

Fletcher Allen Health Care
Community Benefits Strategic Plan
Serving Our Community and Our Region
March 3, 2010

In early 2010 the Community Benefits Advisory Group approved the following Plan for recommendation to the Board of Trustees. It reflects then current realities, and will be updated and/or revised for review not less frequently than every two years, beginning in early 2012.

Introduction

What are Community Benefits?

Community benefits are programs or activities providing services and/or promoting health and healing that are responsive to identified community needs. Community benefit programs are the link between mission and action. According to the Catholic Hospital Association, which is a nationally-recognized leader in this area, community benefit programs must meet at least one of the following criteria:

- Address community need
- Improve access to health services
- Enhance population health
- Advance knowledge
- Demonstrate charitable purpose

How Fletcher Allen delivers community benefits is important for several reasons. First and foremost, as a mission-driven nonprofit, Fletcher Allen exists to serve our community by delivering health care, educating new health care professionals, and engaging in research that promotes health care from the bench to the bedside and into the community. How and what community benefits we deliver speaks directly to that mission.

Second, in recent years increased scrutiny has occurred at the national level of nonprofit hospitals' activities, with concerns being raised that community benefits hospitals deliver may not balance the financial benefits of their 501(c)(3) tax exemptions. These concerns continue, and in fact are informing some of the health care reform discussions at the national level. While Fletcher Allen has not been the subject yet of any individual scrutiny, beginning with its IRS tax filing for 2010 Schedule H of our 990 Form will require us to report our community benefits in a variety of ways.

History of Community Benefits at Fletcher Allen

Since its inception in 1995, Fletcher Allen has a long history of providing comprehensive community benefits to the people it serves.

Since Fletcher Allen's creation in 1995, much of the community programming and outreach has been managed by the Community Health Improvement Office (CHI). Community benefit plans have not been developed as institution-wide plans structured to address the needs of the community in a planned, measured way that is consistent with our vision and strategy. Instead,

programs have been added throughout the years, some through grant funding opportunities, some in response to needs in the community identified through periodic community needs assessments. Some programs and outside agencies historically have been funded through CHI with minimal reporting requirements.

In Fletcher Allen's Strategy Map community benefit planning falls under category F4: "Support essential programs for our community and mission." Beginning with FY 2006, we have been measuring our success on F4 by inventorying our community benefits and quantifying that amount as a percentage of net revenue. We have broken out community benefits into four categories of investments:

- Direct financial assistance to patients;
- Subsidized programs;
- Community programs and direct grants; and
- Medicaid and other public program underpayments.

In FY 2008, our overall community benefit spending was \$111.5 million, or 14.1% of net revenue.

While this work has been valuable in better understanding our community benefits impact, F4 has to date focused on quantifying the benefits we deliver, rather than as a means to be more strategic about our community benefit activities.

Our community benefit work at Fletcher Allen also is informed by our relationship with the Vermont Health Foundation (VHF). Fletcher Allen and the VHF collaborate under a Memorandum of Understanding. One goal of the MOU is that Fletcher Allen's community benefits plan will be influenced by input from the Foundation's volunteer community-based board, and that the VHF's funding priorities will, in turn, be influenced by Fletcher Allen's strategic priorities. Beginning in FY 2008, the VHF has focused its grants on two priorities: Seniors Aging Safely at Home and Childhood Nutrition/Physical Activity. The Foundation invests about \$200,000 a year in community-based efforts.

Our planning has also relied on information gleaned from community needs assessments. In collaboration with the United Way of Chittenden County we have participated in three large-scaled assessments, the last of which occurred in 2004. Since then we have undertaken targeted assessments, the first in alliance with both C4 and F4 of our Strategy Map occurred in 2008 when we interviewed community leaders about Fletcher Allen's community benefits efforts. In late 2009 we surveyed school nurses statewide and will soon complete complementary interviews of community leaders to assess pediatric outreach needs.

While our many efforts have benefited our community, a more holistic and integrated community benefit plan – one that both addresses identified community needs and advances Fletcher Allen's vision and strategy – will strengthen and improve our work in the community as we look to address rising health needs and disparities.

Our goal is to have this three- to five-year strategic community benefit plan in place by FY 2011. Following recommendations from the Catholic Hospital Association, that plan should:

- Formally articulate Fletcher Allen’s plans, actions and policies regarding charity care and community outreach initiatives.
- Promote executive and Board involvement with community services.
- Ensure that projects are aligned with demonstrated community needs and Fletcher Allen’s strategic plan.
- Encourage collaboration with other community agencies.
- Reinforce our mission to improve the health of our community and raise awareness of our community efforts.

