

Healthcare organizations find benefit in applying the Communities of Excellence Framework

Assessments drive need for a systems approach to improving health by addressing social determinants

December 27, 2021 | By COE Faculty Members Christel Gollnick and Brenda Grant | 7 minute read

This post is the first in a four-part series exploring why leaders in each of the four core areas of a community – health, economic vitality, educational attainment, and overall quality of life – are finding the Communities of Excellence Framework a beneficial guide in their collaborative efforts to improve outcomes in the places where they live, learn, work, and play. Communities of Excellence 2026, using the Baldrige Performance Excellence criteria as its foundation, provides learning opportunities and guidance for those interested in improving the performance of communities for their residents and other customers. The nonprofit organization is currently working with 23 communities throughout the United States and adding more annually.

“We hear all the time that it takes a village to raise a child...now we are learning that it takes a Community Excellence Group – a collaborative team of leaders to improve a community.”

– Brenda Grant, COE 2026 faculty (Retired. Formerly performance excellence coach, Western Maryland Health System, Cumberland, Maryland and Chief Strategy Officer, CAMC Health System, Charleston, WV – a 2015 Malcolm Baldrige National Quality Award recipient)

Assessments of Health in Communities

Social determinants of health reflect the full lived experience of individuals. What they eat, where they sleep, how they spend their time, and much more is reflected in hundreds of data points that tell a story about the overall health and wellbeing of a community. The story is the result of a complex set of factors. Data is collected by several federal, state, and local organizations to help understand the reality of life in a community for various residents and ensure that nonprofit, tax-exempt healthcare organizations and private providers serve the needs.

A healthcare professional with an extensive background in working with community partners, Brenda Grant, shares why healthcare leaders required by law to report local community benefits may find the Baldrige-adapted Communities of Excellence Framework a useful foundational guide to the work. She explains the assessments and reflects on her experience with a hopeful outlook for those who want to make a difference in their communities beyond collecting data and writing plans that satisfy regulations.

I worked with our local community and reported community benefits for my hospital system throughout most of my healthcare career. In 2008, it became a requirement for tax-exempt hospital organizations to file an IRS Federal Form 990 to report its community benefit activities within Schedule H. As part of this filing, each nonprofit hospital is required to conduct a community health needs assessment [CHNA] at least once every three years and develop strategies to meet the needs identified in the assessment. In doing so, a hospital must seek

broad community input, including public health officials. The regulations require that the assessment address financial and other barriers to care and the need to prevent illness; ensure adequate nutrition; and address social, behavioral, and environmental factors that influence the community's health or emergency preparedness. The assessment must be documented in a written report and made widely available to the public, including on a website. Hospitals also must develop implementation strategies to meet the community health needs documented through the assessment. Hospitals that fail to comply are subject to an excise tax penalty.¹

In addition to requirements made of many hospitals, the national nonprofit Public Health Accreditation Board requires public health departments seeking accreditation to develop a community health improvement plan to address public health problems based on the results of community health assessment activities and the community health improvement process. This plan is used by health and other governmental education and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources. A community health improvement plan is critical for developing policies and defining actions to target efforts that promote health. It should define the vision for the health of the community through a collaborative process and should address the gamut of strengths, weaknesses, challenges, and opportunities that exist in the community to improve the health status of that community.²⁻⁶

Furthermore, community assessments are often conducted by United Way and other social service organizations, local government, businesses, community foundations, chambers of commerce, school, and more.

In my former roles, colleagues and I asked, “Wouldn’t it be better for our community if all of these assessments mentioned above were addressed in a collaborative manner to achieve efficiencies through analysis, innovation, and sharing of information and knowledge? Wouldn’t it be best for everyone involved to have processes and measures that track the progress of shared and overall key goals?”

Including multiple sectors in the effort instead of working independently on health-related assessments and improvement plans makes sense based on the success I have witnessed in my community and other organizations and agencies. Doing so avoids unnecessary duplication of both financial and human resources. Instead of just doing an exercise to address the federal and regulatory requirements, hospitals and other anchor institutions can leverage these assessments as an opportunity to build the relationships that make our communities so special.

A Systems Approach to Improving Health Outcomes

The criteria outlined in the Communities of Excellence Framework challenges all leaders within a community “to commit across sectors and generations to take a systems approach to community performance.” When they “envision the community as a set of systems that must all function together

to achieve optimal performance, then the key outcomes of health, education, the economy and quality of life are fundamental to a community of excellence, and they should be the focal point of a community's strategic objectives.”⁷

Working together to gather data within communities and across counties is a great start to a systems approach to solutions. As Grant suggests, many hospitals, especially in smaller communities and rural areas, have combined their efforts with public health agencies in conducting their community health assessments.⁸ Doing so saves time and money given both are required to conduct them by law and are often stretching their resources. Completing the assessments provides the data needed for better decision-making. It kicks off the work of improving processes and outcomes.

