GOOD GOVERNANCE CASE STUDY

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Improving Community Health: Case Studies

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Improving Community Health: Case Studies

The following case studies were conducted as research for The Governance Institute's Fall 2016 White Paper, Improving Community Health: Leading Governance Practices to Catalyze Change.

Case Study #1: Dignity Health[1]

Organization in Brief

Headquartered in San Francisco, Dignity Health is the fifth largest health system in the nation and the largest hospital provider in California. Dignity owns and operates 38 hospitals across three states (California, Arizona, and Nevada), with many of these facilities being in low-income, ethnically diverse neighborhoods where residents face many challenges related to their health and access to healthcare services. With most of its facilities in California, Dignity Health has decades of experience in meeting that state's regulatory requirements related to community health, with many of these being similar to and in some cases stricter than those included in ACA.

Policies and Infrastructure Dedicated to Community Health

System-Level Policies

Dignity's system-level board approved a central policy that lays out its role and that of local hospital community boards with respect to community health related activities. The policy charges each of Dignity's community hospital boards with participating in the process for establishing priorities, plans, and programs; approving the community health needs assessment (CHNA) and implementation plan; and monitoring progress toward identified goals. The same policy speaks to the level of staffing and resource infrastructure that Dignity will devote to community health improvement and discusses the organization's commitment to meeting all state and federal regulatory requirements. By design, this policy explicitly references the organization's overall mission and values, including reference to Dignity's five guiding principles; these principles include collaboration with other organizations, promoting a seamless continuum of care, emphasizing prevention, addressing unmet health needs, and building community capacity to build and promote health.[2] Along with the central policy, the system board has approved several "subsidiary" policies that relate to community health, including policies focused on financial assistance and on accounting for community health activities for reporting purposes.

Language Change to Community "Health" (Not "Benefit")

Roughly 18 months ago, Dignity's board and leaders made the intentional decision to change the term that the organization uses to describe this general set of activities from "community benefit" to "community health." The change was made to emphasize the strategic importance of these activities and highlight their close link to population health. Organizational leaders felt that the term "community benefit" implied too narrow a focus, with an emphasis on compliance with state, ACA, and other federal requirements and regulations.

1 Unless otherwise indicated, the material presented in this case study comes from a telephone interview conducted on October 5, 2016, with Pablo Bravo, Vice President of Community Health, and Michael Bilton, Senior Director of Community Health and Benefit, Dignity Health.

2 M.K. Totten, "Governing to Address Community Health Needs: Deepening Board Engagement," *Great Boards,* Summer 2012, Issue 2.

System-Level Monetary Commitments to Community Health Improvement

Dignity's system-level board approved policies that commit the system to making substantial investments in community health improvement. These investments are a supplement to each facility's annual budgeting for community health activities:

- **Community investment program**: As part of its investment policy, the Dignity system board approves up to 5 percent of the organization's depreciated investment pool to be invested in the local community to address social determinants of health such as access to safe housing and nutritious food. System leaders typically ask for an allocation each year. While, in theory, the 5 percent figure could translate into a $300 million investment, the typical requested allocation is $100 million a year.
- **Community grants program**: Dignity commits to dedicating .05 percent of each facility's prior-year audited expenses to its community grants program, which supports local collaborative programs focused on community health improvement priorities from CHNAs. In aggregate, this figure translates to approximately $5 million a year in support.
- **Social innovation partnership grant**: Dignity allocates up to $750,000 a year to serve as "seed money" to stimulate innovation in low-income communities. For example, this program provided funding to a federally qualified health center to invest in the provision of coordinated care outside of the facility's walls.

No System-Level Committee; Local Board Committees

Dignity Health does not have a community health committee at the system-board level. Rather than create another board committee at the system level, Dignity leaders decided to integrate relevant system-level pieces of community health activities into long-established, well-functioning board committees. For example, the investment committee oversees the aforementioned investment and grant programs, the finance committee oversees charity care activities, and the overall system board is responsible for community health related policies.

At the local level, each Dignity hospital has a lay advisory board, and these boards each have committees focused on community health. Made up of hospital board members and community representatives, these committees are charged with overseeing development of and approving CHNAs, implementation plans, and annual reports (which are mandated in California and done voluntarily by Dignity hospitals in Arizona and Nevada).

