

STOP
STRATEGIES TO
OVERCOME & PREVENT **O**BESITY
ALLIANCE

COMMUNITY BENEFIT AND OBESITY PROGRAMMING:
*Guidance and Opportunities for
Nonprofit Hospitals*

Credits & Acknowledgements

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Executive Summary

Since the initial National Institutes of Health clinical guidelines for obesity management were created in 1998 and the seminal Surgeon General's Call to Action on Obesity was published in 2001, obesity rates have remained high. An estimated 111 million Americans are classified as having obesity, 97 million of whom have at least one associated cardiovascular disease risk factor (National Health and Nutrition Examination Survey, 2010).

Indeed, the vast majority of today's burdens of illness - and associated health care spending - is driven by chronic diseases that have roots in our communities and social and physical environments. Though these play out in individuals' lives and hospitals' clinical wards, obesity and related chronic diseases demand population- and community-wide attention to broad determinants of health and health behaviors and access to evidence-based treatment programs.

Strategic investment is necessary to implement effective community-based obesity prevention and treatment initiatives and ensure access to all community members, especially those most vulnerable.

The Strategies to Overcome and Prevent (STOP) Obesity Alliance led a year-long, multi-stakeholder process to identify priorities, best practices, and recommendations for nonprofit hospitals that plan to address obesity through community benefit activities. In addition to extensive research, we brought together a wide range of participants with expertise in community benefit and obesity programming to participate in a day-long roundtable event held at the George Washington University School of Public Health and Health Services. This was a unique opportunity to share experiences, insights, and lessons learned, as well as frustrations and barriers experienced. This report focuses on the key questions identified and recommendations gleaned from the diverse group.

We developed this report to assist nonprofit hospitals and those working in community benefit with the efficient use of community benefit resources to address obesity and obesity-related health concerns. Hospitals have tremendous opportunities to address unhealthful physical and social environments that contribute to obesity and create supportive and strategic programs to help community members improve their health.

We look forward to supporting nonprofit hospitals and communities as they work to address the burdens of obesity and chronic disease in their communities.

Background

More than 2,900 nonprofit hospitals operate in the United States, serving their communities in a variety of ways including providing a range of community benefit services. These services include medical assistance and subsidized health services to the uninsured, covering the cost of unreimbursed Medicaid expenses, support for research, health professions education, and activities designed to improve the health of the community. Provision of such “community benefit” has long been required of nonprofit hospitals to maintain their tax-exempt status. In 2002, the Joint Committee on Taxation estimated that this tax exemption is worth approximately \$12.6 billion combined annually.¹ This figure would be undoubtedly higher over a decade later.

The Affordable Care Act (ACA) now requires that nonprofit hospitals undertake regular Community Health Needs Assessments (CHNAs) and devise implementation strategies to address identified needs and create new opportunities for community-hospital partnerships.²

As obesity is one of the most pressing health concerns in the United States, it is likely that obesity will be identified as a significant community health need in most communities and will be addressed in the implementation strategies of many nonprofit hospitals.³ In fact, an online search for existing hospital CHNAs reveals countless hospitals already have identified obesity as a significant health issue within their communities.⁴

To assist hospitals with productively addressing obesity in their implementation strategies, the Strategies to Overcome and Prevent (STOP) Obesity Alliance spearheaded a multi-phase project to identify challenges, approaches, and promising practices. In April 2013, STOP released five recommendations (discussed below), based on the coalition’s existing core principles, to broadly inform and guide obesity programming in hospitals and communities. In June 2013, STOP convened a multi-stakeholder roundtable to further explore issues around community benefit factors and obesity program design and implementation as it pertains to the CHNA reporting requirement and implementation strategy. STOP researchers then conducted additional in-depth interviews with some roundtable participants and their colleagues to further explore issues that arose during the discussion.

Distilling the background research, key points from the roundtable discussion, and information gleaned from expert interviews, STOP developed this paper to provide hospitals with guidance, information, examples, and recommendations to inform initial planning and development of community-based obesity programming. This report can serve as a useful starting point and a continuing resource for nonprofit hospitals.

