

STATE OF CONNECTICUT
OFFICE OF THE HEALTHCARE ADVOCATE

Hospital and Managed Care Organization
Community Benefits Report
2007 - 2008 Biennium



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August 18, 2009

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Hospital and Managed Care Organization Community Benefits Report 2007 - 2008 Biennium

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FORWARD

Welcome to the Hospital and Managed Care Organization Community Benefits Report for the 2007-2008 biennium. As the Office of the Healthcare Advocate's first in what we hope to be a series of reports on the activities of Connecticut hospitals and managed care organizations, I hope you find the report helpful as a tool in ongoing discussions about healthcare reform.

Public Act 08-184 transferred the responsibility for the collection of data on community benefits programs from the Department of Public Health to the Office of the Healthcare Advocate.

I am grateful for assistance from the Department of Public Health in sharing its survey instruments and setting us on the road to the release of this report.

The format of the report has changed from previous years to: include additional narrative on our observations about the data, make specific recommendations to improve data collection and service provision, and ensure that the report is useful for state residents.

I want to thank my staff for meeting with hospital representatives, designing an e-friendly survey, collecting, compiling and analyzing the data, designing the new format and making the recommendations for improvements that you will see in the report.

As always, I welcome your comments and suggestions. The report is now available on our website at www.ct.gov/oha.

Sincerely,



Kevin P. Lembo
State Healthcare Advocate

Now, You'll be Heard!



INTRODUCTION

Connecticut General Statutes § 19a-127k requires hospitals and managed care organizations to report on a biennial basis the community benefits programs they have in place. The phrase community benefits is defined as “any voluntary program to promote preventive care and to improve the health status for working families and populations at risk in the communities within the geographic service areas of a managed care organization or a hospital in accordance with guidelines established pursuant to subsection (c) of this section.”

In 2008, Public Act 08-184 shifted responsibility for the collection of data on hospital and managed care organization community benefit programs from the Department of Public Health to the Office of the Healthcare Advocate (OHA). In keeping with the biennial reporting requirements of § 19a-127k, OHA collected data for the 2007 and 2008 calendar years.

Subsection (c) provides:

(c) A managed care organization or hospital may develop community benefit guidelines intended to promote preventive care and to improve the health status for working families and populations at risk, whether or not those individuals are enrollees of the managed care plan or patients of the hospital. The guidelines shall focus on the following principles:

(1) Adoption and publication of a community benefits policy statement setting forth the organization’s or hospital’s commitment to a formal community benefits program;

(2) The responsibility for overseeing the development and implementation of the community benefits program, the resources to be allocated and the administrative mechanisms for the regular evaluation of the program;

(3) Seeking assistance and meaningful participation from the communities within the organization’s or hospital’s geographic service areas in developing and implementing the program and in defining the targeted populations and the specific health care needs it should address. In doing so, the governing body or management of the organization or hospital shall give priority to the public health needs outlined in the most recent version of the state health plan prepared by the Department of Public Health pursuant to section 19a-7; and

(4) Developing its program based upon an assessment of the health care needs and resources of the targeted populations, particularly low and middle-income, medically underserved populations and barriers to accessing health care, including, but not limited to, cultural, linguistic and physical barriers to accessible health care, lack of information on available sources of health care coverage and services, and the benefits of preventive health care. The program shall consider the health care needs of a broad spectrum of age groups and health conditions.

Importantly, if a hospital or managed care organization (MCO) does not have a community benefits program as defined in statute, it will satisfy the reporting requirement by merely acknowledging that fact. Several hospitals indicated they did not have community benefits programs, though some provided programs that might be generally considered of community benefit even if not defined as such under statute. Some hospitals reported the amounts they provided as uncompensated care as part of their community benefits program budgets though

such uncompensated care does not meet the “community benefits program” definition of § 19a-127k. Reporting of uncompensated cares is, however, a federal requirement to establish proof of tax-exempt status.

No managed care organizations reported that they have community benefit programs as defined in statutes. However, some managed care organizations provide outreach services to communities or free clinics that might qualify under a clearer definition of a “community benefits program.”

Because of inconsistent reporting by hospitals and managed care organizations over the past few years, and despite the use of a re-designed survey this year, true statistical comparisons among hospitals and managed care organizations across years are impossible. OHA provides the information reported by the surveyed entities, but makes recommendations at the end of this report to ensure that future reports are of more value and consistency to legislators, the Governor and the public.

Considerable data analysis was performed on the data gathered in the survey responses. We have provided extensive graphical representations of these data in [Appendix II](#), while more traditional data reporting and observations are included in the body of the report.

METHODOLOGY

The statutory structure of CT Public Act 08-184 makes the establishment of a “community benefits program” voluntary. A voluntary community benefits program must operate within guidelines that are established under subsection (c) of § 19a-127k. This provision essentially states that an entity with a community benefits program that does not have corresponding guidelines governing it, is not obligated to report on its program. OHA believes that this language generates much confusion for the hospitals and managed care organizations to which it is directed.

In order to do our best to address this confusion and to ensure relevant data were gathered, OHA staff met with staff of the Department of Public Health (DPH) and DPH provided OHA with copies of worksheets from the survey that the Department used in its 2006 community benefits survey. Based on the meeting with DPH, OHA revised the survey to convert it from a paper survey to an electronic, fillable survey of 45 questions, some of which are multipart questions. The survey was also revised to allow for some narrative responses to questions to gather as much relevant information as possible. (See [Appendix I.](#)) OHA also requested that hospitals and MCOs submit information validating certain responses to address some concerns about inconsistent reporting, particularly with respect to reported annual budgets of community benefits programs. OHA redesigned the survey with input from the Connecticut Hospital Association.

OHA staff met at the Connecticut Hospital Association with hospital representatives to review the survey and to address how to utilize the fillable form survey and the requirements for submission of specific reports necessary to substantiate their community benefits program activities.

Based on those conversations with hospital staff, we believe that underreporting of community benefits activities is common. Staff described programs that were in place in their hospitals, but which were not developed pursuant to § 19a-127k(c)’s guidelines. For this reason, we advised hospitals and managed care organizations to err on the side of reporting activities rather than to not report at all. We then determined that because of the confusion in interpreting § 19a-127k, we would report as in past years, but also make specific recommendations on statutory revisions that would best capture what the legislature originally desired to review as “community benefits programs” and the performance of those programs.

The surveys were sent on January 2, 2009 to all managed care organizations licensed to provide insurance in Connecticut and to all hospitals licensed by the Department of Public Health. OHA agreed to extend the deadline for submissions to March 1, 2009. During the process, several hospitals and managed care organizations sought additional guidance from OHA on responding accurately to the survey.