Dedicated System-Level Department and Local Directors

At the system level, Dignity Health has a Community Health Department with five full-time employees. The department is run by a vice president who reports to the Executive Vice President of Mission Integration and oversees all community health related activities. The department's senior director focuses on supporting the community health related activities of the local hospitals, including identifying and rolling out effective, evidence-based programs; coordinating programs and activities across communities; providing program development support and technical assistance; and creating and disseminating standardized templates, protocols, and other infrastructure. This individual also spends substantial time forging partnerships with internal and external stakeholders and educating members of the system and local boards about community health related activities and requirements.

Dignity Health recently added a new full-time position to the community health department—this senior-level person spends half his time on community health and the other half on population health management (PHM) activities. Much of this work focuses on collaborating with a separate department that focuses on PHM; this department enrolls members into various Dignity health plans and programs where the system takes on capitated risk, and manages and

coordinates care and promotes self-management for those enrolled. Other full-time employees in the department include an analyst and an administrative assistant.

In addition to the system-level department, larger Dignity hospitals have their own dedicated community health director, while smaller hospitals either share a community health director or have an individual in this position who also has other, related responsibilities.

Regular System- and Local Board-Level Discussion and Education

Dignity Health ensures that each new board member has a full understanding of the organization's community health-related commitment and activities. In 2012, Dignity Health revised its board orientation manual to include a comprehensive description of the organization's community health commitment, policies, and programs, and added a list of questions that board members can ask about these issues. Dignity also intensified its board education efforts around community health.[3] On an ongoing basis, members of both the system and local boards are educated about and discuss community health-related activities. While members of the Community Health Department give a formal presentation to the full system board at least every other year, most of the educational activity and discussion occurs at the local and system board committee meetings. Community Health Department staff regularly attend meetings of the strategy, finance, and investment committees of the system board to give presentations and participate in discussions. These individuals also serve as "staff" for the investment committee and hence are present at every committee meeting. Community Health Department staff also periodically educate members of local hospital boards; they regularly give presentations and participate in an annual gathering that brings together all local board chairs and hospital presidents with system-level leaders and staff. Much of the recent focus has been on educating local boards about the alignment between community health and PHM.

Explicit Focus on Social Determinants of Health

Dignity Health has long recognized the need to take a proactive role in addressing the social determinants of health. In 2004, Dignity Health partnered with a vendor to create a Community Need Index™ that assigns scores to ZIP codes based on nine indicators that fall within the five socioeconomic factors that affect health: income, culture/language, education, insurance, and housing.[4] At the system level, Dignity uses this index to identify geographic areas that have significant needs, and to get a sense of what social determinants of health need to be addressed in these areas. Local Dignity hospitals then work in partnership with other stakeholders to conduct the CHNA and identify more specifically where priority problems lie. In recent years, Dignity has used this process to make access to affordable housing a key priority; programs include donating unused buildings and vacant land and providing low- and no-interest loans to non-profit organizations that develop affordable housing for at-risk individuals and families.[5]

Allocating Responsibilities Between System and Local Levels

As the previous section makes clear, Dignity's community health programs and activities are a true partnership between the system and local stakeholders. At the system level, the board is responsible for setting overall policy, allocating resources, and otherwise creating a culture

3 M.K. Totten, 2012.

4 C. H. Woodcock and G. D. Nelson, "Hospital Community Benefits after the ACA: Leveraging Hospital Community Benefit Policy to Improve Community Health," The Hilltop Institute, *Issue Brief,* June 2015.

5 M. Hostetter and S. Klein, "In Focus: Hospitals Invest in Building Stronger, Healthier Communities," Transforming Care, The Commonwealth Fund, September 27, 2016. Available at: www.commonwealthfund.org/publications/newsletters/transforming-care/2016/september/in-focus.

intently focused on community health. In addition, the system-level Community Health Department provides a wide variety of technical assistance (e.g., standards, templates, program development, implementation support), education, and other support to local stakeholders and ensures that Dignity meets all state and federal requirements. At the local level, the community health directors deliver health improvement programming and work in partnership with other local stakeholders to develop the CHNAs, annual reports, and related implementation plans, and the local hospital boards and board community benefit committees review and approve these documents.

Case Study #2: Providence Health & Services[6]

Providence Health & Services is a not-for-profit Catholic health system that operates 34 hospitals in five states: Alaska, California, Montana, Oregon, and Washington. The system has a 513,000-member health plan and owns and operates 600 physician clinics, 22 long-term care facilities, 19 hospice and home health programs, and 693 supportive housing units in 14 locations. In 2015, Providence Health & Services provided more than $951 million in community health and benefit services.