Brief Overview of Community Benefit

Nonprofit hospitals have long been providing various services to their communities in order to retain tax-exempt status from the IRS. Prior to 1969, hospitals obtained tax exemption through the provision of uncompensated “charity” care. In 1969, the IRS expanded the categories of activities that would meet the community benefit obligation, including services designed to specifically address and improve the health of the community. Some hospitals have been leaders in spending community benefit dollars for community health improvement programs, but a recent study in the *New England Journal of Medicine* reveals that community health improvement services represent a very small fraction of community benefit spending overall.⁵

In 2009, the IRS introduced the Schedule H worksheet, which is submitted to the IRS annually along with the hospital’s 990 tax form. Schedule H documents the hospital’s community benefit expenditures. In 2011, the IRS revised Schedule H and the accompanying instructions and, among other things, made clear that some community building activities may also meet the definition of community benefit.⁶ Examples of community benefit activities can be found in the Appendix.

While providing community benefit activities has been a longstanding tradition for some and a requirement of all nonprofit hospitals, Schedule H and the new ACA requirements around CHNAs provide an opportunity for hospitals to work closely with community partners to respond to community health needs. The ACA’s new requirement that hospitals conduct a CHNA every three years and develop an implementation strategy for prioritizing and addressing significant needs identified in the hospital’s CHNA will allow hospitals to better evaluate and understand the health needs of the community and determine how to best address those needs through the development of its implementation strategy, in partnership with state or local public health officials and other community representatives.

Guiding Question and Report Focus

The STOP Obesity Alliance’s work and discussions were guided by an overarching question:

What key factors should guide nonprofit hospitals that choose to address obesity as part of their community benefit programming?

Although we considered a range of issues in our research and discussions, we focused on high-level guidance and information that could be shared and readily put to use. What follows is a summary of key considerations for hospitals as they conduct their CHNAs and work through the process of building partnerships, identifying strategies, and, in many cases, choosing to address obesity in their communities. Additionally, we provide examples of promising programs currently in place around the country and recommendations for how to address obesity when developing and implementing community-based obesity programs. Finally, we provide a list of some resources for further information about community benefit programming and obesity.

When developing a community-based obesity initiative, hospitals may encounter a variety of issues. The following questions and answers provide key points that indicate how hospitals could address obesity through their community benefit activities and information about some of the challenges involved in doing so.

Key questions and responses

1) *There are many different health issues hospitals could address through community benefit programming. Why should hospitals choose obesity?*

Obesity is one of the most pressing health conditions in the United States, affecting more than one in three adults and 17 percent of children, of all ages, sex, race, ethnicity, and socioeconomic status, in both urban and rural areas.⁷ Obesity is associated with at least 60 chronic health conditions, including diabetes, arthritis and cancer, and is one of the leading causes of morbidity and mortality among U.S. adults.⁸ Obesity is estimated to have medical costs in excess of \$190 billion per year, with per capita medical spending \$2,741 higher for individuals with obesity.⁹ These excess costs result from obesity itself, as well as the increased risk for dozens of costly health conditions, such as type 2 diabetes, high blood pressure, heart disease, stroke, and cancers. Taking into account non-medical costs of obesity, the overall annual cost is estimated to exceed \$450 billion.

Addressing obesity through community-based interventions could help community members not only lose weight but also reduce associated health care costs and improve health in other ways. For example, community obesity interventions may address nutritional intake and physical activity, which would have the added benefit of improving related chronic health conditions such as heart disease, diabetes, or depression. Further, obesity treatment often leads to improvements in feeling and functioning, such as lessened pain, urinary incontinence, or sleep apnea.

The decision to devote hospital community benefit resources toward obesity programming depends foremost on the needs and assets of the community. Hospitals that choose to address obesity in their implementation strategies must document for the IRS evidence that obesity is a significant health problem in their community. In addition to conducting local surveys and using other local surveillance data, hospitals may want to review and reference data sources such as the County Health Rankings, which take into consideration factors that contribute to premature death, such as diet, exercise, clinical care, socioeconomic factors, and the built environment.¹⁰ The U.S. Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System and its city/county counterpart, the Selected Metropolitan/Micropolitan Area Risk Trends, captures prevalence data among adult U.S. residents regarding their risk behaviors and preventive health practices that can affect their health status. These datasets may also provide city, county, and state data supportive of a hospital's community benefit obesity initiatives.