Thirty-one responses of 46 surveys sent were received. All survey responses were entered into Microsoft Excel. Narrative responses were also entered. Reports and documents submitted with the surveys were matched to the appropriate survey questions, and reviewed for completeness and accuracy.

Data analysis was conducted by the use of pivot tables in Excel in order to more concisely analyze the data based on a breakdown of which entities reported having a formal community benefits program in

compliance with § 19a-127k and those that reported they do not.

Because Connecticut like most other states and the federal government is on a path to significantly improve access to preventive healthcare and the treatment of chronic conditions, hospitals and MCOs are necessarily part of the equation. The provision of community benefits programs will play an even larger role in community health education.

RESULTS AND DISCUSSION

Because of the complications with the data that we reported in the introduction, the tabulated data included in the report and [Appendix II](#) is separated into two groups: hospitals that reported they had a community benefits program in calendar years 2007 and 2008 and those that reported that they did not, although some may have offered some community benefits activities in 2007 and 2008.

A total of 31 hospitals responded to the survey. Surprisingly, no MCOs reported that they had community benefits programs in calendar years 2007 and 2008. While they reported nothing this year, Connecticut reported such a program in the Department of Public Health's 2006 Community Benefits Report. Two years ago, Aetna healthcare submitted a survey on behalf of the Aetna Foundation. It did so again this year.

Because community benefits programs cannot be viewed without reference to age, income, and racial and ethnic diversity of the state's residents, it may be easier to evaluate the information provided in the report with reference to the map below. The map shows the number of hospitals reporting serving Connecticut residents in each county. It also includes a reference to the most recent census data on the per capita income in each county.

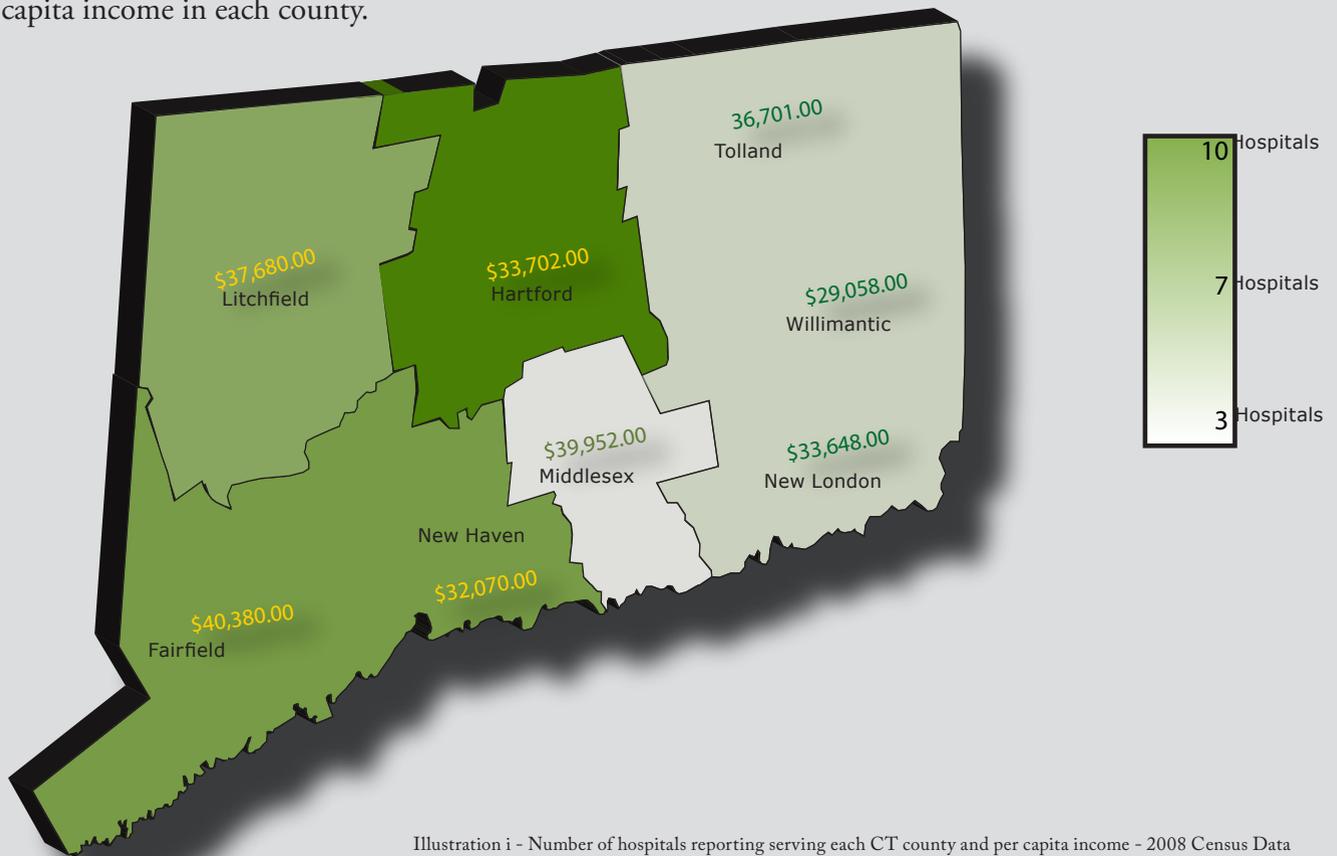


Illustration i - Number of hospitals reporting serving each CT county and per capita income - 2008 Census Data

Illustration ii - 2008 reported census data on race for Connecticut Counties

County	<i>Hispanic</i>						<i>Not Hispanic</i>					
	American Indian	Asian	Black or African American	Native Hawaiian or other Pacific Islander	2 or more races	White	American Indian	Asian	Black or African American	Native Hawaiian or other Pacific Islander	2 or more races	White
Fairfield	1,575	632	7,626	452	2,346	124,931	1,383	37,933	88,493	383	8,981	620,295
Hartford	1,453	744	13,423	494	2,668	103,182	1,527	30,316	105,948	372	10,447	606,738
Litchfield	98	46	4,23	9	160	6,252	126	2,999	3,152	51	1,877	179,240
Middlesex	67	69	530	25	145	6,010	302	3,486	7,339	63	2,093	144,665
New Haven	1,376	462	9,790	318	2,383	98,509	1,814	28,924	100,463	302	10,206	591,554
New London	350	141	2,066	86	716	14,488	2,130	9,649	14,733	198	5,610	214,352
Tolland	90	38	600	16	232	4,629	281	4,571	4,729	42	1,612	131,562
Windham	122	28	824	19	295	8,453	491	1,256	2,163	40	1,454	102,200

To gain a fuller picture of Connecticut hospital service areas with respect to county racial and ethnic diversity OHA includes illustration ii to assist the legislature, Governor and public in determining whether a shift in focus or priority of community benefit programs toward the reduction of racial and ethnic health disparities in access, education, and outcomes is warranted.

