

Traditional community-based boards in health systems and hospitals have long been the stalwart of health care governance because of their value in connecting health care organizations to the communities they serve. While community boards continue to provide significant value, these board alone may not be sufficient to create the level of community connection hospitals and health systems need in an increasingly complex environment. As some health systems streamline their governance structures, and communities and their needs become more diverse, health care organizations can benefit from adopting a number of mechanisms to further broaden community engagement and advance philanthropy.

Why Hospital or Health System Boards Are Not Enough for Consumer or Community Engagement

It is important to understand why hospital or system boards alone may not be enough. In non-profit organizations members of these boards typically serve on behalf of constituents who have a significant stake in the organization's performance and success. These boards have generally been – and continue to be – largely comprised of business and community leaders, along with a handful of other stakeholders (e.g., physicians, religious sponsors, etc.), selected to be a voice for community needs and an advocate for the organization.

It is unlikely that health systems and hospitals can create and maintain governing boards that speak for all segments of the community. Even if the goal were set to create a membership that proportionally reflects the community's age, gender, ethnic, racial, industry, political, economic and thought diversity, and includes community leadership and competencies that best support the board's work, most boards would not be able to meet all these goals at once. The American Hospital Association's 2014 National Health Care Governance Survey and studies by other leading governance organizations over the past three years indicate the majority of hospital and health system boards continue to have insufficient diversity. While the field acknowledges there is work to do to expand the diversity of board membership, boards themselves will continue to have size and other limitations that prevent them from being all things to all people.

As health care continues its journey to reshape the way care is delivered, there also is a growing realization that communities are not based simply on individuals' socio-economic position, ethnicity, race, districts, language spoken or the myriad of other factors that make up the melting pot of American society. There are communities within communities and perhaps thousands of interacting factors that influence health care decision-making beyond any given census criteria.

Opportunities for Community Connection Must Extend Beyond Boards

In any successful organization, governance matters. When boards excel, their organizations have clear direction and a powerful connection to stakeholders. When boards falter, the mission suffers, public trust weakens, and organizations can fail. This is important to emphasize, because even as they explore alternative methods to advance community engagement, organizations must never lose commitment to exceptional governance to ensure their sustainability.

However, many organizations with a mature and effective governance structure and infrastructure are exploring ways to streamline further in order to be leaner and more effective. Facing the need to do more to engage the community and the desire to retain the valuable commitment and input of individuals who might be displaced by fewer board positions, hospitals and health systems are creating mechanisms to engage a broader range of consumers outside of the governance realm.

Community and Consumer Voice Channels

- **Community Health Advisory Boards/Councils.** Chartered and managed appropriately, community health-focused advisory boards/councils can be helpful to the organization, as well as engaging and even fun for participants. These groups may serve as sounding boards to interactively explore community issues and potential solutions and vet programs being contemplated by hospitals or health systems. These groups are an excellent home for former board members, as well as other community leaders. Since these councils are outside the governance structure, they are not confined by as many constraints or rules as governing boards.
- **Focus Groups.** Small community-specific focus groups can be powerful in gaining community-within-a-community feedback. It allows the hospital/health system to go into untapped areas to both gain insight into the specific needs of certain populations (e.g., disease-specific, immigrant communities, geographically isolated, culturally influenced, etc.). Focus groups also can lead to joint programs with area partners and motivated community members, such as healthier food options in grocery stores and schools, vaccination clinics and health fairs.
- **Community Segment-Focused Advertising.** In recent years, specific ethnic- and age-directed marketing for products and services has become more popular. While health care advertising has featured people of diverse ethnicities and ages and focused on “desired” demographics, it may be falling behind other sectors in marketing specifically to demographics across the spectrum. For example, some hospitals and health systems are realizing that if they can impact the health care decision-making of consumers,

communities benefit from provision of more appropriate and timely care and health care organizations reduce their costs.

