

Community Benefits: The Need for Action, an Opportunity for Healthcare Change

**A Workbook for Grassroots Leaders
and Community Organizations**



Natalie Seto
Bess Karger Weiskopf
Community Catalyst

The Access Project is a national initiative of The Robert Wood Johnson Foundation, in partnership with Brandeis University's Heller Graduate School and the Collaborative for Community Health Development. It began its efforts in early 1998. The mission of The Access Project is to improve the health of our nation by assisting local communities in developing and sustaining efforts that improve healthcare access and promote universal coverage with a focus on people who are without insurance.

If you have any additional questions, or would like to learn more about our work, please contact us.

The Access Project
30 Winter Street, Suite 930
Boston, MA 02108
Phone: 617-654-9911
Fax: 617-654-9922
E-mail: info@accessproject.org
Web site: www.accessproject.org

Catherine M. Dunham, Ed.D.
National Program Director
Mark Rukavina, MBA
Deputy Director for Programs and Policy
Gwen Pritchard, MPA
Deputy Director for Communications and Administration

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Preface

This resource guide has been produced by The Access Project, which is assisting communities to develop and sustain resources to address health access problems. With the failure of national health reform, responsibility to improve access to health care has shifted not only to states, but also to local communities. Across the country, communities are responding to the challenge of providing healthcare access to increasing numbers of people who have inadequate insurance.

At the same time, the increasing pace of change and ongoing competitive pressures in the health sector are influencing institutional policies governing what hospitals and health plans are willing and able to give to their communities. Maintaining resources for essential community services and community benefits, including free care for the uninsured, is a growing concern. As a result, more community coalitions and community-based organizations are initiating efforts designed to protect health services and expand community benefits.

With this in mind, and a strong belief that healthcare institutions must work in collaboration with their communities to meet community-identified health needs and concerns, The Access Project has placed a priority on providing coalitions, and other community-based organizations, relevant, timely, and comprehensive information. Our goal is to assist their community benefits resource and service expansion efforts.

Our decision to assist in the dissemination of materials on community benefits was facilitated by the expertise of two committed partners of The Access Project, Community Catalyst and Health Care For All. The experience and knowledge of these two organizations in this arena are well known among healthcare activists around the country. It seemed like a perfect marriage of our resources and their expertise to work together on creating this manual.

Community Catalyst is a national nonprofit advocacy organization that builds consumer and community participation in the shaping of our health system to ensure quality, affordable health care for all. It provides organizations with assistance in policy analysis, community organizing, and resource development to help expand consumer influence on healthcare decisionmaking. Among other initiatives, Community Catalyst works with state and local groups and policymakers across the country to expand community benefits resources and to protect community service and financial assets at

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risk in health acquisitions and mergers, conversions, bankruptcies, and closures. It carries out its activities in close collaboration with a wide range of other groups, including its organizational partner in Massachusetts, Health Care For All, and The Access Project.

Health Care For All (HCFA), founded in 1985, is a nonprofit organization committed to building a movement of empowered people and communities with the goal of creating a healthcare system that is responsive to the needs of all people, particularly the most vulnerable. Its organizational strategy combines public education, personal and legal advocacy, community organizing, and policy analysis. Health Care For All unites diverse groups of people around critical healthcare issues including children's health coverage and outreach, nongroup insurance reform, cultural competency, free-care and community benefits, and hospital mergers and conversions. It is dedicated to making quality health care a right of all people.

We are fortunate to have the know-how of these two organizations available to us so we could create what we hope will be a useful and informative resource for all community leaders involved in the effort to provide health care to the uninsured as well as the underinsured.

Acknowledgments

The authors wish to thank all of the community groups that allowed their work to be cited in this manual. The community benefits organizing examples and the tools that these groups have developed and that we cite in the manual are excellent training pieces, whether you are new to community benefits or have had some organizing experience in this field.