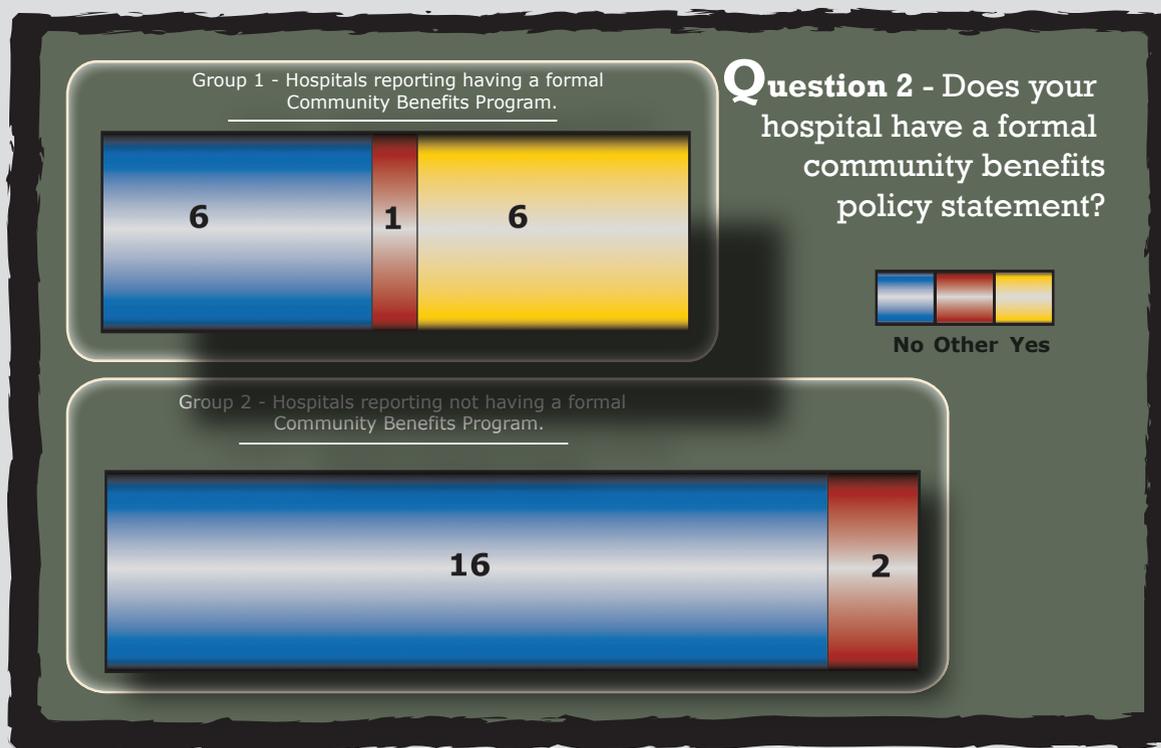
COMMUNITY BENEFITS PROGRAMS - *The Need for Statutory Revision*

A total of 31 hospitals responded to the Community Benefits Report survey. Of these, 13 reported having a community benefits program in compliance with § 19a-127k, while 18 responded that they did not. However, as shown in illustration iii, of the 13 that reported they had formal community benefits programs, only six reported that they have a formal community benefits policy statement as required by § 19a-127k(c), in order to be in compliance with the definition of a “community benefit program” in § 19a-127k(a). Six others reported that they do not have a formal statement in compliance with § 19a-127k(c), while one responded “other.” These responses point out the confusion generated by the current statutory language.

Under the current statute and at the earliest step of analysis of the survey responses, there are few reporting hospitals that actually comply with the full requirements of § 19a-127k.

As illustrated, the 18 hospitals that responded that they do not have a community benefits

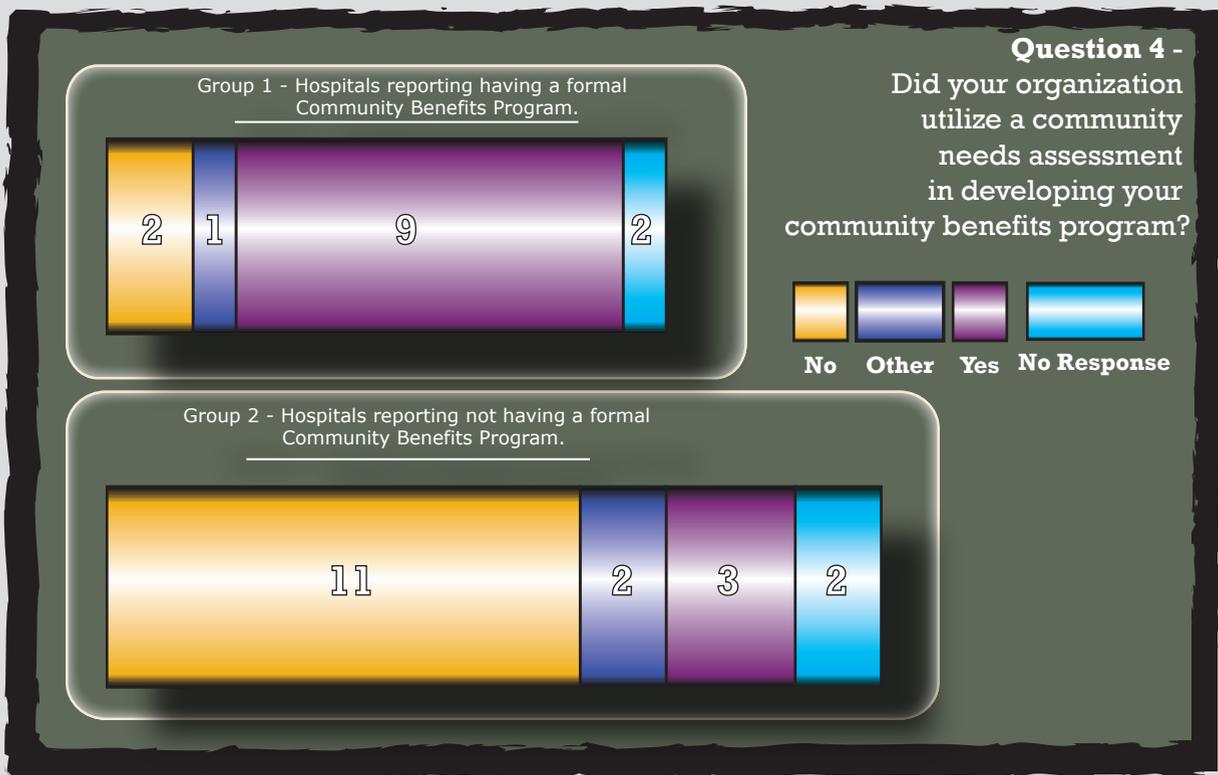
Illustration iii - Results of Survey Question 2, “Does your hospital have a formal community benefits policy statement?”



program in compliance with § 19a-127k, also do not have formal community benefits statements.

