization is today using the Strategy Checklist behind Tab 1.

### Step 2

Better understand the perceptions that your community has of your hospital by using the worksheets behind Tab 2 to conduct meetings or focus groups with local community leaders.

### Step 3

Develop an action plan that responds to the issues raised in your conversations.

The AHA Board and members of our Regional Policy Boards have used these resources and found them to be extremely valuable in assessing and improving their own community connections. We strongly encourage you to do the same and hope you will find them valuable as well.

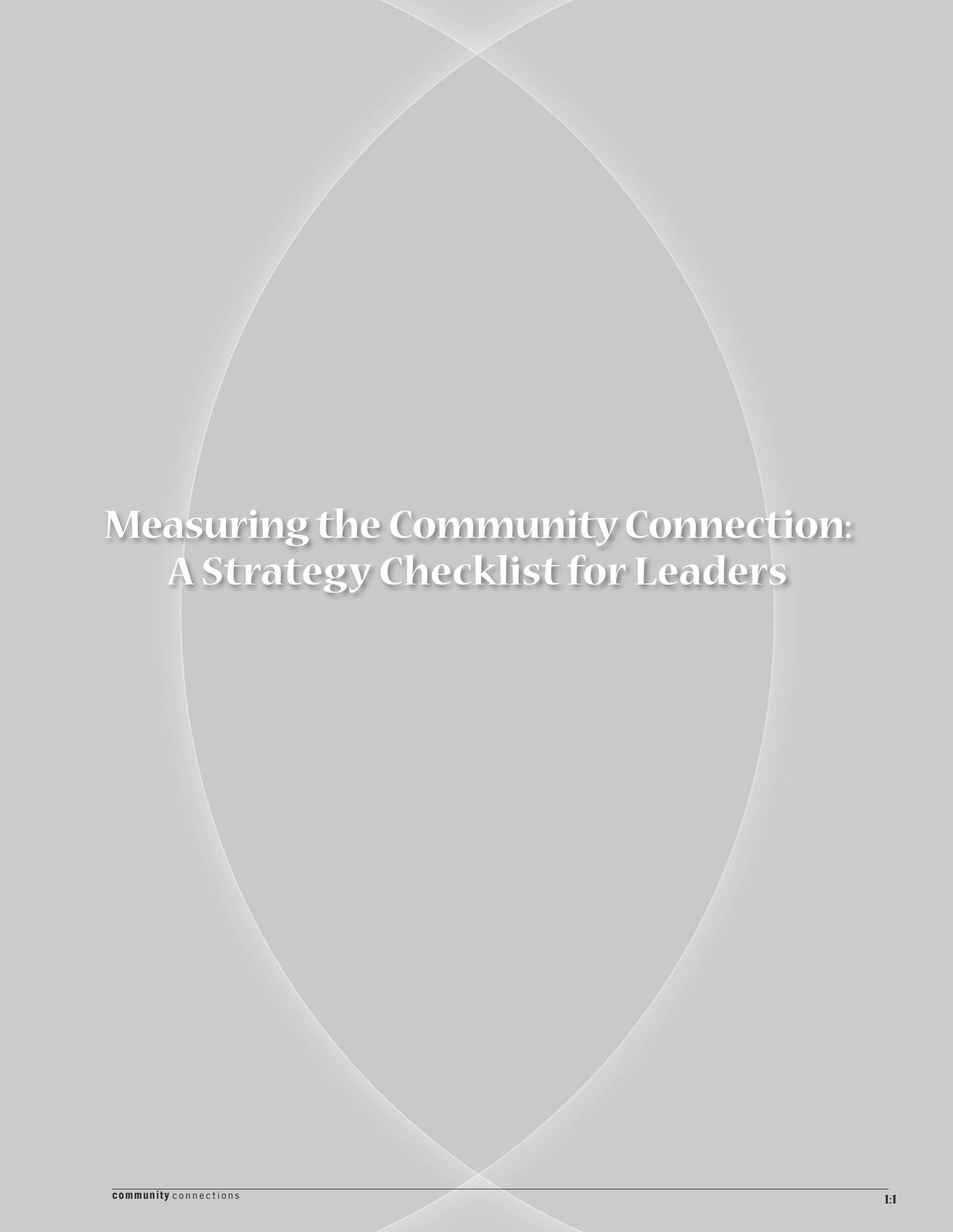
America's hospitals have a solid story to tell, and the AHA and state, regional, and metropolitan associations will help you strengthen your community connections so that your story can be told effectively. As your advocates, be certain that hospital connections and service to communities are a part of the debates in the halls of Congress and in relevant public policy forums. We will be there to make sure you are well represented, and the stories of the superb work that hospitals do everyday to improve health and the quality of life are told.

### Contact us

at (800) 424-4301 with questions, comments, or to share your concerns or experiences.

### Visit our Web site

at [www.aha.org](http://www.aha.org) and click on the "Community Connections" icon.

A background graphic consisting of two overlapping circles, creating a central lens-shaped intersection. The circles are light gray and the intersection is a slightly darker shade of gray.

# Measuring the Community Connection: A Strategy Checklist for Leaders

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## Measuring the Community Connection: A Strategy Checklist for Leaders

**In today's environment, the effective hospital leader must ensure that the organization has a close bond with the community it serves. The definition of community is complicated and many-faceted. It means the individuals, organizations, and "publics" that depend on the hospital, have a stake in the hospital's strength and stability. It is their views that affect public opinion and the ability of the hospital to fulfill its mission effectively.**

Every hospital leader — from executive management and clinical leaders to the board — will have a list of "communities" within the community. But almost all will include:

- ◆ Hospital staff and employees
- ◆ The public and individual patients served
- ◆ Business, civic, and religious organizations
- ◆ Other community organizations working to improve community health and quality of life
- ◆ Officials in local, state, and federal government
- ◆ Community advocacy groups
- ◆ Racial and ethnic minorities and the groups that represent them
- ◆ Purchasers of health care services
- ◆ The media
- ◆ The local surrounding community

Without a strong relationship with these audiences, the hospital will have difficulty maintaining and reaffirming its rightful place as a valued and vital community resource that merits broad public support.

This strategy checklist was developed by the American Hospital Association with the help of hospital leaders from across America who work hard at community connection and accountability. It was pilot-tested by the AHA Board of Trustees and by hundreds of hospital CEOs, trustees, physicians, and nurse leaders who serve on AHA's nine Regional Policy Boards.

**It is designed for hospital leaders to use as a gauge for understanding how well the organization is connecting with, listening to, and communicating with its community and being accountable in a wide variety of ways.** Many hospital leaders say they are "hardwiring" strategies for community connection and accountability into their planning and performance evaluation activities. This checklist will assist these efforts.

*"Hospitals need to remember that our mission is based on community need, and that we are dependent upon community support. We should never take that support for granted."*

— Todd C. Linden  
President and CEO  
Grinnell Regional Medical  
Center

*"There is a huge gap in knowledge in the community about what goes on in the organization, especially regarding the scope of community benefit we provide. Engaging with and listening to the community is a valuable way to help close that gap."*

— Julie A. MacDonald  
SVP, Patient Care Services/COO  
Saint Joseph Mercy Health  
System

*"Our success sometimes crowds out the recognition that connecting in meaningful ways with our community is one of the most important jobs we have."*

— George F. Lynn  
President  
AtlantiCare



*"This effort made me realize just how insulated we can be in our thinking about what's important to the people we serve. Really listening to voices that are often unheard is an excellent way to penetrate that insulation and help the organization think in new ways about what's really important to our stakeholders and constituents."*

— Gerald D. Fitzgerald  
President and CEO  
Oakwood Healthcare, Inc.

*"Our experience taught us that we're not doing enough to connect with our communities. We've encouraged senior executives throughout our organization to get out into their communities, and talk with a wide range of people. It's an important part of their jobs, and it must be supported from the top down."*

— Mark D. Pilla  
EVP, Operations  
Saint Barnabas Health Care System

*"Connecting with the community should be a part of the 'DNA' of every hospital and health system. Sometimes we think we know what our communities need, but without deep, penetrating, and continuous up-close connections, there is much that we may miss."*

— Stanley F. Hupfeld  
President/CEO  
INTEGRIS Health

## Community Connection and Accountability – What the Words Mean

When health care organizations are successful at community connection and accountability, they:

- ◆ Understand what the community wants and needs from the organization
- ◆ Respond effectively to the needs, interests, and concerns of the “communities” within their community
- ◆ Measure and evaluate their performance in key areas affecting public trust and confidence
- ◆ Continuously improve their performance
- ◆ Communicate their performance widely

## How To Use This Strategy Checklist

The hospital leaders who tested this checklist for the AHA initially used it to organize their thinking on the many issues and challenges involved in maintaining a strong relationship with their communities and managing their organizations' reputations.

It has been used in management and board retreats and as a guideline document for internal hospital teams assessing their community connections. Often when several people complete the assessment and compare their answers, substantial differences surface. These differences become the basis for dialogue about all of the organization's goals and strategies around community connections, accountability, and reputation.

This tool is not designed to touch on every aspect of a comprehensive hospital effort in these areas. Rather, it offers a basic framework upon which leaders can build depending on the unique challenges in their community. It is not designed as a benchmark against the performance of others. It is an aid to leaders working to create a total organizational culture built on public trust and accountability, quality and safety, and an invigorated workforce focused on patient and family-centered care.

A series of questions are organized under six headings:

1. Mission, Vision, Values and Ethics
2. Governance and Leadership
3. Quality and Patient Safety
4. Building Trust Inside and Out
5. Community Health and Benefit
6. Communications

Some of the questions are specific, while some, by necessity, are more general. They are designed to stimulate thinking about your organization's accountability. Alongside each are three boxes: “Yes,” “More Needs To Be Done,” and “No.”