In the big picture of working to attain better health outcomes, the CHNA is the first step. The data gathered is the input or resource needed to help prioritize what outputs or work activities are implemented within a community. In its simplest form, the COE Framework supports a continuous cycle that:

- 1) Starts with knowing the community's situation by discovering and understanding what is going on and why; and
- 2) Envisions how the situation can be improved from all of the different perspectives that influence and impact the situation is the next phase. Even if community partners are coming together and creating strategic plans collectively, which is critical to improving health outcomes, more effort is needed. Plans are good intentions until they are enacted.
- 3) The third phase is where the difference is made. Taking action together on what makes the most sense with respect for what each partner is able and willing to offer is where groups move forward from collectively cooperating to being true collaborators who have aligned and integrated their time, talents, and financial resources with a clear focus to solve a problem. The final phase in the COE Framework's cycle is assessing the community health needs through key social determinant indicators and assessing how well the community's leaders performed across sectors and as a multi-sector team to address the community's most pressing and vital needs.



“Collaborative efforts are most effective when teams are comprised of leaders with diverse perspectives, characteristics, and considerations. Big picture transformation requires big picture thinking and inclusivity.”

– Christel Gollnick, COE 2026 faculty and leadership communications consultant, JUPER Communications

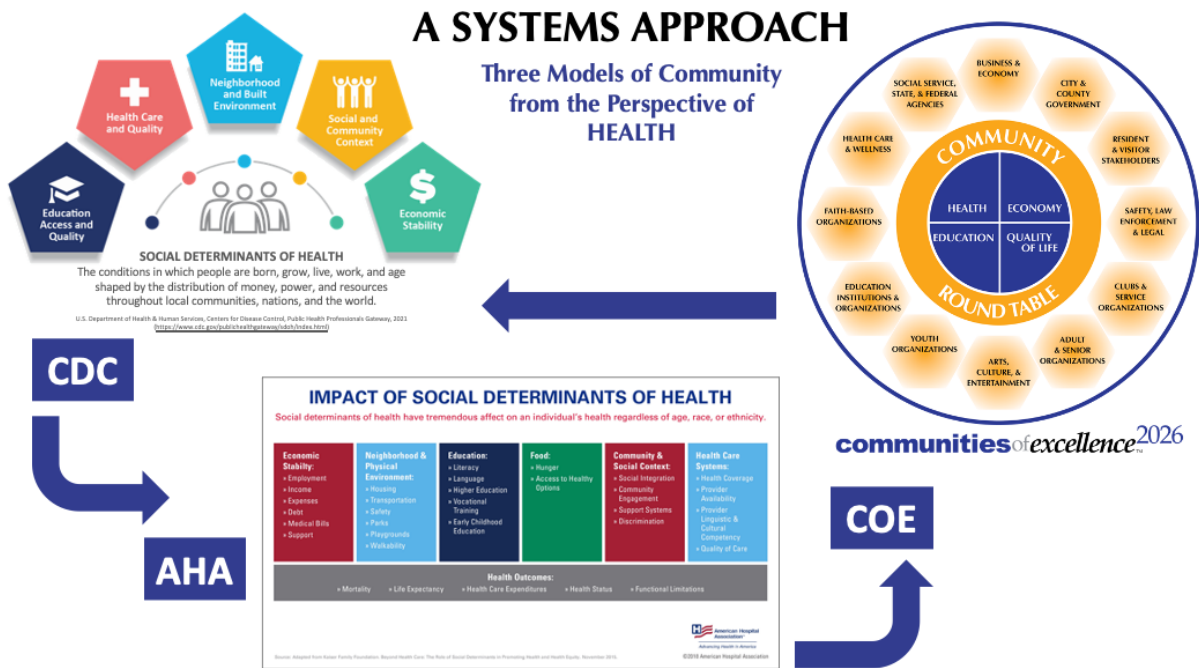
Social Determinants of Health Included in the Communities of Excellence Framework

How can healthcare organizations alone address the needs highlighted in the community health needs assessment data in the complex reality of overlapping systems? According to the American Hospital Association, only 20 percent of a person's health and well-being is related to access to care and quality

of service. The other 80 percent is impacted by a variety of socioeconomic, physical environment, and personal attitudes and health behaviors.⁹ Even the death and vaccination rates for a global pandemic such as COVID-19 are impacted more by social determinants of health than the health care sector.

The U.S. Department of Health & Human Services Center for Disease Control [CDC] has a wealth of information on the social determinants of health and tools for gathering data. The American Hospital Association [AHA] has recognized they need to help their members meet federal requirements by interpreting the impact of social determinants of health as part of a hospital's value to the community and role in improving population health and health equity. A presentation posted on their website on September 15, 2021, on *Addressing Social Determinants of Health*⁹ illustrates how the CDC's five areas of social determinants translate to seven areas related to health.