In another example of the confusion over the requirements of a community benefits program, when asked if they had performed a community needs assessment to target their community benefits programs, as required by § 19a-127k(c) (4), nine of the 13 hospitals that stated they have a formal community benefits program in compliance with § 19a-127k responded “yes”. Three of the hospitals that reported they do not have a community benefits program said “yes.” The needs assessment is a critical component to targeting community benefits activities.

Illustration iv - Results of Survey Question 4, “Did your organization utilize a community needs assessment in developing your community benefits program?”



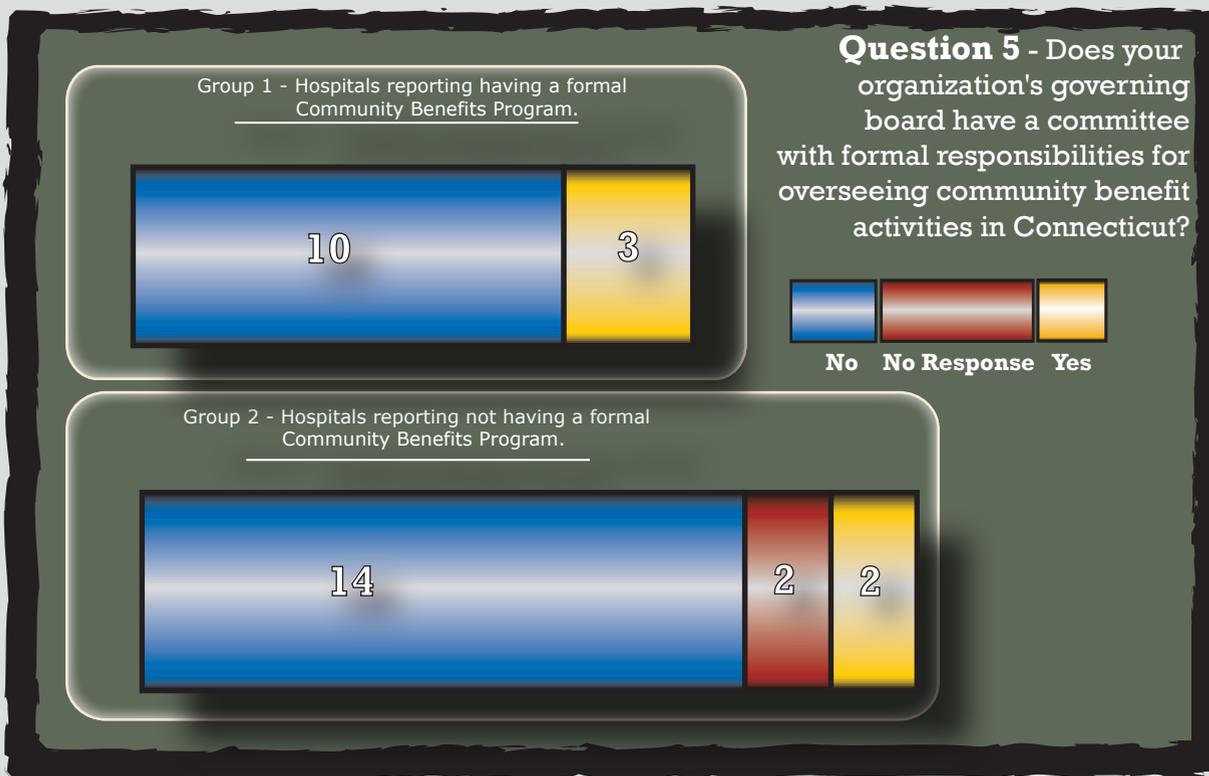
In response to a somewhat ambiguous statutory provision requiring the guidelines to include responsibility for oversight of the community benefits program, its resources and evaluation, OHA included a survey question that has been included in previous surveys. In response to the question “Does your organization’s governing board have a committee with formal responsibilities for overseeing

community benefits activities in Connecticut?,” 10 of the 13 hospitals that stated that they have a community benefits program in compliance with § 19a-127k, said “yes” to this question. Fourteen of the 18 hospitals that reported that they do not have community benefits program in compliance with §19a-127k, nonetheless reported that they had a governing board committee to oversee the community benefits program.

The governing board committee is a key component of the determination of success of community benefits activities. However, neither the evaluation tools nor the needs assessments used by these committees or boards to develop and evaluate the success of the programs were made available generally to OHA. We therefore recommend statutory language in Appendix III that requires the submission of needs assessments, policy statements and evaluations for a fuller evaluation of hospital and MCO community benefits programs.

Despite the varying interpretations of the statute, hospitals engage in substantial community benefits

Illustration v - Results of Survey Question 5, “Does your organization’s governing board have a committee with formal responsibilities for overseeing community benefits activities in Connecticut?”



HOSPITAL COMMUNITY Benefits activities

activities as evidenced in their responses to our survey. As in past reports, hospitals report a wide variety of community benefits activities and a range of budgets associated with those activities. Some hospitals have included their uncompensated care costs in their budgets. Uncompensated care is not a part of the Connecticut community benefits program statute.

Most community benefits activities are targeted to inner cities within a hospital’s service area. The survey responses clearly show that activities are much more rarely directed at rural areas. However, in a hopeful sign, of the hospitals that responded that they have a community benefit program, all but one conduct community benefits activities, at least “sometimes,” in communities of color.

Twenty-four of the 31 hospitals responding to the survey participated in programs to prevent the transmission of infectious diseases. Prevention activities offered to the general public vary widely as demonstrated below.

All 13 of the hospitals that reported that they had a community benefits program in compliance with

Illustration vi - Results of Survey Question 21, “Which of the following prevention activities has your organization made available to the general public?”