# 1 : Mission, Vision, Values and Ethics

Mission and Values			
	Yes	More needs to be done	No
1. Do the organization's mission and vision describe your commitment to the community?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Are the organization's mission and vision used to evaluate the key decisions you make?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Has your governing body adopted a statement of core values and ethical principles?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Do you share your written mission, vision, values and ethical principles with employees, medical staff, volunteers, and those formally affiliated with the organization?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Do you provide procedures and training to ensure that your values and principles are consistently applied to decision making, business practices, and delivery of patient care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Do you share your mission and vision, values and ethical principles with patients and families, and help them understand their meaning?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Do you share your values and ethical principles with suppliers and vendors, and help them understand their meaning?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Is compliance with your organization's values and ethical principles a factor in selecting, retaining, and extending privileges to physicians?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Is compliance with your organization's values and ethical principles a component of employee evaluations?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Patient Focus			
	Yes	More needs to be done	No
1. Do you have policies and procedures that define your organization's responsibility to respect patients, their values, and their privacy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Do your employees and clinical staff understand and follow your organization's policies and procedures regarding patient respect, values, and privacy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Are these policies shared with patients and families?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Do you have a process to ensure that your patients and their families participate in decisions affecting the care of the patient?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Compliance			
	Yes	More needs to be done	No
1. Has your governing body and leadership implemented a plan to ensure compliance with applicable state, federal, and local regulatory and statutory requirements?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Does your organization have a process to allow patients to confidentially bring concerns about ethical issues to the management's attention?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Does your organization have a process to allow employees and physicians to confidentially bring concerns about ethical issues to the management's attention?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Do your patients believe that you follow your values and ethical principles?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Are there sanctions for employees, volunteers, and others affiliated with your organization who violate your values and ethical principles?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Does your organization do business with suppliers and vendors who do not comply with your values and ethical principles?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 2 : Governance and Leadership

### Mission and Vision

	Yes	More needs to be done	No
1. Does the organization have clear and focused written mission and vision statements?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Does the organization have written annual goals and objectives to support the mission and vision?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Does the board participate in and approve the strategic plan and its consistency with the organization's mission, vision, values and ethics?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Does the board formally assess stakeholders' needs and interests when developing goals and strategies?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Do you have action plans with specific time frames to accomplish the organization's goals and objectives?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Do you have performance measures to assess progress toward achieving the organization's goals and objectives?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Are the organization's goals and objectives clearly communicated to employees and other affiliated individuals and organizations?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Executive Management Oversight

	Yes	More needs to be done	No
1. Does the board regularly evaluate the organization's performance in achieving its goals and objectives?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Does the board set CEO performance objectives consistent with mission, vision, values and ethics?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Do the board's CEO performance evaluations and compensation practices use measures specifically tied to achievement of strategic objectives, including organizational accountability?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Does the board focus on environmental trends rather than individual events that affect the environment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Does the board thoroughly assess its performance in providing strategic leadership to attain the mission and vision?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Quality and Safety Oversight

	Yes	More needs to be done	No
1. Does the organization have procedures for improving the quality and safety of patient care and services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Does the organization monitor the quality and safety of patient care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Does the organization report quality and safety performance both internally and at board meetings?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Financial Oversight

	Yes	More needs to be done	No
1. Does the board approve clear financial objectives driven by the strategic plan and regularly monitor progress in meeting them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Are clinical and strategic objectives clearly supported by the budget?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 3 : Quality and Patient Safety

Safe Care Delivery			
	Yes	More needs to be done	No
1. Does your organization have policies and objectives for patient safety?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Does your organization have a board-approved process to improve patient safety and reduce medical errors?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Do the board, executive management, and clinical staff monitor and act on issues and factors affecting patient and staff safety?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Is there a process for identifying and reporting adverse events affecting patients and employees?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Does the organization consistently apply credentialing and privileging requirements?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Does the organization have ongoing training programs that ensure a competent, high-quality workforce?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Access			
	Yes	More needs to be done	No
1. Is patient access (and perception of access) to care regularly assessed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Is there a process that defines the appropriate number and mix of staff for the effective delivery of services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Does your organization's ethnic and cultural diversity mix minimize diversity as a barrier to access?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Patient Perceptions			
	Yes	More needs to be done	No
1. Does your organization formally assess patients' perceptions of care, including involvement in care decisions, pain control, and continuity and coordination of care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Is there a process for improving the patient experience based on results of the assessment of patients' perception of care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Do all patients receive a copy of your patients' "bill of rights," and do you ensure that all patients understand it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Is your patients' "bill of rights" shared with employees, volunteers, and medical staff, and are these groups encouraged to be advocates for patients and their families?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Do you provide understandable and relevant information to patients and families that enables them to make informed decisions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Quality and Patient Safety Measurement			
	Yes	More needs to be done	No
1. Does your organization have quality measures for patient services provided by others through contractual arrangements?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Do your quality measures assess the technical aspects of care, patients' functional status, and resources utilized to provide care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Does the organization measure quality and patient safety trends over time and have a formal process to reduce variation in performance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Quality and Patient Safety** *continued*

<b>Quality and Patient Safety Improvement</b>			
	Yes	More needs to be done	No
1. Are your quality and patient safety improvement actions jointly defined by clinical and organizational leadership staff?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Does your organization have clearly defined and measurable quality and patient safety improvement targets, and do you continually evaluate progress in meeting them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Does the organization have a process to identify inappropriate use of health care services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 4 : Building Trust Inside and Out

<b>Population Health</b>			
	Yes	More needs to be done	No
1. Do your organization's governing body, leadership, and clinical leaders track and regularly discuss community health improvement challenges and barriers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Do your organization's governing body, leadership, and clinical leaders jointly develop community health improvement plans and targets for improvement?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>Collaboration</b>			
	Yes	More needs to be done	No
1. Do your organization's leaders meet regularly with community partners to assess the organization's delivery of health care in relation to meeting community needs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Does the organization have formal working relationships with other organizations that share its community health improvement mission and vision?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Does the organization seek out additional relationships and partners to expand health improvement activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>Employees</b>			
	Yes	More needs to be done	No
1. Does your organization have a policy or set of values that requires anyone affiliated with the organization to be treated fairly and with respect?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Does the organization have a formal process to provide employees with an effective voice in decisions affecting their work and organizational role?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Do you have training programs that enhance employee skills for improving patient care and enhancing safety?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Do your organization's hiring and evaluation processes ensure equal opportunity and fair compensation for work performed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 5 : Community Health and Benefit

Community Health Assessment			
	Yes	More needs to be done	No
1. Does your organization maintain a written definition of its “community”?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Does your organization promote and support specific initiatives with the sole purpose of improving community health?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Do you regularly reach out to a wide variety of community groups and other stakeholders to listen to and understand their viewpoints on community health and hospital and health care services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Do you have formal community partnerships that leverage services and resources to maximize community benefit and carry out a broad community health improvement agenda?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Does your organization work with community “partners” to identify, prioritize, and define approaches to address the most pressing community health issues, using available health data and considering stakeholders’ concerns?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Does your organization work with community partners to regularly assess the value and impact of its efforts using specific measures of health status, health outcomes, and services provided?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Do the organization and its community partners share the results of their assessment and improvement efforts with the community and interested stakeholders?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Do the CEO’s performance objectives include a focus on improving community health?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Community Benefit			
	Yes	More needs to be done	No
1. Has your organization defined “community benefit”?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Do you have a formal process for measuring community benefit?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Does your organization have a process to obtain and evaluate community feedback on the value of its programs and services, including feedback from its community partners?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Do you use feedback to enhance responsiveness to its community health improvement opportunities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Community Advocacy			
	Yes	More needs to be done	No
1. Does your organization jointly advocate with other community organizations for legislation, regulation, and other actions to address community health and socio-economic issues?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Is the organization engaged in joint advocacy efforts with community partners to achieve specific improvements in the community’s health and quality of life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 6 : Communications