Although hospitals are required under the ACA to complete a CHNA to determine health needs in the community, it is equally important to understand community assets for improving health. Before initiating an obesity program, hospitals should consider the following:

- 1) Does another program(s) already exist within the community that addresses obesity? For example, does the local United Way, YMCA, Department of Health, or local schools already have a community-based obesity program in place?
- 2) If so, what is the program(s)' focus (e.g., nutrition, physical activity, addressing the food or physical activity environments, etc.)? Who does the program serve (e.g., children, adults, families, individuals of a particular race or ethnicity, individuals who live in a particular neighborhood within the community, etc.)? What types of services are offered? How many individuals can participate?

- 3) Could the existing program benefit from a partnership with the hospital, and is there a meaningful role the hospital could play in the current program?
- 4) If a partnership with an existing program is not a viable option, could the hospital structure a program around a different population or provide a different type of intervention to meet the needs of those for whom the existing program does not?
- 5) If the hospital decides to start its own community-based obesity program, who within the community could the hospital partner with to help consult, design, implement, and/or carry out the program?

Greater hospital participation in efforts to address obesity at the community level are critically needed, and the new CHNA and community benefit reporting requirements provide a valuable opportunity to bring health care providers, community organizations, and public health officials together to address a significant health issue that requires a multi-level response.

2) *What role could nonprofit hospitals play in a community-based obesity intervention?*

Pursuant to the IRS Schedule H reporting requirements for community benefit, nonprofit hospitals may report both spending on programs where the hospital is an active participant in the provision of community benefit services as well as funding and in-kind contributions provided to other organizations that are working in the community to provide services addressing needs identified in the hospital's CHNA. A wide variety of successful program models exist, ranging from integral involvement of the hospital in all phases of planning and implementation,

Case in Point 1 - Hospital as Leader

Fitness in the City – Boston Children's Hospital

The Fitness in the City Program (FIC) serves Boston children who are overweight or obese through a case management approach that includes nutrition education and community-based physical activity. Boston Children's support to the 11 participating Boston community health centers has allowed the sites to enhance their programming and hire case managers. Case managers also monitor patients to help them reach their goals for exercise and healthful eating. More than 20 providers and staff from the FIC sites meet bimonthly to share ideas and work together to address obesity in their community. Since the program's inception in 2005, more than 3,000 Boston children have participated in the program. The program has been successful in helping 57 percent of participating children to reduce their Body Mass Index (BMI).

For more information on Fitness in the City, see:

<http://nebula.wsimg.com/819128d9ea2988584bf0698d5c17e44a?AccessKeyId=8207E6ED35D1C429CC39&disposition=0>

to the hospital providing funding, staffing, or other resource support for a program developed and executed by a partner organization. Boston Children's Hospital's Fitness in the City Program (see *Case in Point 1 - Hospital as Leader*), Rady Children's Hospital's Health Champions Program (see *Case in Point 2 - Hospital as Supporter*), and the ProActive Kids Program (see *Case in Point 12 - Programs Addressing the Whole Child and Family*) provide promising examples of different ways hospitals can be involved in a community benefit program.

Community benefit experts have noted that an important goal of the needs assessment and implementation requirements is to encourage more active involvement in assessing and responding to community health needs. This document is intended to assist many hospitals that may be struggling with the challenge of devoting time, staffing, and resources to these activities. Importantly, some of these challenges may be addressed by forming partnerships with other organizations in the community to help fund, staff, and/or implement the hospital's community benefit program. Hospitals should note that if they provide funding to another organization to carry out their community benefit activities, it is important that the hospital have supporting documentation from the funded organization stating that the money or other resources provided will be used for the particular community benefit activity at issue.