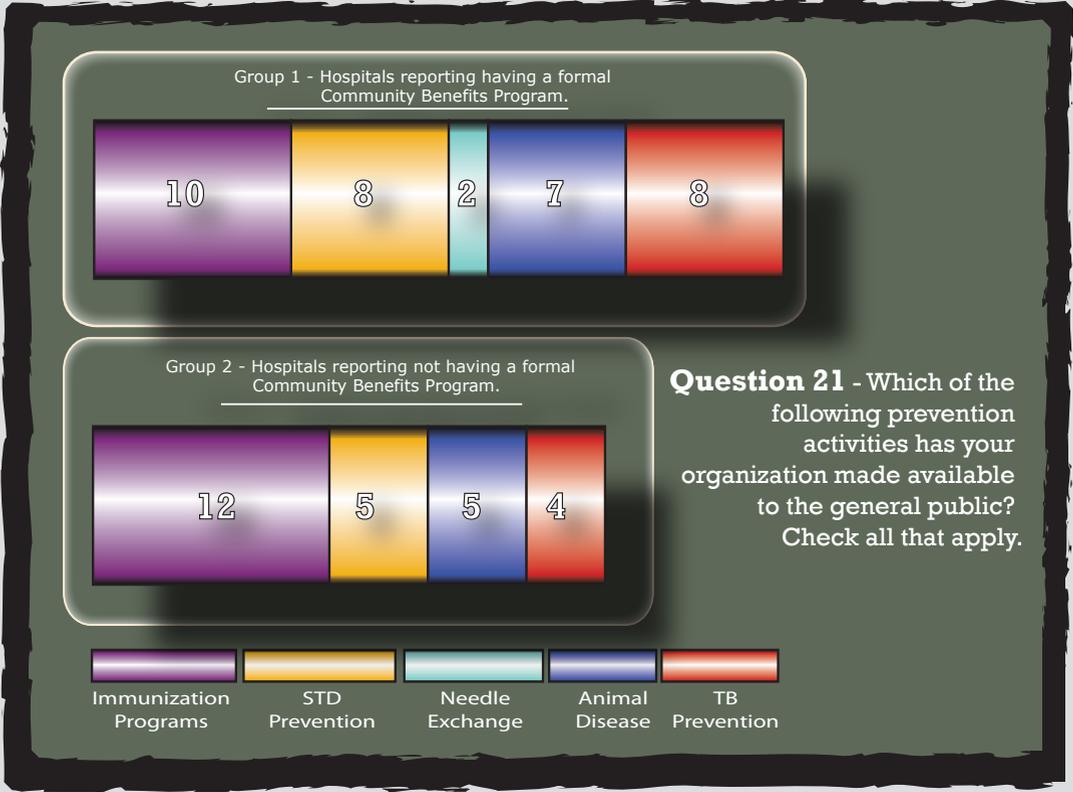
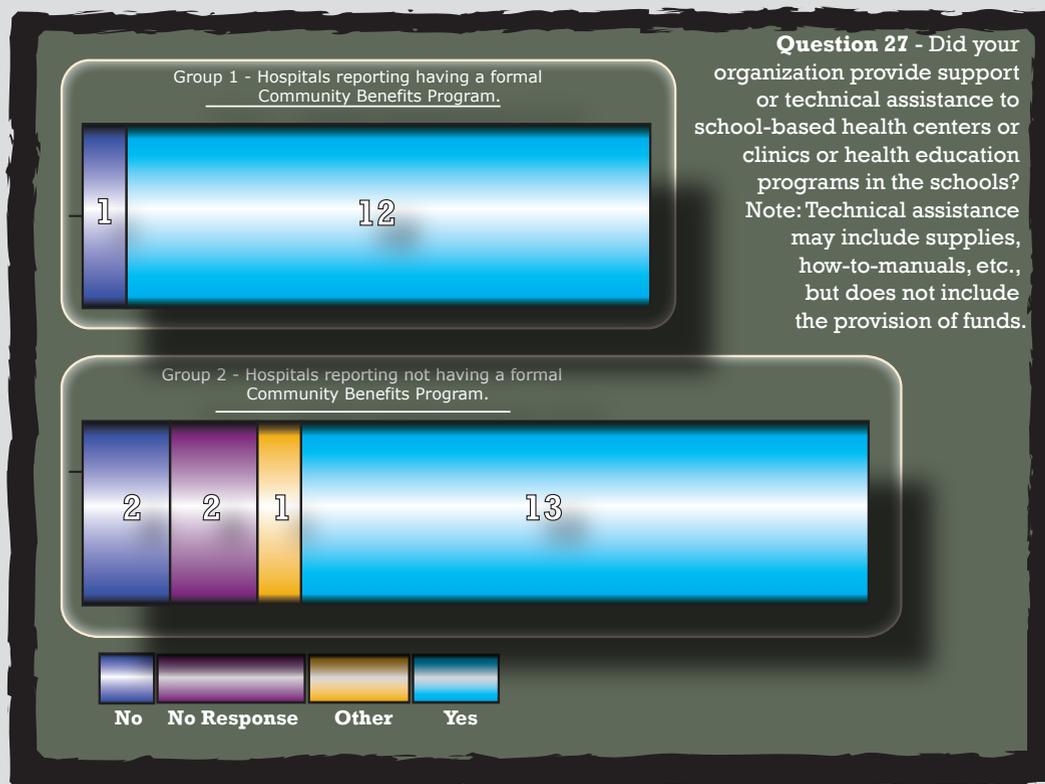


Illustration vii - Results of Survey Question 27, “Did your organization provide support or technical assistance to school-based health centers or clinics or health education programs in the schools?”



§ 19a-127k were involved with homeless shelters or victim assistance programs. Ten of the other 18 hospitals reported their involvement with these programs, while five did not, two did not respond and one responded “other.” With respect to activities in the schools or school-based health centers or clinics, Illustration vii, above, shows strong support by the hospitals.

The multiple charts and graphs in Appendix II of this report highlight many more of the activities that all hospitals have provided to members of their communities.

There is room for improvement in standardizing the community benefits report and improving program outcomes by clarifying the statutory language of § 19a-127k. (See Appendix III.) The statutory revision will ensure that all Connecticut licensed MCOs and all Connecticut licensed hospitals know what is expected of them under state law, by way of their responsibility to their communities.

After careful review of submitted data, OHA makes the following legislative and administrative recommendations.

RECOMMENDATIONS

- Adopt a clearer statutory definition of “community benefits program” by adopting language used in the survey instrument to capture more data;
- Require, as a condition of licensure, that each hospital and MCO establish an in-state community benefits program regardless of for-profit or non-profit status;
- Clearly state in statute that uncompensated care, tracked for other state reporting and tax-exempt status purposes, does not meet the definition of a “community benefit” under [§ 19a-127k\(a\)](#);
- Align subsections (a) and (c) of the current statute to capture complete and maximum available data on community benefits programs;
- Require all hospitals and MCOs to develop policy statements and a procedure for capturing community benefit data that is consistent with the policy statement, needs assessment and the reporting requirements of [§19a-127k](#);
- Require all hospitals and MCOs to include at least three community benefits activities that are geared toward the reduction of racial and ethnic disparities in health education, access and outcomes;
- Require all hospitals and MCOs to develop measurable outcomes for their actual community benefits programs;
- Separate reporting for for-profit and non-profit hospitals and MCOs;
- Return to annual reporting to provide the most current picture possible from year-to-year; and
- Request that the entities appoint appropriately skilled staff to coordinate and complete the reporting requirement of [§ 19a-127k](#).