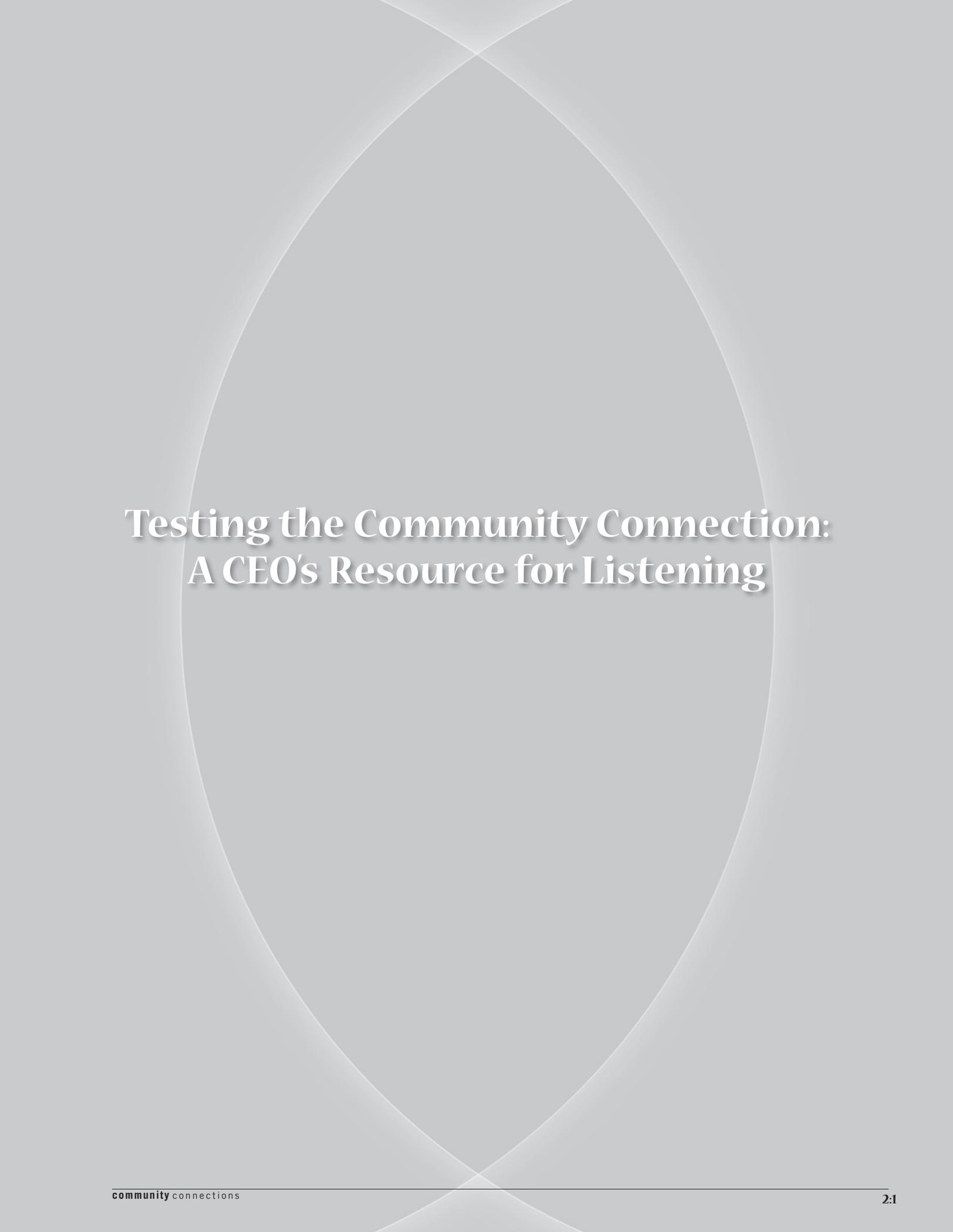
Services			
	Yes	More needs to be done	No
1. Does your organization issue regular information to its stakeholders about its services, volume, and costs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Does your organization make available a list of affiliated practitioners and health plans with which you contract?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Do you keep the community informed about your affiliations with other community organizations and the services they provide?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Performance			
	Yes	More needs to be done	No
1. Does your organization formally report its accomplishments in achieving the mission, vision, and goals to employees, affiliates, interested stakeholders, and the community?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Does your community report describe financial and clinical performance, patients' perception of care, and the organization's contribution to the health of the community, including charity care, bad debt, and subsidy of essential community health-focused programs and services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Does your community report include performance measures, with comparisons to performance benchmarks?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Does your organization make available and provide easy access to financial and other information required to be made public?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Do your reports and other communications use language and terminology meaningful to its various stakeholders?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Does the organization regularly assess the clarity of its communications, and whether the community understands the information it disseminates?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Compliance			
	Yes	More needs to be done	No
1. Does your organization make available and provide easy access to any interested stakeholder all current accreditation reports and survey/incident reviews performed by federal, state, and/or local agencies?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A large, light gray Venn diagram consisting of two overlapping circles is centered on the page. The text is positioned within the intersection of the circles.

# Testing the Community Connection: A CEO's Resource for Listening

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## Testing the Community Connection: A CEO's Resource for Listening

**D**oes the community's perception of your hospital match the one you assume is there when you, your staff, and board make decisions and communicate with the public? How effective are the ways you now use to "connect" with the community? Does your community have a sense of ownership of your hospital and an awareness of all that you do?

**At a time when the public is concerned about health care, the need for a community to have a sense of trust, ownership, and accountability from their local hospital is paramount. The discussions you are encouraged to have are aimed at bringing some of these perceptions to the surface.**

---

### Who to Talk To

The aim is to penetrate the obvious layer of community leaders—the heads of business and large civic groups such as the Rotary—and to reach groups more attuned to consumers and the community at large and for whom health care is a major concern. Examples: a senior citizens' group, organizations representing large ethnic or minority populations, the pastor of a large church, and community advocates for the poor or uninsured and consumer advocates.

A good way to begin is by conducting focus groups and interviews with people who know your organization well – your own employees. Their viewpoints are both well-informed and insightful, and may provide you with ideas to probe in your external community connections.

---

### The Method

This guide is designed as a format for either a small focus group (no more than five participants) or a one-on-one conversation with community leaders.

Allow at least one hour for a group discussion; 30 minutes for an individual.

*"Solving community-based health care problems can't be done with only one point of view. We need to probe the variety of views that exist in our communities, and put the learning to work to better serve diverse and evolving needs."*

— Richard J. Umbdenstock  
EVP, Governance and Advocacy  
Providence Health & Services  
(currently COO and President elect of the American Hospital Association)

*"Listening to and connecting with our community sent a powerful, important message: we care, we want to hear what you have to say, and something will happen as a result."*

— Julie A. MacDonald  
SVP, Patient Care Services/COO  
Saint Joseph Mercy Health System

*"The key to success in a community listening effort is simple: If the CEO believes in it and wants it to happen, it will happen."*

— Al G. Stubblefield  
President  
Baptist Health Care



*"Hospitals need to have a keen awareness of community wants, needs, perspectives, and ideas. Engaging in community focus groups, interviews, and simple one-on-one conversations are easy to do, and they often yield surprising results."*

— Todd C. Linden  
President and CEO  
Grinnell Regional Medical Center

*"Engaging in a broad-based dialogue opens the floodgates of all the things people think the organization can and should be doing for the community. The community engagement exercise is an opportunity to listen to ideas, not to make judgments about their viability or doability."*

— Gerald D. Fitzgerald  
President and CEO  
Oakwood Healthcare, Inc.

*"Hospitals have a highly complex and varied group of stakeholders in their communities. Interviews, focus groups, and other interpersonal interaction opportunities are unique assets for a vibrant two-way dialogue that builds understanding and strengthens bonds."*

— Richard J. Umbdenstock  
EVP, Governance and Advocacy  
Providence Health & Services  
(currently COO and President elect of the American Hospital Association)

## Preparation

For either a small group or an individual, feel free to share the questions with them in advance. But do stress that it's not a questionnaire, but ideas to ignite a conversation about your hospital and the community. There are no right or wrong answers.

The worksheets on the following pages will help you work through the process of planning and carrying out your interviews and focus groups. Here are some of the questions you may consider asking (see Worksheet 2):

1. What's the most recent piece of information you've heard about the hospital? Did you read it somewhere? Hear it from another person? Did we communicate it to you?
2. Have you visited the hospital for any reason in the past six months? What was your impression of the time you spent here?
3. Have you heard others talk about their experience in the hospital? What did you hear?
4. In your work in the community, you get a sense of how people feel about some important institutions around here – the local government, the schools, and probably the hospital, too – what do you think the general perception of us is in the community?
5. What's the best thing you ever heard about this hospital? What's the worst?
6. Do you think the segment of the community you know so well has a sense of trust in this hospital?
7. Do you think they feel the quality of care here is high or low or somewhere in the middle?
8. Do you think our reputation in the community is better or worse now than ... say two or three years ago? Was there something specific that caused it to change?
9. If we took a poll in the community and asked people who they thought owned this hospital, what do you think their answer would be?
10. We provide a lot of free care or charity care to the very poor and we work with people who don't have insurance so that they can afford their care. Do you think the community is aware that this kind of help is available?
11. Do you think it's well known in the community that we provide outreach and education to try to make people healthier?
12. What's the most serious health problem facing this community... and do you see anyone doing anything about it?
13. Do you think we have a reputation in the community as a good place to work?
14. Is there some help or information we could provide to people in the community that would raise their sense of trust in the hospital?
15. Do you have any advice for us on strengthening our relationship with the community?



## Maximizing Your Community Connection Effort

Conducting interviews and focus groups is an important first step in a close-up engagement with your community. It provides you with a valuable opportunity to build on your effort to listen, communicate, and collaborate. You should consider doing the following:

- ◆ Provide interviewees and members of focus groups with a copy of your organization's community benefit report or annual report to the community, either as a leave-behind or as a follow-up opportunity. If you do not presently have a report, you may want to develop one using the format in Worksheet 6.
- ◆ Provide your community connection participants with a copy of your organization's "balanced scorecard" or other performance indicators, or a subset of those indicators that best represent your commitment to quality and safety, community service, and community health. These indicators may also be either provided at the time of the interviews and focus groups, or as an opportunity for follow-up.
- ◆ Within a few days of your interviews, send a personal letter to the participants thanking them for their time, insights, and perspectives. Summarize what you heard, and outline any follow-up activities you may be planning (see Worksheet 5 for ideas).

## Next Steps

Synthesize your listening and share insights gained with your board and management now that you better understand the perceptions your community has of your hospital. Discuss the following:

- ◆ How different is your view of your organization from the view of your community group leaders?
- ◆ How effective is your communication with your community and with groups representing your community?
- ◆ What three things can you do in your own organization to increase accountability to your community?

*"Hospitals have an ethical responsibility to ensure that their resources are utilized to fulfill the intent of their mission and vision. Walking neighborhoods, talking with diverse individuals and groups, and seeing the community from a different perspective provides a rich context for making that happen."*

—Stanley F. Hupfeld  
President/CEO  
INTEGRIS Health

*"Listening to the community in the right way results in a two-way conversation that reveals insights and perspectives that could not be gained in any other way."*

*"If we don't do this important work, who will? It's up to us to organize it, implement it, and act on it in a way that's meaningful to our community."*

—Julie A. MacDonald  
SVP, Patient Care Services/COO  
Saint Joseph Mercy Health  
System



*"It's important to engage with individuals and organizations you may not agree with. Too often, we search for a quick trip to consensus. In a collaborative environment people will disagree, share widely different points of view, and work together to build common ground around what's important."*

— George F. Lynn  
President  
AtlantiCare

*"The most important ingredients for success are a belief that the process is valuable, and a commitment to take action based on what's learned through the community connection effort."*

— Al G. Stubblefield  
President  
Baptist Health Care

*"Health care leaders have more knowledge and insight about our challenges and issues than anyone. Who better than us to take this message into our communities?"*

— Mark D. Pilla  
EVP, Operations  
Saint Barnabas Health Care System

## Tips for Success from Your Colleagues

Below are some tips from your colleagues who have participated in listening exercises in their communities. More ideas and insights may be found in the "Ideas in Action" profiles behind Tab 3.