Renton, Washington-based Providence Health & Services is a part of Providence St. Joseph Health, the new parent organization created by Providence and Irvine, California-based St. Joseph Health in 2016. Because the two health systems recently came together, this case study only focuses on community health activities at Providence Health & Services.

Policies and Infrastructure Dedicated to Community Health

Community Health Is an Integral Part of Organizational Culture and Vision

Providence has system-wide financial assistance policies and community benefit programming. The organization's commitment to investing in and serving its local communities—particularly those who are the most poor and vulnerable—is rooted in the founding of the organization and its mission. Central to its community benefit design and organizational culture is Providence's strategic plan to improve the health of entire populations.

Monetary Commitment to Community Health Improvement

A Community Health Needs Assessment (CHNA) has historically informed Providence's community benefit spending. In 2015, the organization contributed $951 million in community benefit activities across Alaska, California, Montana, Oregon and Washington. In recent years, the organization's board and senior leadership have committed to increasing spending on community health improvement, given its focus on population health and community well-being. Looking ahead, the organization is considering new ways to measure progress of its community benefit program in relation to spending.

System-Level Advisory Council and Local Board Committees

While Providence does not have a system-level board committee focused on community health and benefit, it has an advisory council made up of board members and community representatives that provides guidance to the system board. Each Providence market has a non-fiduciary board with a committee that focuses on community health and benefit. These committees work with local public and not-for-profit partners to oversee the CHNAs, with each assessment being

6 The material presented in this case study comes from an interview with Dora Barilla, D.P.H., Executive Leader of Community Investment, Providence Health & Services, conducted on October 7, 2016.

approved by the local board and committee, and leadership from Providence's Community Partnerships Division (the system-level department responsible for community health and benefit activities, as discussed below).

Dedicated Department, with Executive-Level Leader Accountable for Performance
Years back, Providence created a Community Partnerships Division charged with aligning and integrating the organization's work in the areas of advocacy, philanthropy, environmental stewardship, international programs, and community investment. Until recently, system-level staff worked to coordinate and integrate these activities. As of January 2016, a new executive-level position was created to help build an infrastructure to support community benefit activities, with the goal of creating and replicating best practices through standardization (i.e., protocols and training). Part of this work will include an assessment of local program infrastructure, which currently varies across facilities. The goal is to roll out the new infrastructure in 2017.

Management Accountability through Incentive Compensation
Community benefit spending is one of a handful of metrics used at the system level to inform incentive compensation. This metric aims to bring visibility to the impact and value of community benefit and encourage executive leadership to support activities that enhance the well-being of their communities.

Dedicated Time for Board Discussion and Education
Two senior-level staff within the Community Partnerships Division spend a significant amount of time educating the local boards and system-level board about community benefit programs and activities. One of these individuals currently spends over a third of her time giving presentations to the local boards, educating them on the resources available to assist with CHNAs and related responsibilities. The senior vice president of the division spends a great deal of his time educating senior administrators (i.e., biweekly updates to an executive council) and the system-level board about relevant issues. Community health is prioritized as an agenda item at every system board meeting.

Meaningful Local Partnerships
Providence hospitals have varying levels of community benefit programming. Most leverage strong partnerships with local stakeholders to develop the CHNA and prioritize the needs of the community, planning, implementing, and operating programs together. For example, the Providence Institute for Healthier Communities brings together local stakeholders, including health care and social service providers, to identify, prioritize, and address areas of need in Washington state communities.

Partnerships to Tackle Social Determinants of Health
Providence has a long history of tackling "upstream" problems that affect health, including access to affordable and safe housing, nutritious food, and mental health services. Recognizing the impact of social determinants on the health of a community was the mission of health system's founders (the Sisters of Providence) and continues to be an important focus of Providence's leadership today. The root causes of many avoidable Emergency Department visits and inpatient admissions stem from non-health issues such as food insecurity and homelessness. For example, Providence has a dedicated division focused on supportive housing, as well as programs to address food insecurity and mental health. When working on these types of issues, Providence leaders understand the value of partnering with local stakeholders in social service and government agencies, charitable foundations, community organizations, and universities.

They carefully consider the appropriate role of the hospital in those partnerships in advancing local community health. In many cases, the hospital will play a supporting role, letting stakeholders with greater expertise and existing community relationships take the lead.