Defining Community

As a Tertiary Health Care facility serving as Vermont’s Academic Medical Center and as a community hospital serving its Hospital Service Area, Fletcher Allen’s definition of “community” varies. We provide regional leadership in many areas, while supporting local initiatives that benefit primarily communities in and near Chittenden County.

The Community Benefits Advisory Group

In the winter of 2008, Fletcher Allen formed the Community Benefits Advisory Group to provide guidance for our community benefits activities. The group represents a cross-section of our academic medical center, and includes representatives from planning, administration, external relations, patient care, emergency department, finance, case management, community health improvement and quality. We believe this group will enable Fletcher Allen to move from departmental-level community benefits planning to an institution-wide community benefit plan. This will create more robust and strategic programs and will more effectively improve the health of the community as we streamline programming.

The role of the Community Benefits Advisory Group is two-fold:

1. Assist CHI in identifying between five and ten over-arching community benefit initiatives (CBIs) that should be addressed to improve the health of the community over three to five years, using both external and internal data. This information will then be incorporated into Fletcher Allen’s community benefit plan, a strategic document that will be used to guide community benefit activities.
2. Assist CHI in reviewing current programming and grantees to determine whether these programs are still relevant, whether they still meet the criteria identified to improve the health of the community, and whether new programs are needed to address any gaps in service. This group will offer input into what programs, if any, should be de-funded, as well as make recommendations on the subsequent allocation of funds to new or existing programs.

The group has been meeting monthly since its inception and has developed the following Community Benefits Strategic Plan for FY 2010 – 2013.

Community Benefits Strategic Plan (FY 2010 – 2013)

Community Benefit Standards and Vision

In 1995 the Board of Trustees approved our community benefit plan which included the four standards detailed below. Since that time the Standards were reapproved in 2007 with minor modifications.

- **Standard I:** Fletcher Allen Health Care formally supports a community benefits plan for the communities it serves.
- **Standard II:** Fletcher Allen-supported projects will address at least one of the following: 1) improve health status; 2) address the health problems of minorities, the poor, and other medically under served populations; 3) contain the growth of health care costs. These projects will also be aligned with Fletcher Allen's strategic priorities.
- **Standard III:** The community benefit plan includes activities designed to stimulate other organizations and individuals to join in carrying out a broad health agenda in the designated community.
- **Standard IV:** Fletcher Allen fosters an internal environment that encourages organizational involvement in the plan.

Community Benefit Plan Goals and Objectives

Our community benefit plan recognizes the Standards detailed above while focusing on specific goals and objectives to support the Standards in part:

- Identify community health needs through periodic community health risk assessments that include both qualitative and quantitative data, match those needs with Fletcher Allen's strategic plan, and establish priorities for addressing those community needs.
- Evaluate current services, events and programs for alignment with established priorities, measurable outcomes and cost effectiveness, as well as with Fletcher Allen's overall strategic direction.
- Develop or modify those services to meet the prioritized community needs.
- Collaborate with community service organizations when possible to meet our community benefit goals.
- Gain acceptance of the plan from the Board.

Community Needs Assessments

Periodic community needs assessments are essential to understanding our community's priorities, and meets Fletcher Allen's strategic objective (C4 on our Strategy Map) that calls on us to "[u]nderstand our community's health care needs and work with us to address them."

During the fall of 2007, twenty-two community leaders in Chittenden and Grand Isle counties were interviewed by Fletcher Allen in an effort to assess our relationships with community partners as well as to understand future and current community health needs. Participants identified several community health issues that they wanted to have addressed, including services for at-risk populations (low-income families and children, refugees, elders, individuals

with mental health issues), additional resources and educational workshops, and professional staff training. Low-cost dental clinics and community-centered mental health services were also identified as unmet needs.

During late fall of 2009 a new assessment focused on children. This included a statewide survey of school nurses in November 2009 and interviews with community leaders (December 2009 - January 2010).

We anticipate doing a similar online assessment using Survey Monkey and key leader interviews in the fall of 2011.

Prioritized Community Benefit Initiatives

Based on both qualitative and quantitative data, the Community Benefits Advisory Group has identified five Community Benefit Initiatives (CBIs) as priority areas for community benefit efforts:

1. **Health Promotion and Disease Prevention** (including infectious disease, unintentional injuries, obesity, and sustainable food systems).