### Getting Started

- ◆ Undertake a community connections initiative when the organization has the capacity to maintain momentum around it.
- ◆ Design a process you can manage successfully.
- ◆ Don't make the process complicated; in the final analysis, it's simply people talking with people on a very personal level.
- ◆ Create a central repository of names and contact information, managed by one person, to ensure there is no duplication of invitations to participate in the focus groups.
- ◆ Build buy-in at the Board of Trustees level, and assist board members in carrying out similar community connections efforts that utilize their unique insights, and potential to connect with others in the community.
- ◆ Engaging with the community is not hard to do; the key is to simply dig in and do it; the experience is fun and stimulating, the insights are plentiful, it's a worthwhile process all the way around.
- ◆ There is tremendous value in providing time for the organization's senior leadership to get out of the office and into the community. And it's equally important for the senior leaders to share with one another what they hear, what they've learned, and how it can be applied in improving organizational responsiveness and performance.
- ◆ Provide interviewees or focus group participants with advance information about the areas you want to discuss with them. This will ensure that they're ready to have a meaningful dialogue, and will result in better outcomes.
- ◆ Make an effort to go beyond the typical "mainstream" organizations and individuals you normally talk to. Instead, engage with people whose voices you rarely or never hear.
- ◆ Clearly define what you want to accomplish, and measure both qualitative and quantitative results in achieving the benefit and value you seek to create.

### Conducting the Interviews

- ◆ Make sure you have a clear story to tell about your mission, vision, values, challenges, and opportunities. Having an organized story helps frame the discussion, and builds understanding and commitment by others to work with the system to affect meaningful change.
- ◆ Prepare talking points, performance indicators, stories, and examples to illustrate the challenges you face, and stimulate a meaningful dialogue.
- ◆ Don't over-complicate your community connections process; keep it simple; ask people what they think you're doing, how well you're doing it, and what they think you should do differently to improve your role as the community's most vital health care resource.
- ◆ Once you identify key themes, dig deeper to penetrate what's driving those themes. Explore the implications, and work to develop meaningful responses.



- ◆ Don't feel that you need to ask every question on your list. It's more important to let the direction of the interview or focus group "go with the flow" of what's on the minds of the participants. Discussing a few carefully chosen topics in depth is better than a cursory overview of too many questions.
- ◆ When you ask people to tell you what they think, the answers are oftentimes difficult to hear. It's critical to not be defensive, and instead encourage critical thinking and expression.

### **Follow-up to the Interviews**

- ◆ Promptly send a personal thank you note immediately following the interview or focus group. Reinforce the importance of the insights gained, briefly summarize the high points of the discussion, and reinforce the usefulness of the process in strengthening the hospital's ability to serve its community's needs.
- ◆ Provide leave-behind information about the hospital that would be of interest to the interview or focus group participants and that reinforces the role and value of the hospital as a significant community asset.

### **Communicating Results and Taking Action**

- ◆ Communicate the results of your findings throughout the organization and incorporate them into organizational planning and decision making.
- ◆ Communicate the results of the community conversations broadly within the organization. Motivate people at every level to internalize the organization's learning from its community connections, and use that learning to improve organizational responsiveness and effectiveness.
- ◆ Share the results of your listening exercise quickly and broadly in the organization. Use the insights you gain as a catalyst for encouraging employees, trustees, and physicians to think in new ways about the challenges facing the organization.
- ◆ Conserve effort, and focus on what's really important, the areas where you can make a meaningful impact. The social and health needs in any community are numerous and diverse. A "scatter gun" approach simply doesn't work.

### **Building Ongoing Community Connections**

- ◆ Build the appropriate organizational infrastructure to support a continuous, ongoing effort of community connections that yield new insights and perspectives to inform and drive organizational performance.
- ◆ Search for ways to incorporate ongoing efforts at forging community ties and building community connections as a key ingredient in executive work.
- ◆ Hardwire community connectivity into all of the key processes throughout the organization.
- ◆ Evaluate other organizations' innovative efforts to build community connections, and adopt their best practices.
- ◆ Don't make the community conversation a one-time event; instead, make it a part of an ongoing, multi-faceted effort of continuous community engagement.
- ◆ Showing up is 90% of the process. People in the community are impressed when asked what they think, and they're even more impressed when they see their ideas transformed into action.

*"As a result of our effort to listen carefully to what our community thinks, we've been motivated to discover new ways to help our community understand who we are, what we do, why we're important, and how the community benefits from having Oakwood as a community asset."*

— Gerald D. Fitzgerald  
President and CEO  
Oakwood Healthcare, Inc.

*"We're trying to create an epidemic of health' in our community, and we're seeking out the trigger points to help make that happen. Listening to community stakeholders talk about community needs and challenges is a big factor in achieving that goal."*

— George F. Lynn  
President  
AtlantiCare



# Worksheet 1 : Inventory of Potential Participants

List below the community groups and individuals that are potential participants in your focus group or personal interviews.

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Name

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Organization

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Telephone

Fax

Focus group candidate     Personal interview candidate

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Name

---

Organization

---

Telephone

Fax

Focus group candidate     Personal interview candidate

---

Name

---

Organization

---

Telephone

Fax

Focus group candidate     Personal interview candidate

**Worksheet 1: Inventory of Potential Participants**

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Name

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Organization

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Telephone Fax

Focus group candidate     Personal interview candidate

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Name

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Organization

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Telephone Fax

Focus group candidate     Personal interview candidate

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Name

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Organization

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Telephone Fax

Focus group candidate     Personal interview candidate

## Worksheet 2 : Questions for Focus Groups or Personal Interviews

# Welcome

We very much appreciate your time. We're talking with you because in today's environment, it's difficult to know for sure whether or not our hospital is doing a good job of listening to the community's concerns and addressing those concerns.

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### Discussion

1. What's the most recent piece of information you've heard about the hospital? Did you read it somewhere? Hear it from another person? Did we communicate it to you?

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2. Have you visited the hospital for any reason in the past six months? What was your impression of the time you spent here?

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**Worksheet 2: Questions for Focus Groups or Personal Interviews**

3. Have you heard others talk about their experience in the hospital? What did you hear?

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4. In your work in the community, you get a sense of how people feel about some important institutions around here – the local government, the schools, and probably the hospital, too – what do you think the general perception of us is in the community?

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5. What's the best thing you ever heard about this hospital? What's the worst?

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**Worksheet 2: Questions for Focus Groups or Personal Interviews**

6. Do you think the segment of the community you know so well has a sense of trust in this hospital?

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7. Do you think they feel the quality of care here is high or low or somewhere in the middle?

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8. Do you think our reputation in the community is better or worse now than ... say two or three years ago? Was there something specific that caused it to change?

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**Worksheet 2: Questions for Focus Groups or Personal Interviews**

9. If we took a poll in the community and asked people who they thought owned this hospital, what do you think their answer would be?

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10. We provide a lot of free care or charity care to the very poor and we work with people who don't have insurance so that they can afford their care. Do you think the community is aware that this kind of help is available?

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11. Do you think it's well known in the community that we provide outreach and education to try to make people healthier?

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**Worksheet 2: Questions for Focus Groups or Personal Interviews**

12. What's the most serious health problem facing this community... and do you see anyone doing anything about it?

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13. Do you think we have a reputation in the community as a good place to work?

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14. Is there some help or information we could provide to people in the community that would raise their sense of trust in the hospital?

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# Worksheet 3 : Summary of Findings, Implications, and Actions

Use this worksheet to summarize key findings from your community connections, identify implications for your organization, and determine potential actions to take.

## Finding:

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## Implications:

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## Actions to Take:

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Worksheet 3: Summary of Findings, Implications, and Actions

**Finding:**

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**Implications:**

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**Actions to Take:**

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# Worksheet 5 : “Thank You” Letter Template

Use this worksheet to organize your ideas for “thank you” letters to people you interview and those who participate in your focus groups.

Date

[Name, Title]

[Organization]

[Address]

[City, State, Zip Code]

Dear [Name]:

Thank you for sharing your time and insights during our recent [interview] [focus group] on \_\_\_\_\_.  
Your ideas and viewpoints were much appreciated, and they will be incorporated into our future thinking about ways to continue to connect with our community, strengthen accountability, and increase the benefit the community gains from our services and resources. As a result of new insights I gained through our discussion, some issues the hospital will be talking about in the coming months are:

[Insight]:

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[You] [The focus group] believe that:

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[Insight]:

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[You] [The focus group] believe that:

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Your perspectives, together with those of many others with whom we have engaged in similar conversations, will help build a greater understanding of our mutual challenges, needs, expectations, and opportunities. Together we can shape the future of health care for everyone in our community.

Sincerely,

[Name, Title]



# Worksheet 6 : Community Service Template

Use this worksheet to summarize the many ways you benefit your community. Because every hospital and community is unique, you should tailor your community service report to your specific situation. Then share this summary with your community and your legislators. Tell them of the many ways your hospital serves the community and the ways it cares for the poor and uninsured.

## [Name of Your Organization]

### Our Organization

is a \_\_\_\_-bed hospital founded in \_\_\_\_ by \_\_\_\_\_. We meet the community's health care needs through our \_\_\_\_-person medical staff representing specialties in the areas of:

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In addition, our \_\_\_\_ highly qualified employees work tirelessly to ensure that we meet the needs of our community with the right care in the right place at the right time.