Integration of Community Health Staff into Teams Charged with Resource Allocation Decisions

Providence integrates members of its community benefit team with new business and resource allocation groups. The goal of this hybrid design is to ensure community and population health issues are considered when making business and resource allocation recommendations. This collaborative environment helps team members identify opportunities to fund and support investments aimed at improving community health, such as the creation of homeless shelters, behavioral health centers and job training programs.

Population Health and Community Health Data Platform to Monitor Progress

To inform local hospital programming, Providence is creating a platform to merge internal data with external community and population health data. Hospitals will use the data to determine program goals and monitor progress. In the near term, the focus will shift from the measurement of processes (e.g., whether at-risk individuals are being referred to and enrolling in needed programs) to behavior change (e.g., whether those who enroll in programs actually change behaviors). Over the long run, the focus will shift to whether these programs are having an impact on health outcomes, such as body mass index and avoidable ED visits and admissions. Providence has a data workgroup in place that includes external stakeholders, with the goal of identifying and implementing "best-practice" metrics for specific interventions.

New Communications Framework to Share Data and Stories

Providence has put a new communications framework in place to ensure consistent storytelling for community health activities. As part of this initiative, leaders within the Community Partnership Division have asked local hospital leaders to partner with communities to report on how local programs have made a difference in the lives of individual residents. These stories are then uploaded to the organization's Web site.[7]

In addition, Providence has created a Community Investment Oversight Council, which brings together leaders from finance, advocacy, communications, population health and community investment to ensure consistent messaging. Alignment is built around community health trends and changing policy issues related to the ACA (i.e., spending on unreimbursed services for Medicaid beneficiaries has increased significantly). The goal is to ensure consistent, coordinated communications.

Newly Launched Environmental Stewardship Initiative

Providence recently launched an environmental stewardship initiative that ties community benefit and community health activities to environmental issues such as climate change. The goal is to evaluate and document the impact of specific interventions on the environment, such as how investments in new housing are helping to reduce mold and how hospitals are reducing their carbon footprint (e.g., by reducing food waste). Staff and leaders within the Community Partnerships Division are working with the chief environmental officer on this program.

7 See www.providence.org/cares.

Allocating Community Benefit-Related Responsibilities in Systems: System versus Local Boards

As the previous section makes clear, Providence's community health programs and activities are a true partnership between system-level and local stakeholders. At the system level, the board is responsible for setting overall policy, allocating resources, and otherwise creating a culture intently focused on community health. In addition, the system-level Community Partnerships Division provides a wide variety of technical assistance (e.g., standards, templates, implementation support), education, and other support to hospitals and other local stakeholders, and ensures that Providence meets all state and federal requirements. At the local level, hospital staff and members of the local board community benefit committees work in partnership with other stakeholders to develop the CHNAs and related implementation plans, which are then approved by the local board community benefit committees and local hospital boards before going to the head of the system-level Community Partnerships Division for final sign-off.

Case Study #3: Boston Children's Hospital[8]

Organization in Brief

One of the largest pediatric medical centers in the country, Boston Children's Hospital is a 404-bed medical center offering a complete range of healthcare services for children from birth through age 21.

Policies and Infrastructure Dedicated to Community Health

Community as an Integral Part of Mission

Since 1990, "community" has been one of four key components of Boston Children's mission statement (along with care, research, and teaching); more specifically, the mission statement commits the organization to working to "enhance the health and well-being of the children and families in our local community." The organization's leaders realized early on that so much of what affects children's health is the environment in which they live, including the quality of its schools and access to nutritious food and safe, affordable places to live. As a result, working to improve the community and the health of its residents has become a core focus for the organization.

Concrete Monetary Commitment to Community Health

While not a set policy, Boston Children's leaders have spent at least 5 percent of patient care expenses on community benefit activities in recent years. In most years, the organization spends an even greater amount, with some programs being funded out of the general operating budget. To ensure its commitment, Boston Children's set aside $20 million of its endowment principal for community benefit activities, earmarking the annual interest from this set-aside (roughly $1,000,000) for these activities. This strategy ensures that a cushion exists to keep important programs going during periods of financial challenge.