Obesity rates continue to climb in Vermont and have nearly doubled since 1990. Seventeen percent of adults in our hospital service area (HSA) are obese, below the state average of 21% but above the Vermont Department of Health's Healthy Vermonters 2010 goal of 15%. Over half of Vermonters are considered overweight or obese. While over half of adults in our region report engaging in the recommended amounts of physical activity per week, only a quarter of children in grades 9- 12 report the same.

Goal: Create an environment that supports healthy eating and physical activity.

2. **Chronic Conditions** (including heart health, diabetes, Vermont Blueprint for Health, cancer, and palliative care).

More than half of all Vermont adults have one or more chronic conditions. This number increases with age. Eighty percent of Vermont's health care spending is for care for individuals with chronic conditions.

Goal: Align programs with the Vermont Blueprint for Health to improve the health of Vermonters with chronic illnesses.

3. **Mental Health and Substance Abuse**

Mental health and substance abuse continue to be a problem in our community. Healthy Vermonter 2010 goals for adolescent binge drinking and substance abuse have not been met. Twenty-three percent of our youth report binge drinking, well above the goal of 3.2%. Alcohol and drug abuse were consistently identified as unmet needs in the community during the last four community-wide assessments. Within Fletcher Allen, we continue to see a lack of services available to patients with mental illness, especially in

terms of discharging patients to a safe place. We have no outreach programs focusing on prevention of substance abuse, other than efforts around adult tobacco use and cessation.

Goal: Address gaps in services for individuals with mental illness or living with substance abuse problems, as well as prevention efforts in the community.

4. Health Access (including access to health insurance, medications, housing and community services).

Access to both health care services and affordable health care coverage continue to rank high as a perceived need in the community, especially dental health needs. Fletcher Allen is committed to providing financial assistance to persons who have essential healthcare needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their individual financial situation. In November 2009, FAHC expanded the federal poverty level guidelines (FPLG) coverage from a maximum of 300% to 400% while additionally, implementing a modest deductible for the higher levels of the FPLG.

Our Health Assistance Program (HAP) has seen an increase in the number of patients needing medical and dental health coverage. Since FY 2007, the HAP program has experienced a 120% increase in the number of patients served. Fletcher Allen works with several community partners regarding continuum of care for patients post-discharge.

Fletcher Allen's Patient Assistance Program (PAP) program has experienced a 60% increase in the number of patients served; combined hospital and physician volume of 3416 in 2007 and 5395 in 2009.

Goal: Work to connect that patients and community members with affordable medical insurance and necessary treatments.

5. Maternal and Child Health

Overall, Fletcher Allen has very high outcomes for maternal and child health. Vermont's low-birth weight rates are below the national average (6.9% compared to 8.3%) but still above the Healthy People 2010 objective of 5%. Between 2002 and 2008, ATV accidents resulted in more hospitalizations than any other sport including snowmobile accidents. While ATV injuries continue to be a problem, however, we also see high injury rates from other motorized sports as well as non-motorized activities. When motor vehicle crashes are excluded over the 5 year span from 2004 through 2008, over 58% of injuries seen in the ED in people under 19 are sports related. More than half of those injured are under 24. We have also heard from the community that we are not doing enough for children with special health care needs. A child-specific assessment is currently underway.

Goal: Provide the highest-quality patient care, education, research and child advocacy for children and their families.

Community Benefits Communications Plan

An effective community benefit plan should include a communications strategy so that an organization's trustees, employees, volunteers, patients, and communities can understand the value it places on fulfilling its non-profit mission. As we move forward, we anticipate involving our Marketing and Communications staff to assist us in developing educational materials that allow us to tell our community benefits story clearly and effectively.

Action Steps and Upcoming Timeline (as of February 2010)

February & March 2010

1. Evaluate our three largest external community benefit programs:
 - a. United Way
 - b. Community Health Center of Burlington
 - i. Evaluation currently underway
 - c. Champlain Initiative
 - i. What would we like to learn more about?
 - ii. What evaluative questions would we like answered?
 - iii. Can the Champlain Initiative align more readily with our goals?

2. Access to dental care is frequently cited in the community as an ongoing health need. Discuss Fletcher Allen's potential role.

Spring & Summer 2010

1. Access to dental care is frequently cited in the community as an ongoing health need. Discuss Fletcher Allen's potential role.
2. Plot out current programming using a prioritization matrix
3. Update the MOU from VHF
4. Receive report on community benefits for FY09
5. Receive summary report on various community assessments that have taken place in our HSA
6. Presentation by Karen McKnight from the Institute for Quality regarding a C4 assessment with community leaders regarding Fletcher Allen and our work with young children (prenatal to five) and families.

Late 2011

Begin review of this plan for renewal in 2012.