### ***Our mission*** is:

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### ***Our vision*** is:

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***We achieve our mission and vision*** through a broad range of valuable community-based services, including [briefly describe services here]:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Worksheet 6 : Community Service Template

**We are governed by a \_\_\_\_\_-member volunteer board of trustees** who represent the broad and diverse interests of our community. Our trustees include [list names, board titles, and occupations]:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### The People We Serve

Our community consists of [describe the hospital's service area]:

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Our community's population [describe the population you serve: age and income demographics, unique ethnicities, etc.]:

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Meeting the evolving needs of our community is made increasingly challenging due to the following [change or expand on the factors below, and add others not included here that are unique to your market]:

- **High unemployment:**

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- **Rising numbers of uninsured:**

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- **Economic challenges:**

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- **Social challenges:**

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- **Other challenges:**

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### Responding to Community Needs

[Name of organization] has a longstanding tradition of service to our community. We meet the ever-changing needs of the community in a variety of high-impact ways, including [list the free or subsidized programs your organization offers to the community, either solely or in partnership with others]:

- **Health education:**

We \_\_\_\_\_

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- **Improving access to services:**

We \_\_\_\_\_

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- **Prevention and Wellness:**

We \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- **[Other]:**

We \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Leveraging our Reach: Community Partnerships**

We do not meet the health care needs of our community alone. Through a variety of collaborations and partnerships, we work closely with others who share our mission and vision to broaden our capacity to meet the needs of the community. Our community relationships include [list community partnerships below - civic groups, businesses, schools, etc.]:

- **[Community Partner]:** \_\_\_\_\_ :

This partnership \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- **[Community Partner]:** \_\_\_\_\_ :

This partnership \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Worksheet 6 : Community Service Template

- **[Community Partner]:** \_\_\_\_\_ :

This partnership \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- **[Community Partner]:** \_\_\_\_\_ :

This partnership \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- **[Community Partner]:** \_\_\_\_\_ :

This partnership \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Our Commitment to the Poor**

Underlying our mission and vision is a strong and consistent commitment to those who are financially unable to pay for their health care services.

In \_\_\_\_\_ we served over \_\_\_\_\_ local individuals from whom no payment for services was expected. These individuals' health care needs were met under our charity care policy. The policy includes [briefly summarize your policy]:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In addition to charity care, in \_\_\_\_\_ we provided \$ \_\_\_\_\_ in other uncompensated care, which includes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Other Contributions to Improving Community Health

In addition to providing uncompensated care and a variety of community programs, we further contribute to our area's health by [describe these or other ways in which you further enrich the health of the community you serve]:

- **Training of physicians:**

We \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- **Training of nurses and other staff:**

We \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- **Leadership on regional health partnership boards:**

We \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- **Advocacy for community health:**

We \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- **[Other]:**

We \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- **[Other]:**

We \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### The Pressures We Face

We're committed to providing our community the care it needs. However, when the federal/state Medicaid program reimburses our hospital \_\_\_\_\_ pennies on each dollar we spend to treat a Medicaid patient, it forces resources to be taken away from other needed areas like workforce development, disaster readiness, information technology improvements, and service development to improve the health of our community.

For example [provide recent Medicaid statistics]:

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### Our Community, Our Mission

We are committed to providing the health care resources our community needs to improve the health and lives of those we serve. Our physicians, employees and partners are dedicated to sustaining the valuable programs we already collaborate on, and to innovating new programs and services to meet the community's future health care needs, in particular our most vulnerable citizens.

We plan to [describe briefly any other ways you plan to increase community service and benefit]:

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Together, we will continue to make a difference in the life of our community.



A background graphic consisting of two overlapping circles, creating a Venn diagram shape. The circles are light gray and overlap in the center, with the intersection area being a slightly darker shade of gray. The overall background is a very light gray.

# **Listening to Communities: Ideas in Action**

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## Listening to Communities: Ideas in Action

**The AHA Board of Trustees and Regional Policy Boards (RPB) conducted a series of meetings and focus groups with a broad range of individuals in their communities in 2005. The meetings and interactions were designed to help the AHA leaders better understand the perceptions that our communities have of our hospitals. The results provided key insights into how well America's hospitals connect with their communities; how strong are the bonds of trust, ownership, and accountability; and how hospitals can strengthen their relationship with their communities.**

The board and RPB members reached out to groups more attuned to consumers and the community at large, such as senior citizens' groups, groups representing ethnic or minority populations, community advocates for the poor, and others.

Over 600 of your colleagues engaged in testing the community connection with their hospitals and health systems. They found the process so eye-opening that they wanted to share the concept with the entire AHA membership.

This section includes the experiences of:

- ◆ George F. Lynn, President, AtlantiCare, Egg Harbor Township, NJ;
- ◆ Alfred G. Stubblefield, President, Baptist Health Care, Pensacola, FL;
- ◆ Todd C. Linden, President and CEO, Grinnell Regional Medical Center, Grinnell, IA;
- ◆ Stanley F. Hupfeld, President and CEO, INTEGRIS Health, Oklahoma City, OK;
- ◆ Gerald D. Fitzgerald, President and CEO, Oakwood Health, Inc., Dearborn, MI;
- ◆ Richard J. Umbdenstock, Executive Vice President, Governance and Advocacy for Providence Health & Services, Spokane, WA, and currently COO and President elect, American Hospital Association;
- ◆ Mark D. Pilla, Executive Vice President, Operations, Saint Barnabas Health Care System, West Orange, NJ; and
- ◆ Julie A. MacDonald, Senior Vice President, Patient Care Services/COO, Saint Joseph Mercy Health Care System, Ypsilanti, MI.

*"Too often, hospital leaders become myopic, and operate from a set of false assumptions and perceptions. It's important to stop and listen to our patients, customers, and other key stakeholders in an organized, coordinated way in order to continually stay in touch with their needs."*

— Al G. Stubblefield  
President  
Baptist Health Care

*"If we believe that a not-for-profit health system is a valuable community asset, then ensuring that the community understands the value of the work we do, and building their sense of being a part of solutions is important."*

— Julie A. MacDonald  
SVP, Patient Care Services/COO  
Saint Joseph Mercy Health  
System

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## AtlantiCare, Egg Harbor Township, NJ

**AtlantiCare** is the largest integrated network of health care services in southeastern New Jersey. AtlantiCare is comprised of six divisions that work together to improve the health status of the community: Atlantic City Medical Center, the AtlantiCare Foundation, AtlantiCare Health Plans, AtlantiCare Behavioral Health, AtlantiCare Health Services, and InfoShare. With over 3,600 employees, AtlantiCare is also one of the largest employers in the region.

**George Lynn** is president/CEO of AtlantiCare and is the 2006 Chairman of the American Hospital Association. Mr. Lynn has served as a member of the AHA's Regional Policy Board and Section of Metropolitan Hospitals Governing Council.

**Engaging the Community.** AtlantiCare engaged with two distinctly different community stakeholder groups in an effort to better understand how pervasive and involved the organization is perceived to be in its community; the breadth of its reach; views about its relevancy and credibility; and perceptions of its reputation as a caring organization.

One focus group included the executive directors, chief operating officers, or board chairs of nine social service agencies that provide a variety of support services to community residents. A second focus group was held with 12 former patients, who provided AtlantiCare representatives with insights regarding patient viewpoints of AtlantiCare as an organization, as well as patient-based perspectives about the organization's programs and services.

Representatives of the social services sector were asked to discuss their impressions of AtlantiCare as an employer and community resource. AtlantiCare representatives were surprised to be perceived by some as a competitive threat, rather than a potential partner. Social services representatives recognized AtlantiCare as the largest charity care provider in southern New Jersey; however, at the same time, the representatives noted that AtlantiCare can do much more to reach out to the poor, such as assisting lower income individuals in applying for charity care. The social service executives encouraged AtlantiCare to be a "champion" for the poor, and to aggressively seek out more hospital/community-based social service organization partnerships to further strengthen its ability to achieve its mission and vision.

Former patients discussed ways in which AtlantiCare can continue to work to improve the health of the community. The organization was viewed by these community representatives as being a large, powerful and active "broker of change." There was also a strong sense among these individuals that the current political inability to successfully reform health care financing and delivery is a major barrier to AtlantiCare's ability to effectively carry out its mission and vision. Finally, the former patients underscored AtlantiCare's obligation and opportunity to be a champion of the disenfranchised, and viewed AtlantiCare as an organization with the credibility and standing necessary to be an effective change agent.

*"We must collaborate with the many smaller, highly focused, and mission-driven social service organizations in our communities as equal partners in building a healthier community. We cannot view these organizations as dependent upon us; instead we are equally dependent upon one another."*

— George Lynn  
President/CEO  
AtlantiCare



**Benefits and Challenges.** AtlantiCare's community engagement exercise provided the organization with deeper insights into the types of collaborations that are possible with motivated community partners. New possibilities for hospital community collaboration that AtlantiCare may not otherwise have considered have been identified as a result of the listening exercise. In addition, AtlantiCare discovered the importance of linking with community partners in more systematic ways. For example, AtlantiCare has directed its senior managers to select a specific community organization, and establish a meaningful linkage with its leaders. Employing method and purpose, AtlantiCare is using these more formal connections to gain community-wide feedback through streamlined connections and communications with other not-for-profit organizations, as well as political and business groups. Board members from AtlantiCare's five Boards will conduct community focus groups this spring to discover opportunities to tighten their community connections. The results will be processed at a Board retreat in June.

The listening exercise with former patients revealed that patients have many ideas about the design of hospital services. As a result of their input, AtlantiCare has adopted a strategy to meaningfully involve patient input into the design of future clinical services.

**Insights and Advice:** AtlantiCare senior leadership believes that it is important for everyone — employees, patients, payers, and the community at-large — to understand the difference between the work AtlantiCare does and the business AtlantiCare is in. The organization believes that the focus must first and foremost be on the work of the organization, the work of helping people in need. If that mission-based focus becomes lost, the organization becomes simply “just another business.”

AtlantiCare's listening exercise reinforced its belief that if a hospital seeks to be a community catalyst, it must have strong, wide-ranging connections at multiple levels throughout the community. If an organization can create dynamic linkages with its community, or subsets within the community, the organization, in turn, will be rewarded with increased loyalty and increased business.

