CACHE 101
The Center to Advance Community Health & Equity

Twitter: @CACHEcenter

www.thecachecenter.org
www.communitybenefitinsight.org
Welcome & Introductions

Kevin Barnett
Co-PI and Senior Investigator

Sue Grinnell
Co-PI and Director Population Health Innovation Lab

Eliza Love
Lead Technical Assistance Analyst

Stephanie Sario
Program Manager
Please submit questions or comments via the **Chat Feature**.

Note, there is the option to ‘**Send To**’:
1. Panelist/Presenter/Host (Rachel Otter) ➔ *Eliza & Sue*
2. All attendees ➔ *Everyone*
Chat Practice

Everyone send a message into the chat...

What is your interest in this topic?
Poll Practice

What type of organization or line of work are you most aligned with?

a) Hospital/Health System
b) Foundations/Philanthropy
c) Local Public Health Agencies
d) Community Based Organization, Community Development Stakeholder, Advocacy Group
e) Human Services Organization
f) University, Research
g) Other
Overview

1. Welcome & Introductions
2. Objectives
3. CACHE Background: Two Part Approach
4. CBI Demo
5. Next Steps - Integrating Data Sources
Objectives

1. Build common understanding of the focus, roles, and guiding principles for CACHE.
2. Provide working knowledge of the CBI tool and its capabilities.
3. Secure input on ways in which CACHE can best meet current and emerging needs.
What is CACHE?

Tapping years of national leadership, the Center to Advance Community Health & Equity introduces a set of tools and technical assistance to advance health and well-being in communities across the nation, particularly where health inequities are concentrated.
What is our GOAL?

Advance community health and well-being, particularly in communities with social, economic and health inequities.
Our Approach

Facilitate strategic conversations with stakeholders across communities to identify areas of resource alignment and shared opportunities to generate health and well-being for all community members.
Two Part Approach

Community Benefit Insight Tool (CBI)

Housed at RTI International

Online, interactive resource that makes data from tax-exempt hospitals about investments in their communities more accessible.

Center to Advance Community Health & Equity (CACHE)

Housed at PHI

Provide technical assistance for stakeholders navigating strategic community benefit implementation and fostering collaborative solutions.
Used as an entry point for stakeholders interested in how tax-exempt hospitals and health systems optimally fulfill their charitable obligations.

Ensure tools and resources are optimally designed for variety of users, assist in interpretation of data, facilitate strategic conversations.
The potential for hospital community benefit to contribute to improved health is not being fully realized.

**Local Stakeholders**
- Lack knowledge to effectively engage hospitals

**Hospitals**
- Limited investment in addressing drivers of poor health
Shifting the Approach

- Reduce duplication of effort and inefficiency in the allocation of resources
- Build competencies to design, implement, and evaluate comprehensive approaches
- Promote systems approaches to addressing drivers of poor health
Needs & Contributions Map

CONTRIBUTIONS

Provide diverse stakeholders with data, information, and framing of issues to support generative dialogue

Build imperative for more equitable, geo focus, and sufficient concentration of resources where inequities are concentrated

Increase knowledge and imperative for more alignment and capacity building

Leverage leadership power to advocate for healthy public policies

Human Service Organizations
- Resource constraints
- Lack knowledge to effectively engage hospitals
- Narrow focus
- Duplication of effort

Local Elected Officials
- Short term problem solving orientation
- Limited knowledge of potential contributions by hospitals to place-based population health

Local Philanthropy
- Pressure to broadly disperse resources
- Scope constraints to resource allocation
- Limited support for collaborative infrastructure

Community Development Stakeholders
- Transactional orientation
- Lack knowledge to effectively engage hospitals

Community Advocacy Groups
- Lack knowledge of effective strategy to engage hospitals

Hospitals
- Compliance mentality
- Lack knowledge of place-based population health
- Location driven commitment

Community Based Organizations
- Resource constraints
- Duplication of effort/competitive dynamics with similar orgs
- Lack knowledge to effectively engage hospitals

Local Public Health Agencies
- Resource & capacity constraints
Initial CACHE Service Offerings

General Technical Assistance and Support:
● Online support for use of CBI tool
● Tools and resources to support use of CBI tool
● Public Webinars
● General Education - Blog Posts, Newsletters (events, news, announcements)

Specialized Technical Assistance:
● Design analyses and interpret findings (e.g. comprehensive health improvement strategies)
● Partnerships with regional stakeholders
● Onsite technical assistance
● Presentations (e.g. governing bodies, public meetings, conferences)
● Convenings (e.g. facilitating planning processes)
Community Benefit Insight