- **Partnerships with Trusted Community Organizations.** Local churches, pharmacies, grocery stores, fitness centers, schools, employers and others have the potential to become powerful partners with hospitals/health systems in improving community care and building loyalty. These partnerships reach under-served communities through health fairs, disease-specific support groups, after-school programs, pharmacy and employer-based health clinics, low-cost vaccination drives, and myriad other imaginative opportunities.
- **Care Navigators.** One of the single greatest opportunities to improve care for all populations is care navigation, particularly for those with chronic diseases. Care navigators coordinate care among primary care and specialty physicians, hospitals, rehabilitation and skilled nursing facilities, and home health. Navigators are becoming increasingly common in physician practices, hospital emergency rooms, county and private hospital-associated clinics, health campuses, and other locations. This much-needed service can build tremendous community loyalty, as well as improve quality of care.
- **Health Clinics.** Partnerships among health systems and physician groups, nurse practitioners, county hospitals, support organizations and others to create basic care and specialty or disease-specific clinics are becoming increasingly common. It has been well established that earlier care for those who do not typically seek it, offered conveniently in their neighborhoods for extended hours, decreases the burden on hospital emergency departments.
- **CHNA Issue-focused Work Groups.** All non-profit hospitals are required to conduct community health needs assessments (CHNAs) at least every three years. Many are utilizing CHNAs to identify critical, unaddressed community needs and form work groups to explore ways to drive improvements. These work groups provide an excellent mechanism to engage affected individuals and community leaders in developing solutions.
- **Community-specific Research Initiatives.** In addition to ethnic and race-specific disease issues, significant variation exists in the way health care decisions are made in different cultures. Hospitals and health systems can sponsor or conduct research in specific communities to better understand and address cultural needs and barriers to appropriate care.

- **“Friends of” Networks.** Not everyone enjoys serving on a board. However, almost everyone enjoys supporting a good cause. “Friends of” networks provide a mechanism for anyone to pay a modest membership fee to be part of a supportive network, and be invited to attend fundraising events once or twice a year. With virtually unlimited members, these networks expand loyalty and awareness far beyond what is possible for a governing board.
- **Fundraising Events.** An event that raises money to address health issues or problems is appealing to potential donors. A fundraising event where real people afflicted by these issues talk about the impact of charitable giving, combined with mechanisms such as auctions or raffles, can raise hundreds of thousands to millions of dollars. Galas, luncheons, balls, dinners and other events can be an effective component of a philanthropic strategy.
- **Elite/Premier Membership Clubs.** Exclusive and elite clubs, most of which come with a hefty annual membership fee, have thrived for centuries. With ingenuity and finesse, hospitals could create their own premier membership clubs that are less broad than “friends of” networks. These types of clubs plan targeted activities, such as golf tournaments, to both raise funds and engage the loyalty and support of the community’s elite movers and shakers.
- **Prominent Website Giving Opportunities.** The websites of many organizations that thrive on donations share a common element: an appeal to give and how to do so is prominently displayed on the site’s home page. Non-profit hospitals, however, seldom do this, despite the low cost. Non-profit hospitals provide millions of dollars each year in uncompensated care and reinvest their income in the community—a compelling story that could help encourage donations.
- **“Heartstrings” Approaches.** Images and stories that pull at our heartstrings inspire people to do something to help. Children’s hospitals and animal cruelty prevention organizations understand this well. Health systems with fundraising campaign materials that drily describe scholarship funds, buildings renovated and MRIs purchased may not be fully tapping in to the human impact of these accomplishments. Imagine if these efforts instead focused on the personal stories of lives saved by the new MRI, the nurse who would not have been able to attend school without that scholarship, or the reduced commute to the new community hospital. Personalizing impact and results drives personal investment and connection.

Conclusion

There is no question that health care organizations must be connected to the communities they serve; however, increasingly, they are evaluating whether community-based boards for each business unit or even each community are enough to provide that connection. New avenues for community connectivity, philanthropy and tapping a broader consumer voice are being implemented to bring more significant value across a wider spectrum of communities served. As reimbursement dollars tighten and consumers assume an increasingly greater role in health care decision-making, non-profit health systems and hospitals will be best served by expanding their traditional focus on boards to creatively embrace broader and bolder solutions to enhance their community connections.

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