For more information, please call the AHA  
**1-800-424-4301**



## Baptist Health Care, Pensacola, FL

**Baptist Health Care** is a five hospital non-profit, non-government system situated in Pensacola. It is the largest health care provider in northwest Florida. Baptist employs over 5,500 full- and part-time employees, and its flagship hospital, Baptist Hospital, was recognized in 2003 with the Malcolm Baldrige National Quality Award.

**Al Stubblefield** is president and CEO of Baptist Health Care Corporation and has served on AHA's Executive Committee, as Operations Committee chair, and chairman of AHA's Regional Policy Board for the region including Florida.

**Engaging the Community.** In preparation for its 2006 senior leadership planning retreat, Baptist Health Care executives and medical staff leaders conducted 33 one-hour focus groups, each comprised of three to six individuals representing various segments of the community. Baptist invited community representatives of four key community groups to participate in the focus groups: physicians; large employers with more than 50 employees; small employers with fewer than 50 employees; and government and social services organizations. Baptist developed a focus group guide to assist its appointed facilitators in conducting the sessions. Each focus group addressed three key areas: 1) major issues affecting the participants; 2) health care issues in general; and 3) viewpoints about Baptist Health Care. The focus group materials were patterned after resources developed by the AHA for use by the association's board members in an earlier "listening to communities" exercise.

In total, Baptist Health Care engaged with over 150 members of the community through its focus groups. At the system's 2006 senior leadership retreat, the individuals who facilitated the focus groups were split up into various breakout groups, through which they shared their feedback, assimilated key themes from one another, and shared back with the group the new knowledge and insights gained about community perceptions and needs. This new information is being integrated into Baptist's strategic thinking and direction.

Immediately following the focus groups, the Baptist Health Care CEO sent a personal "thank you" note to each participant, along with a \$20 gift certificate to Baptist's Medical Spa in gratitude for their participation.

*"Every hospital in America, no matter how small or how big, should undertake an organized effort to listen to what their community has to say. Today's environment demands closer connections with our communities. It's smart business, and it's the right thing to do."*

— Al Stubblefield  
President/CEO  
Baptist Health Care



**Benefits and Challenges.** Baptist Health Care found their wide-ranging encounters with members of the community to be both eye-opening for the staff and well-received by the participants. The focus groups provided Baptist with in-depth insights into a variety of community viewpoints and created a subtle opportunity to tell the Baptist story to a broad range of influential and well-connected people. In addition, the focus groups provided a foundation of purpose, and created an opportunity to develop relationships with individuals with whom the system typically does not interact. Baptist Health Care gained a better understanding of the needs of the people it serves and is using the results of the community connection effort in its “strategic wayfinding,” enabling the system to move forward in its planning from a fact-based position and perspective.

The keys to the system’s success in the effort were careful planning and facilitator preparation, the commitment of the CEO to involve a broad range of community members, and meaningfully incorporating the learning from the process into the organization’s strategic thinking and direction.

**Insights and Advice.** Baptist Health Care learned that many people throughout the community view the intense competition taking place in the marketplace as distasteful and unproductive. The system is investing resources in defining strategies for responding to this community perception, and is working to incorporate those viewpoints into its behavior and organizational thinking at every level. In addition, Baptist has developed a systemwide team of marketing executives, community relations executives, and other management leaders to create a plan for conducting more forums in the future, instilling an ongoing, consistent culture of listening to and responding to the viewpoints and needs of its community.

For more information, please call the AHA  
**1-800-424-4301**



## Grinnell Regional Medical Center, Grinnell, IA

**Grinnell Regional Medical Center** is an 81-bed rural private non-profit medical center situated in Poweshiek County serving approximately 47,000 residents. The medical center includes around 50 physicians and more than 500 employees.

**Todd Linden** is president and CEO of Grinnell Regional Medical Center, has served on the AHA Board, and has been a member of the AHA Regional Policy Board 6 from Iowa. He has also served on AHA's governing councils for small or rural hospitals and for aging and long-term care hospitals.

**Engaging the Community.** Grinnell Regional Medical Center has had a longstanding commitment to continuously engaging its community in an ongoing dialogue to better understand community health issues and needs. In 2004, the organization's President/CEO personally interviewed several influential community leaders, including a representative of the local clergy; an executive with the Mid-Iowa Community Action Program, a social services support organization for low-income people; the superintendent of schools; the editor of the local newspaper; and others. Each person was asked a specific set of questions; additional follow-up questions were asked based on answers to the questions and the insights gained throughout the course of the interviews. In addition, the President/CEO sought to compare and contrast individuals' answers to questions, and probe more deeply where possible to surface additional insights.

Following the interviews, the results of the interviews were shared broadly with senior leaders and employees throughout Grinnell Regional Medical Center (GRMC). In addition, the results were shared with the Board of Directors, which had a high level of interest in both the process and the outcomes. As a result, specific time is now set aside at every board meeting as a part of the chairman's report for individual board members to discuss information, insights, questions, and observations specific to community relations and relationships. Grinnell Regional Medical Center's community engagement process stimulated the Board of Directors to more clearly embrace opportunities for engaging people in the community in ways that strengthen hospital/community ties and build greater levels of awareness of the medical center in the community. The board is now routinely provided with "talking points" designed to give board members information suitable for engaging community members on a variety of important topics. Board members also receive copies of all press releases sent out by the public relations department at the time the media receives them; this provides board members with advanced knowledge of GRMC news before the general public sees it and prepares them for any questions they may receive.

*"Virtually every hospital in America has its roots in community action. It's our communities that have created the 5,000+ hospitals in America today. We should never forget that, and always strive to find new and meaningful ways to continue to engage our communities in our plans, problems, and potential."*

— Todd Linden  
President/CEO  
Grinnell Regional Medical  
Center



In addition, the organization developed “Quick Facts,” a simple, billfold sized, fold-over card with various facts about Grinnell Regional Medical Center, including statistics about payroll, number of employees, patients served, births, etc. Quick Facts is a resource for board members to answer community questions that come up from time to time and is also used as a leave behind piece to reinforce the value of the organization, and to demonstrate organizational accountability and transparency.

**Benefits and Challenges.** Grinnell Regional Medical Center’s community engagement exercise led to a greater awareness of the many opportunities the medical center has for holding conversations with a variety of individuals and groups throughout its community. In addition, a series of focus groups was initiated to explore multiple topics in greater detail. Results were reported back to the board. This broadened community engagement has led to increasingly robust discussions and has resulted in a number of specific initiatives for ways the medical center can better serve its community’s needs. Finally, the process reaffirmed to the medical center that it is truly making a difference in its community and has opened up new discussions about potential teamwork and collaboration among employees, board members, and the community at-large.

Despite Grinnell Regional Medical Center’s historic commitment to wide-ranging community engagement, through its focused interviews the organization gained new insights that it believes were important to hear and understand. The insights and perspectives of community leaders have caused GRMC to reexamine many of its traditional processes and beliefs about what people want, need, and value. Plans are in place to use this interview process on a periodic basis by board and executive members to continue the community dialogue.

**Insights and Advice.** Grinnell Regional Medical Center found its interview process to be an excellent opportunity for further learning about community perceptions and issues, as well as a rewarding personal interaction experience. The process of planning for and conducting the interviews was simple and straightforward, and is something that every hospital can do. Having an established process organizes the activity, and helps to ensure that a consistency of style and approach is achieved.

The interview concept is one that may be used as a tool at every level in the organization, including employees, board members, physicians, auxiliaries, foundation board members, and others.

For more information, please call the AHA  
**1-800-424-4301**



## INTEGRIS Health, Oklahoma City, OK

**INTEGRIS Health** is the state's largest Oklahoma-owned health system with hospitals, rehabilitation centers, physician clinics, mental health facilities, independent living centers, and home health agencies throughout much of the state. Their mission is to improve the health of the people and the communities they serve.

**Stanley F. Hupfeld** is the president and CEO of INTEGRIS Health. He is currently on the AHA Board of Trustees and chairman of AHA's Regional Policy Board 7, which includes Oklahoma. He also serves as a member of AHA's Task Force on Delivery System Fragmentation.

**Engaging Our Community.** Over a decade ago, the INTEGRIS Health Board of Trustees asked its executive leaders two simple questions: 1) what is INTEGRIS doing to make a real difference in fulfilling its mission; and 2) does simply running a good hospital fulfill that mission? Upon reflection, leadership's answer to the second question was no. Successfully managing a hospital does not necessarily improve people's health, which often has more to do with their education, where they live, what and how they eat, their jobs, their family situation, and more. INTEGRIS Health determined that if it wanted to truly understand community health issues and challenges, the leaders needed to "get outside the walls" of the hospital. They needed to understand community needs from the neighborhood ground level and base organizational success, in large measure, on INTEGRIS's ability to make a meaningful difference in improving the lives and health of the people they serve.

As a result, deep and wide-ranging engagement and dialogue with its community has become a core part of INTEGRIS's culture. As an example of that organizational ethic, the INTEGRIS Health CEO held several purposeful discussions with a broad range of community constituents to gain a clear sense of what they view as the most critical health-related issues impacting patients and their families. In order to engage in deep and penetrating discussions, the CEO chose to personally interview patients, neighbors, board members, acquaintances, and others.

*"Our community connection efforts reinforce for us the importance of building partnerships and affiliations with individuals and organizations in our community that share our mission, values, and vision. Hospitals and health systems can't improve community health alone; it takes many people and many organizations, working together toward common objectives, to make a meaningful difference."*

—Stanley F. Hupfeld  
President/CEO  
INTEGRIS Health



**Benefits and Challenges.** INTEGRIS Health believes that the organization will always benefit in some way when it reaches out to its community, listens to its needs and concerns, and incorporates ground-level intelligence into its strategic thinking. Even when information, ideas, and perspectives simply reinforce what INTEGRIS may already be aware of, listening to community concerns helps the organization to shape its thinking and tailor its programs and services to meet its community health mission. Rather than a challenge, INTEGRIS Health views continuous community connections as the right thing to do. As a major employer, INTEGRIS believes it has an ethical responsibility to pinpoint its resources and abilities in the areas where it can truly make a difference in the health and lives of the people it serves. In addition, INTEGRIS senior managers lead by adhering to the standard that “much is expected of those to whom much is given.” This standard is an extraordinary motivator for INTEGRIS’s employees. INTEGRIS’s efforts to connect with its community and respond to community needs with meaningful programs and services is a central source of pride throughout the organization.