Regardless of the level of involvement, nonprofit hospitals have a critically important opportunity in their community benefit work to play a substantial role in reversing the obesity epidemic. Hospitals often play a central role in their communities, serving as an employer; offering community healthcare, education, and other services; and providing funding and support to a variety of community organizations and activities. As “conveners of change,” hospitals can be the driving force for transformation and set positive examples for healthy living within their communities, beginning with their own internal programming and policies and extending to bring together and work with community partners to extend their reach outside the hospital walls.¹¹

Case in Point 2 - Hospital as Supporter

Health Champions – Rady Children’s Hospital, San Diego

Health Champions is a program designed to increase physical activity and healthy lifestyle knowledge and behaviors, as well as to promote advocacy for a healthy environment among middle- and high-school participants. The program, provided free of charge, can be implemented by a facilitator at any school or organization in San Diego County that works with adolescents. The Center for Healthier Communities at Rady Children’s Hospital provides organizations with the Health Champions Program Guide, which includes the program curriculum. The duration of the program is flexible to meet the needs of each school or organization.

According to a recent program evaluation, during the 2010-11 academic school year, 13 facilitators and 187 youth from 14 local schools and youth organizations participated. Eighty percent of participants were female and 50 percent reported their ethnicity as Hispanic. Analyses of pre/post test results completed by 89 participants showed significant increases in fruit and vegetable intake, self-efficacy to reduce fat intake, and outcome expectations related to eating more fruits and vegetables every day. Students also reported confidence to make healthier choices, decrease sugary drinks and high fat foods, be more physically active and advocate for healthy food and physical activity. The majority of participants (97 percent) reported that they liked the program.

For more information about the Health Champions program, visit: <http://www.rchsd.org/programs/services/a-z/c-d/centerforhealthiercommunities/healthchampions/>

Case in Point 3 - Internal Hospital Changes

Cleveland Clinic, Ohio

As part of a larger effort to improve the food and wellness environment at the Cleveland Clinic, hospital leaders made changes to foods offered in the hospital cafeterias, such as phasing out whole and 2 percent milk in favor of 1 percent and fat-free milk and changing cooking methods from frying to baking. They removed sugar-sweetened beverages along with hundreds of other unhealthy foods. They also changed how their cafeterias operated, replacing 70 percent of what was served in the cafeteria from processed foods to food prepared fresh on-site and using citrus fruits to flavor meals as opposed to salt and other additives.

For more examples of hospital initiatives to improve internal nutrition and physical activity environments, see the CDC’s Healthy Hospital Practice to Practice Series, which highlights efforts including those at the Cleveland Clinic and several other US hospitals.

For more information, visit: http://www.cdc.gov/nccdphp/dnpao/hwi/resources/hospital_p2p.htm

In addition to community-based programming, hospitals can make internal changes, such as improving their cafeteria offerings to include an array of healthy food choices; offering exercise and recreation facilities at the hospital for employees, patients, and visitors; or, hosting farmers’ markets or community gardens on hospital grounds. Recent efforts at the Cleveland Clinic in Ohio provide a promising example of this type of internal hospital initiative, where changes to the hospital’s cafeteria menu helped the hospital’s more than 18,000 employees to lose a combined 180,800 pounds over 15 months¹² (see *Case in Point 3 - Internal Hospital Changes*). Though some of these activities may not qualify as community benefit for purposes of Schedule H reporting (in particular, those activities that are only available to hospital employees), they may provide experiences and avenues for future programs aimed at the larger community. Moreover, hospital community benefit directors should take note of these types of activities that are occurring within the hospital, as some may be reported under Part VI (Supplemental Information) of Schedule H. Part VI allows hospitals to report activities—though not in dollar form—that are not considered

“community benefit” for reporting purposes but provide additional benefit to community members such as hospital employees and may have a ripple effect that extends beyond the hospital.

Through community benefit programming, hospitals have the opportunity to link patients with varying levels of weight, health, and/or need with appropriate services from prevention to treatment (and as discussed below, many experts consider integrating both prevention and treatment of obesity a best practice). While some specialized obesity clinics already offer an array of services that address prevention and treatment, obtaining access to services can be difficult due to limited geographic accessibility, limited insurance coverage, and long clinic waitlists. By investing community benefit dollars to address healthy lifestyles and behavioral changes that affect weight, hospitals can play a greater role in serving patients at various stages of need. This may include both community and clinic-based preventive services such as nutritional education and physical activity programs; to moderate intervention services such as one-on-one behavioral counseling; to more intensive treatments including medical or surgical interventions. Duke Children’s Hospital’s Healthy Lifestyles Program provides a promising example of such a comprehensive obesity program (see *Case in Point 4 - Clinic to Community Model*).