Board Committee Oversight; Community Advisory Board to Support Operations

Over a decade ago, Boston Children's board created a formal board committee focused on community service activities (the formal name of the committee is Board Committee on Community Service; in addition, the Office of Community Health manages related activities). Meeting

8 Unless otherwise indicated, the material presented in this case study is from telephone interviews conducted with Josh Greenberg, Director of Government Relations (on October 10, 2016), and Sandra Fenwick, CEO (on October 12, 2016).

at least four times a year, the committee has overall responsibility for approving the community health needs assessment and implementation plan, reviewing compliance and reporting to regulatory agencies, and regularly performing a review of major community health programs. Historically, this committee has approved a focus on the health and non-health issues that have been identified through the hospital's community health assessment process. These needs have been identified as priorities where Boston Children's can make a difference and include behavioral health (including mental health and substance abuse), obesity, asthma, early childhood development/school readiness, and youth employment. On a rotating basis with a year-end summary, the Office of Community Health provides the full board with a detailed review of the hospital's programs and performance related to community health.

The community service committee is made up of a mix of individuals from inside and outside Boston Children's Hospital. Internally, committee members include two directors from the Boston Children's board, along with the CEO, COO, a member of the hospital's trust (philanthropic) board, and several clinical leaders, including the head of Boston Children's primary care network. From outside the organization, committee members include a former Secretary of the Executive Office of Health and Human Services, a well-known professor at the Harvard School of Public Health, and representatives from a consumer advocacy group, mental health agency, child protection agency, and other community-based organizations involved in promoting the well-being of children and families. Along with committee members, the heads of Boston Children's Government Relations Department and Office of Community Health (see below for more information) regularly attend committee meetings, often sharing information about ongoing programs. Board representatives to the community service committee are generally chosen based on their interest in the topic and their ability to provide effective leadership, fiduciary oversight, support for rigorous evaluation of initiatives, and engaging and working with staff.

In addition to the board committee, Boston Children's has a community advisory board that includes community health center (CHC) leaders and caregivers and other representatives of "on-the-ground" community-based organizations. This group provides advice and guidance during the CHNA and implementation plan process and also helps to identify and develop community partnerships.

Dedicated Department with Leader Reporting to CEO and Board Committee

Approximately seven years ago, Boston Children's separated government relations and community health into two distinct functions; previously, both were included within the Office of Child Advocacy. This change was made in recognition of the heightened importance of both functions and the increased responsibilities faced by department leaders and staff.

At present, the community health function is overseen by an executive director who is also a practicing physician in one of the hospital's primary care centers. Her staff of roughly half a dozen individuals works on major initiatives approved by the board community service committee and also handles all reporting requirements related to community benefit at the local, state, and federal levels. In addition, one staff member takes responsibility for developing internal and external communications related to the hospital's community health programs. The executive director reports directly to the Senior Vice President of Network Development, and routinely updates the CEO, the COO, and the board community service committee. She and her staff coordinate closely with the head of government relations and his staff as appropriate.

Senior Executive-Level Accountability through Incentive Compensation

The board and the CEO hold the executive directors and vice presidents of community health and government relations accountable for meeting specific performance goals within the five aforementioned priority areas as a component of their overall evaluations. At the programmatic level, staff members are responsible for seeing that actions are completed consistent with programmatic goals, as well as attending to and reporting back on objectives to the board and CEO. A special emphasis is placed on establishing this work with their teams. Programmatic goals include improvement within a specific area, such as a program's ability to get children to engage in more physical activity or eat more healthfully. In other cases, program goals may relate to maintaining a positive impact that has already been achieved and/or spreading a successful small-scale program broadly throughout the community. Staff performance is linked to overall success of the programs rather than individual program goals.

Meaningful Partnerships with Community Stakeholders

Boston Children's systematically and rigorously gets input and feedback from a broad array of stakeholders within the community, including residents, healthcare providers, and representatives from the public schools, government agencies (e.g., public health, public safety, public housing), and various community-based organizations focused on health-related issues such as housing, nutrition, domestic violence, behavioral health, and substance abuse. Through surveys, focus groups, key informant interviews, listening sessions, and various other forums, Boston Children's gathers meaningful input from these stakeholders in an attempt to understand their top priorities, concerns, challenges, and opportunities in their day-to-day lives and work. For example, as part of its CHNA process in 2013, Boston Children's Hospital interviewed 29 stakeholders and held focus groups with 91 community residents, with these activities conducted in two languages.[9] To supplement this qualitative input, staff gathers a wide array of data and combs the literature on related topics to identify strategies and best practices being deployed elsewhere. In some cases, this process identifies information gaps; for example, Boston Children's and the Boston Public Health Commission identified and subsequently addressed a large data gap related to the needs of children between the ages of six and 12.