**Insights and Advice.** After many years of listening to community perspectives, challenges, issues, hopes, and needs, INTEGRIS Health has discovered again and again the deep respect that people and organizations have for hospitals and the work they do. Personal connections and stories have revealed to hundreds of INTEGRIS’s employees how much the community counts on the organization, and how they view INTEGRIS not only as a health care provider, but as a caring, committed place to turn to in times of trouble. INTEGRIS believes this sense of community trust and loyalty should be nurtured through an ongoing commitment to connecting with people in every corner of the community, giving them a voice in the future of the health care system that is so essential to their lives and well-being.

For more information, please call the AHA  
**1-800-424-4301**



## Oakwood Healthcare, Inc., Dearborn, MI

**Oakwood Healthcare, Inc.** serves 35 different communities in southeastern Michigan with over 40 primary and secondary care locations. Oakwood Healthcare includes 4 acute care hospitals; 1,307 beds; 1,300 physicians; and 9,800 employees. Oakwood is the second largest employer in Wayne County.

**Gerald D. Fitzgerald** is President and CEO of Oakwood Healthcare, Inc. and has served on the AHA Board of Trustees and was chair of the Regional Policy Board for the region including Michigan.

**Engaging Our Community.** The president and CEO of Oakwood Healthcare, Inc., a four-hospital system headquartered in Dearborn, MI, held a two-hour focus group with a wide variety of individuals who represent distinct segments of the community. Prior to holding the focus group, Oakwood's senior managers completed an organizational assessment that measured the leaders' perceptions of Oakwood's accountability in the areas of ethics and core values, governance and leadership, quality of care, stewardship, community health and community benefit, and communication. The purpose of conducting the assessment was to determine, in advance of listening to community perspectives, how the organization's leaders perceived their performance as an accountable organization. The results of the accountability assessment were then compared to the perspectives of the community representatives, and conclusions were drawn regarding where the organization needed to work harder.

Oakwood sought to engage in a wide-ranging conversation with distinctly different individuals in order to better understand how the organization is perceived, and identify avenues for responding to the ideas and viewpoints of various community constituencies. Participants included: representatives of the religious community and the Arab community, a rapidly growing and increasingly influential demographic group; a representative from Ford Motor Co.; a local Parent Teacher Association leader; a school nurse; a hospital volunteer; a physician; and an ambulance company representative. Oakwood sought to involve individuals with differing levels of awareness and understanding of the organization and with unique perspectives about the organization.

*"It's important to create a structure for success if you want to have a successful community listening exercise. That means having a plan, involving the right people, ensuring an inviting and open atmosphere that encourages candid dialogue, and effective follow-up after the session that demonstrates to the participants that their input was not only heard, but that it will be utilized by the organization."*

— Gerald D. Fitzgerald  
President and CEO  
Oakwood Healthcare, Inc.



**Benefits and Challenges.** Oakwood’s “community listening” focus group resulted in a variety of new insights that are helping to shape the organization’s strategies and continuing effort to build strong community connections. The open and candid discussion revealed a general lack of understanding of the differences between investor (for-profit) owned and not-for-profit health care organizations, a lack of awareness about Oakwood’s many community outreach programs, and the different roles and relationships of hospitals and physicians in delivering health care services and meeting community needs. In general, Oakwood executives became better aware of the striking lack of understanding in the community about the challenges and issues confronting hospitals and recognized the importance of building “ground-level intelligence” to better understand community needs and perceptions.

Oakwood has used the information and insights gained through the focus group to help its Board of Trustees and senior leaders recognize the importance of planned and consistent engagement with individuals and groups whose viewpoints they often do not hear. Managers have been encouraged to engage in similar discussions with civic groups. Leaders throughout the organization have been encouraged to engage in a new kind of listening that seeks to better understand community attitudes and perceptions in more personally focused ways. In addition, as a result of its community engagement effort, Oakwood is seeking new and better ways to connect with its community to ensure that important messages about its mission, values, programs and services, quality and safety, and more are clearly communicated and well-understood. The organization is also developing more web-based public reporting of the information that is important to its community, in an effort to be as accountable and transparent as possible.

**Insights and Advice.** Oakwood senior leadership found the comprehensive effort of an internal accountability assessment and external listening to community viewpoints to be highly insightful. In particular, the ability to compare and contrast internal viewpoints and external perspectives revealed new opportunities for improved communication and information sharing that will build better community understanding and awareness of Oakwood’s mission, initiatives, and its important role as a critical community health care asset. Oakwood executives believe that the keys to success are to have clear objectives; a well-thought out plan; focus group or interview participants who are outside the normal realm of personal and professional contacts; a relaxed environment that encourages openness; a willingness to hear criticism without being defensive; and an ability to probe, listen, and look below the surface of comments for their deeper meaning.

For more information, please call the AHA  
**1-800-424-4301**



## Providence Health & Services, Spokane, WA

**Providence Health & Services** includes 27 hospitals, more than 35 non-acute facilities, physician clinics, health plan, liberal arts university, more than 46,000 employees, and housing and educational services. The system serves communities in Alaska, Washington, Montana, Oregon, and California.

**Richard Umbdenstock** is COO and president elect of the American Hospital Association. Prior to joining the AHA, he was executive vice president of Providence Health & Services, an integrated health care system formed on January 1, 2006, through the merger of Providence Services and Providence Health System. He also served as president and CEO of the former Providence Services, Spokane, WA.

**Engaging the Community.** Providence Health & Services conducted person-to-person interviews with a small group of individuals as part of an effort to assess community viewpoints. The individuals represented a unique and diverse set of perspectives and experiences. The Providence Health & Services Executive Vice President (EVP) of Governance and Advocacy consulted with a wide range of influential and traditional community leaders, who in turn suggested people whom the EVP likely would not know, and who would be good interview participants. The objective was to actively seek out typically unheard voices and opinions of those who might otherwise not be ordinarily engaged.

The EVP personally interviewed five local individuals: a human interest columnist for the local newspaper; the executive director of the Spokane AIDS network; the diversity officer at the public school district; the secretary/treasurer of the local Labor Council; and the executive director of a local low income neighborhood assistance program.

**Benefits and Challenges.** Providence Health & Services found the community engagement process to be both educational and enlightening. The views of the five individuals in many cases were very different from Providence's self-image, and different from the messages the organization typically receives from community volunteers directly connected to the organization. For example, the persons interviewed had no concept of who "owns" the hospital, and they demonstrated limited understanding of the general ownership structure of not-for-profit health care organizations.

*"One of the most important factors in success is to talk to people you don't know. Get outside your comfort zone and engage with individuals whose viewpoints may be outside the 'mainstream.'"*

— Richard Umbdenstock  
Executive Vice President  
Providence Health & Services  
(currently COO and President elect of the American Hospital Association)



In addition, the community's hospitals were viewed by the persons interviewed as being very much a part of the "establishment." Smaller, more focused, and less prominent organizations reportedly found it difficult to deal with the hospitals due to the more specialized nature of their needs, the bureaucracy of the organizations, and a sense that the hospitals did not understand or fully appreciate their needs and points of view. The results of the interviews were shared with the Providence Health & Services' CEO group. There is now an explicit expectation that the system's individual hospitals will assess community needs from the perspective of a variety of other organizations when identifying community needs and priorities.

**Insights and Advice.** A common theme expressed throughout the interviews was that people are concerned about the competitive nature of health care organizations and the impact of that competition on quality, safety, and patient service. The general feeling was that people are less concerned about which hospital is the biggest or the "best." They care most that all hospitals in the market are good, and that hospitals and other health care providers work together where possible to ensure access to the most appropriate care at the most appropriate time, with the highest level of quality and safety. Based on its experience in engaging with its community, Providence Health & Services would advise other organizations to:

- ◆ Seek out voices you don't normally hear or listen to;
- ◆ Decide in advance how you plan to use the results of the community engagement, and follow up appropriately both internally and with the community members involved;
- ◆ Experiment, test, and refine your community engagement techniques, and institutionalize the process of "community listening" to become part of an ongoing effort;
- ◆ Use engagement with community stakeholders as a way to demonstrate organizational accountability and transparency; and
- ◆ Provide people involved in interviews and focus groups with copies of the organization's balanced scorecard results as a way to demonstrate openness.

For more information, please call the AHA  
**1-800-424-4301**



## Saint Barnabas Health Care System, West Orange, NJ

**Saint Barnabas Health Care System** is New Jersey's largest integrated health care delivery system including seven acute care hospitals. The system provides care to more than 225,000 inpatients annually and employs more than 22,000 employees, 4,750 physicians, and 443 residents.

**Mark Pilla** is executive vice president for operations at Saint Barnabas Health Care System. He currently is on the AHA Board of Trustees and chairman of AHA's Regional Policy Board 2, which includes New York, New Jersey, and Pennsylvania. He has also served as a member of AHA's Advisory Panel on Medicare Outlier Payment.

**Engaging the Community.** Saint Barnabas Health Care System conducted a community connections listening exercise in a community served by one of its affiliated hospitals. System leaders sought to evaluate the community engagement process, and determine the potential for expanding the community connections concept into other communities it serves.

The System's EVP of Operations met individually in one-on-one interviews with members of the clergy, the president of the local chamber of commerce, and leaders from the local Rotary and Kiwanis clubs. The EVP explained to the community leaders the importance of engaging in a dialogue to help Saint Barnabas Health Care System ensure a ground-level understanding of community perceptions, needs, issues, and ideas.