The diagram and comparison below show the areas identified by the CDC and AHA alongside the core community elements and roundtable of leadership included in the Communities of Excellence Framework. The framework's categories of assessment questions relating to leadership, residents and other customers, and people resources highlight the importance of considering many voices and perspectives in community collaboration and performance improvement efforts.



COMPARISON OF MULTI-SECTOR IMPACTS ON HEALTH

Center for Disease Control ¹	American Hospital Association ²	Communities of Excellence 2026 ³
Educational Access and Quality	Education: Literacy, language, higher education, vocational training, early childhood education	Education
Health Care and Quality	Health Care Systems: Health coverage, provide, quality of care, availability, provider linguistic & cultural competency	Health
	Health Outcomes: Mortality, life expectancy, health care expenditures, health status, functional limitations	
	Food: Hunger and Access (affordability and availability) to Healthy Options	
Neighborhood and Built Environment	Neighborhood and Physical Environment: Housing, transportation, safety, parks, playgrounds, walkability	Quality of Life
Social and Community Context	Community and Social Context: Social integration, community engagement, support systems, discrimination	
Economic Stability	Economic Stability: Employment, income, expenses, debt, medical bills, support	Economy
<small>¹ https://www.cdc.gov/publichealthgateway/sdoh/index.html</small>	<small>² https://www.aha.org/presentation-resource/2021-09-15-addressing-social-determinants-health-presentation</small>	<small>³ https://communitiesofexcellence2026.org/what-we-do/</small>

The systems approach of Communities of Excellence 2026 includes the same interconnected criteria that the Malcolm Baldrige Quality Award applicants using the Baldrige Performance Excellence Criteria¹⁰ have found helpful for four decades. After five years of programming, COE 2026 has proven that the principles serve as a practical foundational guide for bringing community leaders together so they can collaborate to improve lives. COE 2026 now has a strong group of communities of all sizes across the country, paving the way to identify the most promising existing and innovative practices in the Baldrige-adapted categories of (1) Community Leadership; (2) Community Strategy; (3) Residents and Other Customers; (4) Measurement, Analysis and Knowledge Management; (5) People Resources; (6) Community Operations, and (7) Results.

COE 2026 has the most inclusive and comprehensive ongoing approach to revitalizing America’s communities and leaders. More than ninety percent of the participants in the National Learning Collaborative agree or strongly agree that they are more confident and committed to practicing continuous improvement principles in their community collaboration efforts. They overwhelmingly agree that the Communities of Excellence Framework and other resources and learning opportunities are valuable in helping them organize and empower their entire communities to address its most pressing shared challenges and improve their collective quality of life.

Grant concludes her reflection by sharing,

“I have experienced the impact multisector collaborations that support shared ownership of all phases of community improvement, including assessment, planning, implementation, and evaluation, can have for a community where broad and diverse community engagement supports improved results. **There is nothing like it! I am anxious for your community to experience it as well.** If you are currently participating in COE 2026 and your local health care

provider and public health department are not involved, share this blog with them and help them see the value of working together. They have nothing to lose and everything to gain!”

If you are not yet participating in Communities of Excellence 2026 to improve your response to community health needs, please visit <https://communitiesofexcellence2026.org/> and contact Stephanie Norling, executive director at snorling@communitiesofexcellence2026.org or 619-719-1045.

Information for this post includes the personal reflections of a Communities of Excellence 2026 participant and faculty member as well as the findings of an independent performance evaluation by JUPER Communications, LLC in 2021 of Communities of Excellence 2026’s framework and learning programs based on surveys, interviews, and observations of six alumni communities, their mentors, and faculty members.

- 1 “Nonprofit Hospitals’ Community Benefit Requirements,” *Health Affairs Health Policy Brief*, February 25, 2016. DOI: 10.1377/hpb20160225.954803
- 2 *Public Health Accreditation Board Acronyms and Glossary of Terms, Version 1.0*, July 2011, (<https://www.phaboard.org/wp-content/uploads/PHAB-Acronyms-and-Glossary-of-Terms-Version-1.02.pdf>)
- 3 *Healthy People 2030* (<https://health.gov/healthypeople>)
- 4 *National Public Health Performance Standards Program* (https://www.cdc.gov/publichealthgateway/nphps/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fnphpsp%2Findex.html)
- 5 Social Determinants of Health (<https://www.cdc.gov/publichealthgateway/sdoh/index.html>)
- 6 10 Essential Public Health Services (<https://www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html>)
- 7 2020-2021 Communities of Excellence Framework (<https://communitiesofexcellence2026.org/what-we-do/framework.html>)
- 8 Using Community Health Assessments to Understand the Social Determinants of Health in a Community, Rural Health Information Hub. (<https://www.ruralhealthinfo.org/toolkits/sdoh/4/community-health-assessments>)
- 9 *Addressing Social Determinants of Health*, September 15, 2021 (<https://www.aha.org/presentation-resource/2021-09-15-addressing-social-determinants-health-presentation>)
- 10 National Institute of Standards and Technology, Baldrige Program (<https://www.nist.gov/baldrige>)