Short Demo
Next Steps: Integrating Data Sources

What to do with this information?
- Better understand this pool of assets in your community
- Look towards strategic alignment of priorities and resources

What types of further analyses can be done?
- Use CHNAs and Implementation Plans to understand priorities & activities
- Use complementary resources to identify concentrations of inequities
Complementary Resources

Community Commons Toolkit

Community Health Improvement Navigator

HealthLandscape & UDS Mapper

CDC

Policies and Health Rankings & Roadmaps

Building a Culture of Health, County by County
## Example - CB Data Analysis

### Example Health System

<table>
<thead>
<tr>
<th>FACILITY</th>
<th>CITY</th>
<th>JOINTLY FEE</th>
<th>BED SIZE</th>
<th>TOTAL OPERATING EXPENSES</th>
<th>COMMUNITY BENEFIT SPENDING</th>
<th>CB SPENDING AS % OF TOTAL BUDGET</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility 1</td>
<td>City 1</td>
<td>Y</td>
<td>500</td>
<td>1,114,080,040</td>
<td>60,914,236</td>
<td>7.25%</td>
</tr>
<tr>
<td>Facility 2</td>
<td>City 1</td>
<td>Y</td>
<td>42</td>
<td>2,401,098,252</td>
<td>122,076,358</td>
<td>5.12%</td>
</tr>
<tr>
<td>Facility 3</td>
<td>City 2</td>
<td>N</td>
<td>125</td>
<td>1,967,327,768</td>
<td>97,372,281</td>
<td>5.08%</td>
</tr>
<tr>
<td>Facility 4</td>
<td>City 3</td>
<td>N</td>
<td>34</td>
<td>3,287,320</td>
<td>3,287,320</td>
<td>100%</td>
</tr>
<tr>
<td>Facility 5</td>
<td>City 4</td>
<td>N</td>
<td>41</td>
<td>1,669,944</td>
<td>836,944</td>
<td>50.08%</td>
</tr>
<tr>
<td>Facility 6</td>
<td>City 5</td>
<td>N</td>
<td>22</td>
<td>1,114,027</td>
<td>2,254,025</td>
<td>7.25%</td>
</tr>
<tr>
<td>Facility 7</td>
<td>City 6</td>
<td>N</td>
<td>35</td>
<td>3,185,279</td>
<td>1,634,520</td>
<td>50.59%</td>
</tr>
</tbody>
</table>

**TOTAL** | **758** | **$1,481,080,168** | **$1,803,234** | **7.54%**

### Community Benefit Spending by Category

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Financial Assistance at Cost</th>
<th>Indirect</th>
<th>Other Gov. Programs</th>
<th>Community Health Improvement, Services &amp; Education</th>
<th>Health Professionals Education</th>
<th>Subsidized Health Services</th>
<th>Research</th>
<th>CASH/In-Kind Contributions to Community Groups</th>
<th>Community Building</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility 1</td>
<td>$1,114,080,040</td>
<td>60,914,236</td>
<td>0</td>
<td>2,066,311</td>
<td>21,518,450</td>
<td>0</td>
<td>$3,454</td>
<td>4,928,882</td>
<td>572,628</td>
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<tr>
<td>Facility 2</td>
<td>$2,401,098,252</td>
<td>122,076,358</td>
<td>0</td>
<td>566,634</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>47,116</td>
<td>34,885</td>
</tr>
<tr>
<td>Facility 3</td>
<td>$1,967,327,768</td>
<td>97,372,281</td>
<td>0</td>
<td>185,654</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>185,654</td>
<td>185,654</td>
</tr>
<tr>
<td>Facility 4</td>
<td>$3,287,320</td>
<td>3,287,320</td>
<td>0</td>
<td>836,944</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>185,654</td>
<td>185,654</td>
</tr>
<tr>
<td>Facility 5</td>
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<td>2,254,025</td>
<td>0</td>
<td>836,944</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>185,654</td>
<td>185,654</td>
</tr>
<tr>
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<td>1,634,520</td>
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<td>0</td>
<td>0</td>
<td>185,654</td>
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<tr>
<td>Facility 7</td>
<td>$1,669,944</td>
<td>836,944</td>
<td>0</td>
<td>185,654</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>185,654</td>
<td>185,654</td>
</tr>
</tbody>
</table>

**TOTAL** | **$9,932,016** | **$1,803,234** | **$3,454** | **$27,518,450** | **$3,528** | **$3,454** | **$47,116** | **$4,928,882** | **572,628** |

### Proportion Community Benefit to Total Operating Expenses

- Facility 1: 10%
- Facility 2: 10%
- Facility 3: 10%
- Facility 4: 10%
- Facility 5: 10%
- Facility 6: 10%
- Facility 7: 10%

**Total:** 70%
COMMUNITY HEALTH NEEDS ASSESSMENT & IMPLEMENTATION STRATEGY

Service Area:
The service areas for each CHNA are determined by at least 75% of unique patient origin of the System hospital in each respective market. There is a focus placed on areas that are considered Medically Underserved Areas (MUA), Health Professional Shortage Areas (HPSA), and Food Deserts.