**Benefits and Challenges.** Through its listening to communities exercise, Saint Barnabas Health Care System was reminded how easily hospitals and health systems can become disconnected from their communities, and how important strong community linkages are to organizational success. The listening exercise revealed a significant knowledge gap about the challenges facing health care providers today, even among well-informed community leaders. The System views closing this knowledge gap through more consistent, targeted engagement as a significant pathway to improved awareness, understanding, and public trust.

*"The health care system is broken. If we're going to fix it we'll need thousands of people on our side from a variety of walks of life and widely differing organizations. The people we serve are the most credible champions we have for meaningful grassroots advocacy."*

— Mark D. Pilla  
EVP, Operations  
Saint Barnabas Health Care System



**Insights and Advice.** Saint Barnabas Health Care System discovered through listening to its community stakeholders that people lack a clear understanding of the myriad of challenges facing the System in achieving its mission and vision. The interviews revealed major misconceptions about the health care field. In addition, the organization learned that community leaders want to hear more from the System about its challenges, issues, and opportunities. The community leaders recognized the vital importance of the hospital as a community asset, both as a health care resource and an economic engine. Furthermore, the leaders expressed that the hospital is an important part, but only one part, of the overall health care and social service fabric of the community. They expressed an eagerness to work with the hospital as community-based partners for progress.

For more information, please call the AHA  
**1-800-424-4301**



## Saint Joseph Mercy Health System, Ypsilanti, MI

**Saint Joseph Mercy Health System** is a non-government, non-profit three hospital system serving southeastern Michigan. The system has been highlighted as one of the few health systems in the United States that uses a computerized order entry system, a key component that improves patient care and drastically reduces medication errors.

**Julie MacDonald** is senior vice president and COO at Saint Joseph Health System. She has served on AHA's Board of Trustees, its Executive Committee, and on the board of the American Organization of Nurse Executives (president in 1998).

**Engaging the Community.** To build connections with its community and better understand community issues and needs, Saint Joseph Mercy Health System engaged in an informal, conversational luncheon meeting with ten community representatives. The invitees represented a variety of community organizations, including the chamber of commerce, various not-for-profit agencies, a low income clinic, high-technology employers, representatives of the county, and other community members. All of the community leaders had some level of familiarity with Saint Joseph Mercy Health System, and they represented a broad diversity of viewpoints and community experiences.

**Benefits and Challenges.** Saint Joseph Mercy Health System gained a number of valuable benefits as a result of its interactive dialogue with community leaders. The engagement of individuals in a highly focused conversation around areas of importance to both the system and community members yielded information and insights that the system believes it wouldn't have been able to achieve in any other meaningful way. Convening this broad-based group generated a highly interactive dialogue, and a lively discussion around important community-level issues. In addition, Saint Joseph Mercy Health System conveyed an important image: "we care, we want to hear what you have to say, and something will happen as a result." The intimate, conversational venue allowed the participants to focus in on a small number of important community issues. Following the open, unstructured conversation, guided only by the broad questions from AHA, the group was then able to "zoom in" on several areas of mutual interest for a deeper discussion.

*"We exist to serve our community; the health care resources are not ours, they belong to the community. The more they can understand about what we do, the challenges we face, and the broad value we provide to the community, the better positioned we'll be for the future."*

— Julie MacDonald  
Senior Vice President/COO  
St. Joseph Mercy Health System



**Insights and Advice.** Saint Joseph Mercy Health System learned that there is an enormous gap between reality and perception about health care issues in the community. As a result of its efforts, Saint Joseph plans to continue seeking ways to involve more of its employees in community activities, encouraging wider engagement of the system in better understanding community issues and needs, and communicating the system's message. Saint Joseph is asking its employees to think beyond their traditional employee roles, and become ambassadors for the system in the community, in essence becoming the "face of the organization."

The system identified a gap in community understanding about its benefit ministry - what it is, why it exists, and what it does. As a result, Saint Joseph plans to accelerate its efforts in talking about the community benefit it provides.

Based on its experience in engaging with its community, Saint Joseph Mercy Health System would advise other organizations to:

- ◆ Build buy-in at the Board of Trustees level, and assist board members in carrying out similar community connections efforts that utilize their unique insights and potential to connect with others in the community;
- ◆ Undertake a community connections initiative when the organization has the capacity to maintain momentum around it;
- ◆ Build the appropriate organizational infrastructure to support a continuous, ongoing effort of community connections that yields new insights and perspectives to inform and drive organizational performance;
- ◆ Search for ways to incorporate ongoing efforts at forging community ties and building community connections as a key ingredient in executive work;
- ◆ Hardwire community connectivity into all of the key processes throughout the organization; and
- ◆ Evaluate other organizations' innovative efforts to build community connections and adopt their best practices.

For more information, please call the AHA  
**1-800-424-4301**

# Other Resources

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## Community Service/Accountability — Recent Resources

Advancing the state of the art in community benefit: a user's guide to excellence and accountability. Public Health Institute, Nov. 2004. Accessed Feb. 21, 2006 at <http://www.phi.org/pdf-library/ASACB.pdf>. For updated and related information, see <http://www.communityhlth.org/communityhlth/projects/asacb/asacbhome.html>.

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## Selected Community Connections Web Sites

### ◆ Access Project

[www.accessproject.org](http://www.accessproject.org)

The Access Project is an advocacy group that “works to strengthen community action, promote social change, and improve health, especially for those who are most vulnerable.” It is a research affiliate of the Schneider Institute for Health Policy at Brandeis University.

### ◆ Advancing the State of the Art in Community Benefit Demonstration Project

[www.communityhlth.org/communityhlth/projects/asacb/asacbhome.html](http://www.communityhlth.org/communityhlth/projects/asacb/asacbhome.html)

The demonstration is “designed to shift traditional views about nonprofit hospitals’ community benefit contributions from a focus on uncompensated costs (i.e., charity care) to one that considers community benefit contributions as returns on the investments by public and community stakeholders.” The demonstration is administered through the Public Health Institute and involves a diverse group of 70 hospitals in California, Texas, Arizona, and Nevada.

### ◆ Alliance for Advancing Nonprofit Health Care

[www.nonprofithealthcare.com](http://www.nonprofithealthcare.com)

The Alliance’s “sole purpose is to protect and enhance the abilities of nonprofit health care organizations to serve society and their individual communities.” It offers news and resources on community benefit, access, billing, ethics, conversions, governance, and other issues for the nonprofit health care sector.

### ◆ Alliance of Community Health Plans

[www.achp.org](http://www.achp.org)

ACHP “brings together innovative health plans and provider groups that are among America’s best at delivering affordable, high-quality coverage and care in their communities.” Its web site offers information on innovation, quality improvement, and public policy relevant to improving community health care.

### ◆ Association for Community Health Improvement

[www.communityhlth.org](http://www.communityhlth.org)

ACHI is the “premier national association for community health, healthy communities, and community benefit.” It was formed in 2002 as the successor to three community health initiatives: the Community Care Network Demonstration Program, ACT National Outcomes Network, and Coalition for Healthier Cities and Communities. It is a program of the Health Research and Educational Trust, an affiliate of the American Hospital Association. ACHI provides a variety of resources on community benefit as well as opportunities for community benefit professionals to learn and network.

### ◆ Catholic Healthcare Association of the USA

[www.chausa.org](http://www.chausa.org)

“As the nation’s largest group of not-for-profit sponsors, systems, and facilities, the ministry is committed to improving the health status of communities and creating quality and compassionate health care that works for everyone.” CHAUSA has published a variety of resources on community benefit.

### ◆ Community Catalyst

[www.communitycatalyst.org](http://www.communitycatalyst.org)

This is a nonprofit consumer health “advocacy organization that builds consumer and community participation in the shaping of the U.S. health system to ensure quality, affordable health care for all.”

### ◆ Community Tool Box

<http://ctb.ku.edu/>

The Tool Box provides over 6,000 pages of practical information to support work in promoting community health and development. It was created and is maintained by the Work Group on Health Promotion and Community Development at the University of Kansas.

◆ **Health Research and Educational Trust**

[www.hret.org](http://www.hret.org)

HRET's "principal activities focus on identifying, exploring, demonstrating, and evaluating key strategic health care issues affecting innovative health care delivery systems, educating the field about the implications of changing health policies, and developing strategies for community health improvement." It is affiliated with the American Hospital Association.

◆ **Healthy People 2010**

[www.healthypeople.gov](http://www.healthypeople.gov)

This federal program and web site lists national public health goals, offers health indicators, and other publications and data useful for determining and measuring progress on community health improvement.

◆ **Healthcare Financial Management Association**

[www.hfma.org](http://www.hfma.org)

HFMA represents health care financial management professionals working in hospitals and other health care organizations. It has published articles and reports on community benefit, especially as related to tax exemption and other financial aspects.

◆ **Hospitals Caring for Communities**

[www.caringforcommunities.org](http://www.caringforcommunities.org)

This is an American Hospital Association web site focused on hospitals' connections with their communities. It offers guidelines, case examples, facts and figures, and more.

◆ **Institute for Community Health**

[www.ifch.org](http://www.ifch.org)

The Institute's mission is helping people assess and improve their communities. Links to tools and resources for community health improvement are provided.

◆ **Panel on the Nonprofit Sector**

[www.nonprofitpanel.org](http://www.nonprofitpanel.org)

The Panel is "an independent effort by charities and foundations to ensure that the nonprofit community remains a vibrant and healthy part of American society. Formed by Independent Sector in 2004 at the encouragement of the U.S. Senate Finance Committee," the Panel has prepared recommendations for Congress to improve the oversight and governance of charitable organizations.

◆ **VHA, Inc.**

[www.vha.com](http://www.vha.com)

VHA is an alliance of not-for-profit, community-based health care providers. It has been active in making community benefit resources available.