Specifically, we would like to thank:

- Boston Health Access Project
- Brockton Interfaith Community (Massachusetts)
- Building Parent Power (Hartford, Connecticut)
- Cambridge Health Alliance (Massachusetts)
- Central Massachusetts Community Health Coalition
- Health Law Advocates (Massachusetts)
- Idaho Citizen's Network
- Illinois Campaign for Better Health Care
- Local 1199, Northwest, SEIU (King County, Washington)
- Lynn Health Task Force (Massachusetts)
- Maine Consumers for Affordable Health Care
- Maine People's Alliance
- Neponset Valley Community Health Coalition (Massachusetts)
- New Hampshire Minority Health Coalition
- The Northwest Federation of Community Organizations (Washington)
- Oregon Health Action Campaign
- Pajaro Valley Coalition to Save Community Health Care (California)
- Universal Health Care Action Network—Ohio
- Washington Citizen Action

Specific information on how to contact these groups is found on pages 123–124.

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This manual was created to support the work of The Access Project and Community Catalyst with groups and communities throughout the country that are working to make the community voice heard in healthcare decisionmaking. Many of the exercises, examples, and strategic approaches included in the manual were developed over several years through the fieldwork of Community Catalyst and its partners, Health Care For All and the West Coast Regional Office of Consumers Union. We are also grateful for the support of The Aspen Institute, The Boston Foundation, The Ford Foundation, The W. K. Kellogg Foundation, Public Welfare Foundation, Surdna Foundation, The Jessie B. Cox Charitable Trust, The Robert Wood Johnson Foundation, and The Stoneman Foundation.

Natalie Seto

Bess Karger Weiskopf

Community Catalyst

INTRODUCTION

Community Benefits— The Need for Action, An Opportunity for Healthcare Change

THE NEED FOR ACTION, THE OPPORTUNITY FOR HEALTHCARE CHANGE

Today, changes in the healthcare system threaten what is already insufficient and unstable access for those most at risk in our communities. But the changes also present community leaders with exciting opportunities to advance and protect community interests. The upheaval happening in many local health delivery systems is educating regulators and lawmakers about the dangers of unchecked health system change. Community leaders are facing great potential losses, but at the same time, decisionmakers are more aware of what is at stake. In other words, the environment is ripe for change.

All across the country, from New Hampshire to California, community groups have created various opportunities to improve community benefits and community-institution relationships. For example, community groups have raised the issue of community benefits in the context of nonprofit institution conversions or institutional mergers. Others have built a base of community support and taken action to respond to a pressing health need. Still other local groups have participated in joint efforts with institutions to improve and strengthen their community benefits programs. Community power, roles, and tactics were different in all of these instances. But the common factor is that these communities have worked to become partners with institutional decisionmakers in choosing priorities, designing programs, and allocating health resources.

Change and Challenge for Communities

Over the past few years the healthcare system in this country has undergone many dramatic changes, including:

- the spread of managed care
- mergers and consolidations in the hospital and HMO industries
- an increase in the number of for-profit hospitals and health plans
- the sale or privatization of public hospitals

These changes have affected healthcare institutions in several ways. For example, managed care and for-profit companies are pumping up competition and the fight for market share in many local communities. The results can be downsizing, the closing of facilities, and changes in the types of services that institutions provide. In turn, competition itself is causing a wave of mergers and consolidations among healthcare companies. The mergers often span state lines—one cause of consolidation is the trend among large national companies to acquire small local ones. As a result, local institutions can be managed from a distant state or by newcomers, creating the potential that important local circumstances may be left out of health planning and the allocation of resources. Considering all these factors, one overarching theme is that many health institutions have become more isolated from the communities they serve, whether it is through distance or through the need to focus more on the bottom line. In the end, many institutions have become less willing to serve community interests, particularly the needs of the underserved.

In the aftermath of industry restructuring, grassroots leaders, particularly those from the underserved segments of our communities, are facing new challenges to health access and quality. For the uninsured, the disabled, people of color, and others who already face significant barriers to good health status, these challenges can be overwhelming. At-risk populations get health care through a last-resort patchwork of essential community services such as free care, local health clinics, health screenings, and health education campaigns. These are the same services, often called “community benefits,” that can get lost in the restructuring shuffle.

Community Benefits: An Evolving Concept

Despite the critical nature of community benefits, there is no federal law or mandate that requires all health institutions to provide for community health needs. To date, decisionmakers in most states have not put specific requirements in the law.¹ Instead, they have assumed that nonprofits, primarily nonprofit hospitals, will fulfill their legal charitable obligations in a way that will automatically address community health needs. But while nonprofit community obligations exist in the law, there are no standards for institutional behavior. Basically, nonprofits (again primarily hospitals) decide

1. See the Resource Materials Section of this publication for a list of the 14 community benefit laws, regulations, and guidelines.