CONCLUSION

This year is OHA's first in developing a revised survey, analyzing the reported data and preparing this Community Benefits Report. We believe that after substantial review of the survey responses that documented in the body of this report and in [Appendix II](#), that statutory revision is the primary way to ensure a meaningful, consistent and useful report in the future. Only with a clear statute and clear expectations can the legislature, the Governor and the public draw accurate comparisons and conclusions between hospitals and MCOs on the breadth and sufficiency of their individual community benefits programs. OHA looks forward to providing its proposed statutory provisions to the legislature for the next legislative session, and to the development of the next Community Benefits Report.

Appendix I

**Community Benefits Report Form
2007 - 2008**

Submit by Email

Print Form

Please complete the following and return on or before March 1, 2009 to:

Office of the Healthcare Advocate
State of Connecticut
Post Office Box 1543
Hartford, CT 06144
Attn: Michael Mitchell
Health Program Analyst
michael.f.mitchell@ct.gov

If you are unable to submit by email, please print the form, sign it, and mail it to our office. Attachments can be either scanned and e mailed or sent via mail.

Organization _____ EIN _____

Name _____ Title _____

Address 1 _____

Address 2 _____

City _____ State CT _____ Zip Code _____

email _____

The organization listed above has a community benefits program in place as defined in section (a)(1) of Section 19a-127k, CGS.

Yes No

If your program does not meet the definition, please explain why.

(Official's Signature) (Print Official's Name)

(Official's Signature) (Date)

Community Benefits Report Form 2007 - 2008

1. Does your organization have a distinct program for its community benefit activities in CT as defined by Section 19a-127k, CGS?

2. Does your organization have a formal community benefits policy statement? If yes, please include it as Attachment A

3. If your organization does not have a formal community benefits policy statement, is your organization's approach to community service addressed in your mission statement? If yes, please include it as Attachment B.

4. Did your organization utilize a community needs assessment in developing your community benefits program. Please include a copy of your needs assessment as Attachment C

5. Does your organization's governing board have a committee with formal responsibilities for overseeing community benefit activities in Connecticut? Include a copy of the section of your board's by-laws concerning the committee with responsibility for the organization's community benefit report as Attachment D

6. Does your community benefit program have a formal budget?

7. Please enter the budget for the community benefit program for calendar year 2007 and the actual or estimated budget for 2008. Include your budget as Attachment E
2007: 2008:

Please provide us with a copy of your hospital's filing under CGS Sec. 19a-649 (Uncompensated Care) as Attachment F

Please provide us with a copy of your hospital's IRS 990 as Attachment G

8. How much staff time (# of FTE's) is involved in the community benefit program and its activities?
2007: 2008:

9. Operational Community. Please identify the geographic area encompassing the communities that you serve, i.e. your service area. Please check all that apply

<input type="checkbox"/> Fairfield County	<input type="checkbox"/> New Haven County	
<input type="checkbox"/> Hartford County	<input type="checkbox"/> New London County	<input type="checkbox"/> The Entire State of CT
<input type="checkbox"/> Litchfield County	<input type="checkbox"/> Tolland County	
<input type="checkbox"/> Middlesex County	<input type="checkbox"/> Windham County	

For questions 10-16, please use this scale as a guide. If you had to rate your actions on a scale from 0 to 10, 0 = Never, 10 = Always, 1-3 = Rarely, 4-6 = Sometimes, 7-9 = Often.

10. Within your service area, how frequently do you target your community benefit activities to neighborhoods with limited incomes (Greater than 20 % of population living in poverty)?

11. Within your service area, how frequently do you target your community benefit activities to neighborhoods with high immigrant populations? (Greater than 20 % of residents are recent immigrants)

**Community Benefits Report Form
2007 - 2008**

12. Within your service area, how frequently do you target your community benefit activities to neighborhoods with populations at risk of particular illness?
13. Within your service area, how frequently do you target your community benefit activities to populations living in inner cities?
14. Within your service area, how frequently do you target your community benefit activities to populations who live in rural areas? (Areas outside of metropolitan statistical areas)
15. Within your service area, how frequently do you target your community benefit activities to populations who live in federally designated medically underserved communities?
16. Within your service area, how frequently do you target your community benefit activities to neighborhoods with concentrated racial minorities? (Greater than 20 % of population is composed of people of color)
17. Does your organization have programs or policies that allow residents in Connecticut to receive free or subsidized health services under some circumstances? Include a copy of your policies on free/subsidized care, including an application form as Attachment H
18. Approximately how many residents received free or subsidized services in Connecticut under the auspices of your program?
19. Which of the following clinical services are provided on a free or subsidized basis? Check all that apply.
- Prenatal or Perinatal Care
- | | |
|--|---|
| <input type="checkbox"/> Physical Exams for Adults | <input type="checkbox"/> Immunizations |
| <input type="checkbox"/> Mental Health Services | <input type="checkbox"/> Other Clinical Services Not Listed Above |
| <input type="checkbox"/> Substance Abuse Treatment | <input type="checkbox"/> Well Child Care |
| <input type="checkbox"/> Clinical Preventive Services Such As Hypertension Screening | <input type="checkbox"/> Dental Services |
| <input type="checkbox"/> Other Preventive Services (Breast, Colorectal Cancer) | <input type="checkbox"/> Pharmaceuticals |
| <input type="checkbox"/> Other Outpatient Medical or Surgical Services | <input type="checkbox"/> In Patient Care |
- Other - List
20. In Connecticut, has your organization, either independently or in collaboration with others, such as local health departments, conducted programs aimed at reducing transmission of infectious diseases in the community and the population at large - not just among members?

**Community Benefits Report Form
2007 - 2008**

21. Which of the following prevention activities has your organization made available to the general public?
Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Immunization Programs | <input type="checkbox"/> Sexually Transmitted Disease Prevention Programs |
| <input type="checkbox"/> Clean Needle or Bleach Programs for Injecting Drug Users | <input type="checkbox"/> Animal Vectored Disease Prevention Programs |
| <input type="checkbox"/> Tuberculosis Identification Programs | |

Other - List

22. Has your organization provided financial, technical, or other support for any community mental health centers in Connecticut?

