

## **Speak Up to Improve and Align Hospital Community Benefits to Address Social Determinants of Health**

*The Massachusetts Attorney General has recently convened a task force to develop updated guidelines for hospital community investments – required for nonprofit hospitals to maintain their tax exempt status. The goal of these updated voluntary guidelines is to provide greater definition, stronger accountability, and increased focus on social determinants of health (SDOH). **In fiscal year 2015, Massachusetts hospitals spent \$570 million on community benefits. Given this level of investment, a strong community benefits program could have a major impact on causes of health inequities in Massachusetts.** In 1994, when the initial Community Benefit guidelines were adopted, Massachusetts led the way with a progressive set of guidelines. Now there is an opportunity for community organizations to weigh in and push for greater community engagement and investment in the community with an aim towards population health improvement.*

*The Attorney General's Office will be holding a series of public listening sessions (notice attached) this summer and fall to gather input from community residents. The Attorney General's Office is especially interested in hearing from community organizations what has worked and what has not worked. We encourage you to attend and advocate for those changes that enable your organization to better advocate for a more transparent system and one that is better aligned with the needs of your community, including:*

- **Alignment with DPH Social Determinant of Health Priorities.** Align with the definition and priorities for social determinants of health (SDOH) in the Department of Public Health (DPH) Determination of Need (DoN) program. Earlier this year DPH amended the Determination of Need regulations that require community health investments as part of the approval process for major capital projects. As part of that process, DPH identified six social determinants of health and required new Determination of Need spending address one of these determinants. The Community Benefit guidelines should incorporate these.
- **Regional Cooperation.** Promote regional cooperation among hospitals whose target communities for advancing community benefit overlap. Regional cooperation can include development of a common Community Health Needs Assessment and/or implementation efforts aimed at addressing a common geographic area or an identified social determinant of health (i.e. housing). While regional planning may exist in some areas of Massachusetts, in other areas there is little regional cooperation. Hospitals working in overlapping communities often engage the same community leaders/organizations, and provide duplicative services. Guidelines should encourage a collaborative organizational approach with strong participation from the local public health entities.
- **Transparency and User-Friendly Reporting.** Require annual reporting that is tied to the organization's Implementation Strategy. Reporting should be easy to access, understand, and compare for community residents, and should include meaningful information about community needs, community benefit investments, and prospective implementation plans. Current reporting provides little understanding of a hospital's strategic choices or strategies to address the social determinants. The AG should provide information on specific spending for programs, hospital's strategic priorities and what the population health outcomes are of existing programs.

- **Ongoing Community Engagement.** Require ongoing engagement of community residents and grassroots organizations in the community health needs assessment, program planning, funding decision-making process, implementation, and evaluation. The current community benefits guidelines provide little guidance as to how this can be accomplished and community groups do not understand this process. This process can be documented in the implementation strategy document that hospitals are required to file. The guidelines should require hospitals to provide annual “report backs” to communities on community benefits. Community engagement should move on a continuum from an “informing process” to more of a partnership.
- **Clear Definitions.** Provide clear definitions of what activities can be counted as community benefits, including activities that cannot be counted (e.g., marketing activities). Hospitals are required to report to both the Internal Revenue Service (990 form) and the AG’s office. Under the current process for community benefits reporting, hospitals are concerned that some activities that address social determinants of health are not counted by the IRS so there is no incentive to invest in more “upstream” activities. The AG should also specify what cannot be counted in the “allowable” community benefit programs.
- **Regular and Consistent Evaluation.** Require evaluation and regular reporting of program impacts in a consistent way across programs and hospitals, so best practices can be identified. Currently the public has no way of determining which programs are successful and which are not. The AG’s process should also include an annual review of best practices.
- **Clarity on SDOH Investments.** Require standardized reporting of the amount invested in 1) medical services, 2) programs designed to change individual behavior of risk factors, and 3) program to address social determinants of health. New guidelines should provide readers an easy understanding of whether a program is a medical service or related activity aimed at attracting or servicing a provider patient panel, a community education effort, or a program designed to address underlying social determinants of health (education, employment, housing security, etc.).
- **Recommend a Minimum Investment In Direct Community Benefits and SDOH.** Current direct community benefit investments vary widely. The new guidelines should include a minimum recommended level of investment in direct community health improvement efforts, as well a proportion of direct benefits that address social determinants of health.
- **Incentivize Transformational Investments.** Provide incentives for larger investments that could have greater impact on SDOH. This could include incentives for collaborative investments and incentives for equity investments in community development initiatives. For instance, in other states, hospitals have pooled investments to address housing or workforce development.
- **Pooled Investments.** Require that a portion of direct investments be contributed to a pooled fund to be used to for statewide approaches to address social determinants which cannot be tackled purely on a local level.