Target Population:
The target populations for System’s CHNA projects consist of the following groups: low income individuals, uninsured and underinsured individuals, those that face barriers to accessing care and available resources, and users of existing health care safety net organizations. Populations are examined across the different life cycles including children and adolescents, women of child-bearing age, adults, and elderly, as well as across various race and ethnic groups.

<table>
<thead>
<tr>
<th>Facility</th>
<th>CHNA Area</th>
<th>Implementation Strategy</th>
</tr>
</thead>
</table>
| Facility 1 | ABC Valley Community Health Needs Assessment includes City 1, ABC County, DEF County, City 2, and GHI County, with an emphasis on City 1, in particular, the Medically Underserved Areas of the city, where the majority of health, socioeconomic, and cultural disparities exist in the service. The city is divided into quadrants (Northwest, Northeast, Southwest, and Southeast) - these quadrants vary greatly in the demographic and economic make-up of the residents who live there. Specifically, two of the quadrants—the Northeast and Southeast quadrants—have higher designations of both poverty and population density. Many residents in these quadrants are also part of families in the city who may be uninsured, underinsured and/or Medicaid recipients who often face additional barriers due to race and culture differences. | Through greater access to clinical care, enhanced community outreach programs, creative community partnerships and focused financial and in-kind support of initiatives, system plans to improve community health in the North West neighborhood of ABC City.
- System will explore the development of a community health center in North West with the goal of increasing access to primary care, urgent care and dental services in the neighborhood.
- Exercise and fitness opportunities will be a key focus for North West, particularly in relation to childhood obesity. Through a partnership with a local school district, after-school enrichment will be made available for children in the neighborhood and provide scholarships to local children. |
| Facility 2 | Service area: JKL County (30.85%), MNO County (18.79%), PQR City (13.89%), STV County (7.63%), WYF County (7.20%) | Do not specify targeted geographic areas or population groups. |
| Facility 3 | "The service area for the ABC County Community Health Needs Assessment includes ABC County and the XYZ area of JKL County. ABC County residents vary greatly in many socioeconomic factors. The demographic and economic make-up of the residents who live in PQR Neighborhood is much different than the rest of the county." | System also partners with the Community Clinic to improve access to primary care through financial support which allows them to maintain a position to meet the needs of the low-income patients. |
| Facility 4 | "Service Area: Giles County, VA (57.0%) and Monroe County, WV (23.5%)" | Do not specify targeted geographic areas or population group. |
| Facility 5 | "To fiscal year 2014, Facility 8 served 16,375 unique patients. Patient origin data revealed that in fiscal year 2014, 14,000 of patients served by Facility 8 lived in the following localities: City 1 (37.1%), County 1 (29.4%), City 2 (18.98%), and City 3 (19.5%)." | "QuickWin fitness mat at ABC Elementary School" |
| Facility 6 | "To fiscal year 2015, Facility 9 served 16,744 unique patients (insipient and outpatient). Patient origin data revealed that in fiscal year 2015, 16,200 of patients served by Facility 9 lived in the following localities: City 1 (37.46%), City 2 (23.48%), and City 3 (26.59%)." | "Environmental Mapping Project of Fresh Food Sources in XYZ County."

Review CHNA (Community Health Needs Assessment)
Map with Implementation Plan
Example - GIS Analysis of Inequities

Analysis of Social Determinants of Health
Poll: Technical Assistance

What assistance would be most useful to support your work?

a) GIS analyses of SDH, demographic, and other relevant data
b) Analyses of hospital utilization data, with focus in areas such as PQI
c) Content and geographic focus of CB resource allocations
d) Capacity, resources, and relative alignment of other health sector resources
e) Capacity, resources, and relative alignment across community development stakeholders
f) Presence and roles of local/regional philanthropy (content and geographic focus of resources)
g) County, municipal, and related expenditures, plans, infrastructure, etc.
h) Community development investment opportunities that address health priorities
i) Other ideas? Comment ideas into the chat box.
Thank you!

For questions or comments, you can email us at CACHE@phi.org

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