Describe:

23. Has your organization provided financial, technical, or other support for any community health centers in Connecticut?

Describe:

24. Has your organization provided financial, technical, or other support for any local health departments or regional health districts in Connecticut?

Describe:

25. Was your organization involved with either homeless shelters or victim assistance programs in Connecticut?

Describe:

26. Did your organization operate any healthcare programs in elderly housing projects in Connecticut?

Describe:

27. Did your organization provide support or technical assistance to school-based health centers or clinics or health education programs in the schools? Note: Technical assistance may include supplies, how-to-manuals, etc., but does not include the provision of funds.

Describe:

28. Has your organization engaged in health educational efforts aimed at the public, either independently or in collaboration with other organizations in Connecticut?

Describe:

**Community Benefits Report Form
2007 - 2008**

29. Which of the following issues were addressed over the past year in your community based health education programs in the state? Check all that apply.	2007	2008
a. Addressing domestic violence and other abuse issues	<input type="checkbox"/>	<input type="checkbox"/>
b. Abuse of alcohol or other illicit drugs	<input type="checkbox"/>	<input type="checkbox"/>
c. Identifying depression	<input type="checkbox"/>	<input type="checkbox"/>
d. Health promotion for adolescents	<input type="checkbox"/>	<input type="checkbox"/>
e. Encouraging safer sexual behavior	<input type="checkbox"/>	<input type="checkbox"/>
f. Reducing smoking and other tobacco use	<input type="checkbox"/>	<input type="checkbox"/>
g. Addressing diet and other forms of cholesterol control	<input type="checkbox"/>	<input type="checkbox"/>
h. Encouraging weight control	<input type="checkbox"/>	<input type="checkbox"/>
i. Cancer screening	<input type="checkbox"/>	<input type="checkbox"/>
j. Hypertension detection and control	<input type="checkbox"/>	<input type="checkbox"/>
k. Need for prenatal care	<input type="checkbox"/>	<input type="checkbox"/>
l. Reducing unintentional injury	<input type="checkbox"/>	<input type="checkbox"/>
m. Encouraging exercise	<input type="checkbox"/>	<input type="checkbox"/>
n. Encouraging better nutrition	<input type="checkbox"/>	<input type="checkbox"/>
30. Did your organization provide a site for graduate medical education?		
Explain		
31. Did your organization provide a clerkship rotation or site for medical students?		
Explain		
32. Did your organization participate in or provide a training site for nursing students or graduate nurses in advanced practice nursing or other programs?		
Explain		
33. Did your organization provide internship or educational opportunities for students in public health, health administration or health services research programs?		

**Community Benefits Report Form
2007 - 2008**

	2007	2008
34. Did your organization provide training sites for students in other clinical health professions besides nursing and medicine (e.g. physical or occupational therapy, nutrition, or social work)?		
Explain		
35. Has your organization operated or subsidized any of the following programs in the past year in Connecticut?		
a. Health literacy programs	<input type="checkbox"/>	<input type="checkbox"/>
b. Health education programs for immigrants	<input type="checkbox"/>	<input type="checkbox"/>
c. Information programs about eligibility for social welfare	<input type="checkbox"/>	<input type="checkbox"/>
d. Health fairs	<input type="checkbox"/>	<input type="checkbox"/>
36. What are your organization's practices regarding informal caregivers - that is, friends and family members who provide care to patients?		
a. created policies for referring caregivers to support groups	<input type="checkbox"/>	<input type="checkbox"/>
b. provided financial or in-kind support to support groups for care-givers	<input type="checkbox"/>	<input type="checkbox"/>
c. established support groups for patients' families	<input type="checkbox"/>	<input type="checkbox"/>
d. provided respite care	<input type="checkbox"/>	<input type="checkbox"/>
37. Has your organization carried out the following types of activities in Connecticut? For each activity, indicate either, "Not at all," "Sometimes," or "A Great deal," if you have....		
a. worked with police or neighborhood groups to reduce crime		
b. encouraged employers to provide wellness programs		
c. worked to reduce traffic-related injuries		
d. worked to address indoor air quality problems		
38. Does the Community Benefit Program have a component that addressed reducing any of the following home-based environmental health hazards?		
a. Environmental Tobacco Smoke	<input type="checkbox"/>	<input type="checkbox"/>
b. Fire Safety	<input type="checkbox"/>	<input type="checkbox"/>
c. Lead Paint	<input type="checkbox"/>	<input type="checkbox"/>
d. Poison Control	<input type="checkbox"/>	<input type="checkbox"/>

**Community Benefits Report Form
2007 - 2008**

	2007	2008
39. Were grants made available to any of the following types of organizations?		
a. Community Health Centers	<input type="checkbox"/>	<input type="checkbox"/>
b. Community Mental Health Centers	<input type="checkbox"/>	<input type="checkbox"/>
c. Hospice Programs	<input type="checkbox"/>	<input type="checkbox"/>
d. Long Term Care Organizations	<input type="checkbox"/>	<input type="checkbox"/>
e. Patient Advocacy Groups	<input type="checkbox"/>	<input type="checkbox"/>
f. Local Public Health Districts or Departments	<input type="checkbox"/>	<input type="checkbox"/>
g. Social Service Agencies	<input type="checkbox"/>	<input type="checkbox"/>
h. Universities	<input type="checkbox"/>	<input type="checkbox"/>
i. Primary or Secondary Schools	<input type="checkbox"/>	<input type="checkbox"/>
j. School Health Programs	<input type="checkbox"/>	<input type="checkbox"/>
k. United Way or Other Federated Giving Programs	<input type="checkbox"/>	<input type="checkbox"/>
l. Arts Organizations (Visual or Performing)	<input type="checkbox"/>	<input type="checkbox"/>
40. Does your organization evaluate the success of its community benefit activities? Please include as Attachment I.		
41. Does your organization conduct surveys of health care providers to evaluate the success of your Community Benefit Activities? Please include as Attachment J.		
42. Does your organization conduct surveys of those using community benefit services to evaluate the success of its community benefit activities? Please include as Attachment K.		
43. Does your organization conduct surveys of the general public in the communities you serve to evaluate the success of its community benefit activities? Please include as Attachment L.		