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on their own how much money to dedicate and what benefits to provide. Some institutions provide a lot while others provide very little. As it stands, whether the 44 million uninsured people get health care unfortunately depends on the particular institutions that serve their community.

Relying on the voluntary efforts of nonprofit hospitals for essential community services is not a great “system” to begin with. And the situation could get worse as the behavior of nonprofit hospitals is affected by changes in the industry. For-profits, HMOs, and other types of institutions often possess tremendous power and financial resources that cause changes to the incentives and dynamics in local health systems. Although the power dynamics are shifting, community benefits continue to be viewed as the somewhat exclusive responsibility of nonprofit hospitals. As the health system evolves, the concept of community benefits must evolve with it. Perhaps legislatures and regulators should clarify the requirements for nonprofits and design community benefits processes to include many other types of healthcare institutions. Most importantly, communities and institutions should work together to improve communication, giving the community at large some role in the changing landscape.

Community Benefits: Are We Focusing on the Right Issues?

Community benefits *are* critical for many. But, it is important to recognize that even the best community benefits efforts won’t resolve all of the health needs in our communities. In fact, many may argue that community benefits are a limited approach to problems in the health system. People may believe that the real issue community leaders should focus on is getting universal insurance coverage through national health reform. But building support for such an abstract and complex goal can be a difficult way to engage new people and organizations in healthcare advocacy.

From an organizer’s perspective, community benefits campaigns are an effective means to orient and energize new people and organizations around healthcare issues. Health care and its financing are complex—and the problems and solutions are not always obvious. Engaging people on local and immediate health issues will do two things for your community. First, it will get people working toward real solutions to pressing health needs and provide the impetus for local change. Second, it will serve to demystify the health system, giving people the knowledge and confidence to seek widespread reform.

Additionally, having an insurance card in hand does not always translate into real access and better health status. For example, even though they are insured, Medicaid beneficiaries continue to be at great risk of poor health status.² Part of the reason may lie in barriers such as:

- complex enrollment procedures
- discriminatory treatment
- lack of interpreters

2. See Margo L. Rosenbach et al., “Access for Low-Income Children: Is Health Insurance Enough?” *Pediatrics* 103 (June 1999): 1167 .

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- inadequate transportation
- providers who will not take Medicaid patients
- cultural differences between patients and providers
- education and access to information

So, national health reform or universal coverage is only part of the solution to existing health needs.

Advancing Community Interests

Though not a panacea for all community health woes, improving community benefits can establish important building blocks to create healthier individuals and communities. When people hear the term “community benefits,” they probably think of health services for traditionally disenfranchised populations. But the concept transcends the service component; ideally, it also means strengthening strained or disconnected institution–community relations. It means strong communities engaging in collaborative problem solving with institutions on both short-term goals (e.g., better free-care policies and removing existing barriers like those listed above) and long-term goals (e.g., systemic health reform). Of course, this is the ideal. But communities that engage in community benefits campaigns are likely to see health institutions in their areas become more familiar with the needs of vulnerable populations as well as more open to community participation. Both this familiarity and openness are necessary ingredients to ensure that any reform actually translates into greater access and better quality health care.

Getting Institutional Accountability

The general theme throughout this workbook is on improving the community responsiveness of healthcare institutions, whether hospital or health plan, nonprofit or for-profit. Another important focus is ensuring that vital health care resources are not lost or whittled away as health care continues to change. A third theme is encouraging and stressing the importance of community involvement, particularly of traditionally disenfranchised populations, in any community benefits planning process.

This manual is intended to help community leaders foster discussion and take action around the following questions:

- What are appropriate community benefits for my community and neighborhood?
- Which institutions should be responsible for providing resources for community benefits programs?
- How should community benefits programs be designed and who should be involved?
- What organizing opportunities exist in our local health system to raise this important issue?

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- What are the ways we can create opportunities if none exist?
- How can healthcare institutions be held accountable over the long term?
- Who are our potential allies?
- Where do we go from here?

For each community, the answers to these questions may be slightly different. This manual is designed to encourage community-determined goals and strategies.