This iterative, collaborative process occurs during not just during the CHNA development process, but also during the prioritization of identified needs, development of the implementation plan, and planning, launch, and evaluation of specific programs. For example, Boston Children's has engaged in a highly iterative implementation and quality improvment process with local CHCs as part of their joint efforts to address childhood obesity. This collaboration includes the creation of a common platform for sharing data and assessment information across 11 independent CHCs. The hospital tends to focus investments on those areas and limit financial support in others where the hospital has relatively less to contribute. This strategy led to the decision to place a special emphasis on the aforementioned five areas where the hospital can make a difference (youth employment, behavioral/mental health, obesity, asthma, and early childhood developmental/readiness for the classroom). In other areas, the organization may seek to support others rather than take on an issue, such as reducing violence by getting guns off the streets.

The same principle guides the nature of the support the hospital provides and the degree of leadership it takes within a specific area. For example, within the housing arena, Boston

9 *Issue Brief: Partner with Not-for-Profit Hospitals to Maximize Community Benefit Programs' Impact on Prevention,* Trust for America's Health, January 2013. Available at http://healthyamericans.org/assets/files/Partner%20With%20Nonprofit%20Hospitals04.pdf.

Children's decided to play a leadership role in helping to stabilize at-risk families in their current homes, but plays a minor "behind-the-scenes" role in the development of new affordable housing (through the provision of seed money to local housing organizations).

Selective Focus on Social Determinants (Where the Hospital Can Make a Difference)
Boston Children's selectively invests in programs to address social determinants of health, focusing on those areas where leaders feel that the hospital's participation can make a difference. For example, several years ago, members of the community advisory board asked the hospital to become more involved in addressing lack of affordable housing in the area. In collaboration with a legal services organization, a not-for-profit housing provider, and a local foundation, Boston Children's began supporting an initiative designed to stabilize families who found themselves at risk of becoming homeless, with this support intended to keep these families in their current homes.

As a relatively small, specialized hospital in a market with many major academic medical centers with large pediatric programs, Boston Children's recognizes that there are limits as to how effective the organization can be in addressing the social determinants of health. In assessing any potential program, leaders consider the degree to which Boston Children's has expertise in the area that can be applied in community settings. The hospital tends to focus investments on those areas and limit support in others where the hospital has relatively less to contribute. This strategy led to the decision to focus on four areas where the hospital has clinical expertise (behavioral/mental health, obesity, asthma, and developmental readiness for the classroom), and to de-emphasize areas where the hospital likely cannot make a difference, such as reducing violence by getting guns off the streets. The same principle guides the nature of the support that the hospital provides and the degree of leadership it takes within a specific area. For example, within the housing arena, Boston Children's decided to play a leadership role in helping to stabilize at-risk families in their current homes, but plays a minor "behind-the-scenes" role in the development of new affordable housing (through the provision of seed money to local housing organizations).

"Every year our leaders and staff talk about where we should and shouldn't be taking the lead. We have to focus and go deep in a few areas in order to have an impact and be successful. We're always asking, 'where do we have expertise' and 'where can we make a measurable difference'?"

—Sandra Fenwick, CEO

Clear Metrics and Regular Monitoring of Progress
For every program, Boston Children's sets concrete performance goals for defined short- and long-term process and outcomes measures. In fact, the existence of such measures is generally a prerequisite to convincing leaders to invest in a program. For example, the hospital's work with local CHCs around childhood obesity is striving in the near term to reduce screen time and sugar consumption (both well understood to contribute to obesity) and in the long term to reduce body mass index. Mechanisms are in place to assess performance on these metrics at baseline and over time.

A detailed analysis of performance on every program is reported to the board community service committee throughout the year, with a summary version shared at full board meetings at least once a year.

External Community Benefit Audit

In 2008, Boston Children's hired an outside organization to conduct an audit of its community benefit function, a step that proved quite useful. After examining internal governance, planning, and operations related to community health activities, the firm encouraged the hospital to instill more rigor into the functioning of the board community service committee and made recommendations related to how the organization thought about allocating and deploying scarce resources. The consultant also suggested that Boston Children's invest in promoting policy changes designed to improve community health (in addition to supporting programmatic initiatives). As one example of follow-up implementation, Boston Children's formed a partnership with the Massachusetts Budget and Policy Center to create a Web-based tool that allows the public to easily access trends in state funding for various programs related to childhood health and well-being, such as early childhood development, education, and healthcare services.