**Community Benefits Report Form
2007 - 2008**

	2007	2008
44. Concerning community participation in the development of policies related to community benefit activities. Which of the following mechanisms are used by your organization to allow for community involvement. Please check each year you utilized these methods.		
a. Advisory boards drawn from the local community, please include a list of members for each year as Attachment M.	<input type="checkbox"/>	<input type="checkbox"/>
b. Town meetings with the public, please include a list of dates and locations as Attachment N.	<input type="checkbox"/>	<input type="checkbox"/>
c. Reports to city or town boards of selectmen	<input type="checkbox"/>	<input type="checkbox"/>
d. Public dissemination of community benefits reports	<input type="checkbox"/>	<input type="checkbox"/>
3. Open board meetings	<input type="checkbox"/>	<input type="checkbox"/>
45. Is your community benefit report regularly sent to any of the following groups or organizations? Check all that apply and include names as Attachment O.		
a. State regulatory agencies	<input type="checkbox"/>	<input type="checkbox"/>
b. State or local government officials	<input type="checkbox"/>	<input type="checkbox"/>
c. Community Groups	<input type="checkbox"/>	<input type="checkbox"/>
d. Patients	<input type="checkbox"/>	<input type="checkbox"/>
e. Major employers in the community	<input type="checkbox"/>	<input type="checkbox"/>
f. Hospital and health services in the community	<input type="checkbox"/>	<input type="checkbox"/>
g. Management at the regional or national level	<input type="checkbox"/>	<input type="checkbox"/>
h. Local health departments or districts	<input type="checkbox"/>	<input type="checkbox"/>

**Community Benefits Report Form
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Please use the following text boxes to provide further narrative for the answers you provided in the survey. Please be brief in your answers and reference the question number first.

**Community Benefits Report Form
2007 - 2008**

A large, empty rectangular box with a thin black border, occupying the central portion of the page. This box is intended for the user to provide details about community benefits for the 2007-2008 period.

Appendix II

[Click Here to see Appendix II - Survey Results](#)

Appendix III

Section 19a-127k of the general statutes is repealed and the following is substituted in lieu thereof: (a) As used in this section:

(1) "Community benefits program" means **[any voluntary]** a program **that includes activities** to promote preventive care and to improve the health status **and reduce racial, ethnic, linguistic and cultural disparities in health** for **[working]** families and populations at risk in the communities within the geographic service areas of a managed care organization or a hospital in accordance with guidelines established pursuant to subsection (c) of this section;

(2) "Managed care organization" has the same meaning as provided in section 38a-478;

(3) "Hospital" has the same meaning as provided in section 19a-490.

(b) On or before January 1, 2005, and **[biennially]** **annually** thereafter, each managed care organization and each hospital shall **conduct a community benefits program as defined in subsection (1) of this section and** submit to the Healthcare Advocate, or the Healthcare Advocate's designee, a report **[on whether the managed care organization or hospital has in place a If a managed care organization or hospital elects to develop a community benefits program, the report required by this subsection]** **that** shall comply with the reporting requirements of subsection (d) of this section.

(c) **[A]** **Each** managed care organization **[or]** **and** hospital **[may]** **shall** develop community benefit guidelines intended to promote preventive care and to improve the health status **and reduce racial, ethnic, linguistic and cultural disparities in health** for **[working]** families and populations at risk, whether or not those individuals are enrollees of the managed care **organization [plan]** or patients of the hospital. The guidelines shall focus on the following principles:

(1) Adoption and publication of a community benefits policy statement setting forth the organization's or hospital's commitment to a formal community benefits program **as described in subsection (1) of this section;**

(2) The **[responsibility]** **establishment of a governing body** for overseeing the development, **[and]** implementation **and evaluation** of the community benefits program, **including** the resources to be allocated and the administrative mechanisms for the regular evaluation of the program;

(3) **The governing body shall establish a committee that shall:**

(i) Seek ~~Seeking~~ assistance and meaningful participation from the communities within the organization's or hospital's geographic service areas, including communities of diverse race, ethnicities, culture, income and age in developing and implementing the program and in defining the targeted populations and the specific health care needs it should address. In doing so, the governing body or management of the organization or hospital shall give priority to the public health needs outlined in the most recent versions of the state health plan and the Health Disparities Report prepared by the Department of Public Health pursuant to section 19a-7 prepared by ; and

(ii) ~~[(4)]~~ Develop ~~Developing~~ its program based upon an annual assessment of the health care needs and resources of the targeted populations, particularly low and middle-income, medically underserved populations and barriers to accessing health care, including, but not limited to, cultural, linguistic and physical barriers to accessible health care, lack of information on available sources of health care coverage and services, and the benefits of preventive health care. The annual needs assessment ~~[program]~~ shall address ~~[consider]~~ the health care needs of a broad spectrum of age groups and health conditions.

(d) Each managed care organization and each hospital ~~[that chooses to participate in developing a community benefits program]~~ shall include in the annual ~~[biennial]~~ report required by subsection (b) ~~[of this section the status of the program, if any, that the organization or hospital established. If the managed care organization or hospital has chosen to participate in a community benefits program, the report shall include]~~ the following components: (1) The community benefits policy statement of the managed care organization or hospital; (2) the written description of the mechanism by which community participation is solicited and incorporated in the community benefits program and the documents supporting such participation; (3) the written identification of community health needs that were considered in developing and implementing the community benefits program; (4) a narrative description of the community benefits, community services, and preventive health education provided or proposed, which ~~shall~~ ~~[may]~~ include measurements related to the number of people served and health status outcomes; (5) ~~[measures taken to evaluate]~~ a written evaluation of the results of the community benefits program and proposed revisions to the program; and (6) to the extent feasible, a community benefits budget and a good faith effort to measure expenditures and administrative costs associated with the community benefits program, including both cash and in-kind commitments, but not including uncompensated care and administrative costs associated with uncompensated care. ~~]; and (7) a summary of the extent to which the managed care organization or hospital has developed and met the guidelines listed in subsection (c) of this section.]~~ The report may include additional components and the submission of additional material as

required by the Healthcare Advocate or the Healthcare Advocate's designee. The report shall be submitted in a format developed and revised from time to time by the Healthcare Advocate or the Healthcare Advocate's designee. Each managed care organization and each hospital shall make a copy of the report available, upon request, to any member of the public.

(e) The Healthcare Advocate, or the Healthcare Advocate's designee, shall, within available appropriations, develop a summary and analysis of the community benefits program reports submitted by managed care organizations and hospitals under this section and shall review such reports for adherence to the guidelines set forth in subsection (c) of this section. Not later than October 1, 2005, and biennially thereafter, the Healthcare Advocate, or the Healthcare Advocate's designee, shall make such summary and analysis available to the public upon request.

(f) The Healthcare Advocate may, after notice and opportunity for a hearing, in accordance with chapter 54, impose a civil penalty on any managed care organization or hospital that fails to submit the report required pursuant to this section by the date specified in subsection (b) of this section. Such penalty shall be not more than fifty dollars a day for each day after the required submittal date that such report is not submitted.

* Bracketed in Red = deletion
Blue underlined is proposed new text

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