Hospitals are also in a prime position through their community benefit programs to address clinical shortages for the growing and underserved population of patients with severe obesity and obesity-related health problems. For example, individuals diagnosed with severe obesity need both intensive medical treatment and ongoing lifestyle and behavioral interventions but are a vastly underserved population, particularly given the rapidly growing rates of severe obesity. With such a shortage of providers, hospitals could help to fill the gap by working with other community organizations to reach this rapidly increasing population within their communities and provide them with needed medical and behavioral change assistance.

Hospitals often are a strong voice within their communities. They may be able to play an

Case in Point 4 - Clinic to Community Model

Healthy Lifestyles Program – Duke Children’s Hospital

With one in three children in North Carolina being overweight, the Duke Children’s Hospital has developed a comprehensive program to address childhood obesity at the individual, family, and community levels. These include:

Individualized and Family Treatment Program:

- *Healthy Lifestyles Basics and Healthy Lifestyles Clinic: The foundation of Duke’s Childhood Obesity treatment is lifestyle modification, called “Healthy Lifestyles Basics.” Healthy Lifestyles is a one-year, family-based intervention for children with a body mass index over the 95th percentile. Through individual and group visits with medical, dietary, physical therapy and behavioral specialists, families learn the skills and knowledge needed to live a life of healthy eating and active lifestyles. For patients who do not succeed with the standard intervention, Duke Children’s offers advanced treatments including specialized diets, pharmacotherapy and surgical options for qualifying adolescents.*

Community-Level Interventions

- *Bull City Fit: Duke Children’s Hospital partners with the local Kohl’s retail store to offer Bull City Fit, a community-based wellness program that is part of the larger Duke Children’s Healthy Lifestyles program. The Healthy Lifestyles program seeks to address weight-related health problems for children through family-based lifestyle education and interventions. Kohl’s Bull City Fit helps in this effort by offering free evening and weekend activity sessions for the larger community. These sessions cover various themes that encourage and promote active living, such as fitness games, sport lessons, exercise routines, swimming, cooking, and gardening. Each activity is facilitated with the support of the energetic staff and volunteer team, creating a positive and fun environment for engaging in healthy activities.*
- *Healthy Lifestyles Girls on the Run: Healthy Lifestyles Girls on the Run is a character development and physical activity program for girls ages 8-12 years. Duke Children’s Healthy Lifestyles program has partnered with the local Triangle Girls on the Run chapter to host its own Girls on the Run team, open only to Healthy Lifestyles participants. Twelve-week sessions are held twice a year and culminate with a 5k fun run and celebration. The curriculum combines training for a 5K (3.1 miles) running event with lessons that inspire girls to become independent thinkers, enhance their problem solving skills, and make healthy decisions. All of this is accomplished through an active collaboration with girls and their parents, schools, volunteers, staff, and community partners.*

For more information about the Healthy Lifestyles program, Bull City Fit, and Healthy Lifestyles Girls on the Run, visit: http://www.dukechildrens.org/services/nutritional_disorders_and_obesity

For more information on the national Girls on the Run program, visit: <http://www.gotrtriangle.org/who-we-are>

important role as community advocates for legal and policy initiatives that address the root causes of obesity by improving the built environment and social determinants of health. These can be thought of as “upstream” interventions. This includes activities such as zoning measures to regulate locations of fast-food restaurants, efforts to create access to healthy foods and ensure safe places for outdoor play, or support for the building or improvement of bike lanes and sidewalks. For example, hospitals could lend support for Complete Streets initiatives (see *Case in Point 5 - Supporting Community Change*). Such legal and regulatory changes to the environment can require a long-term investment of time and resources but yield positive health outcomes. Hospital support may be a critical voice in community adoption of these types of measures.¹³ Nonprofit hospitals may include their efforts to support such policies and programs aimed at safeguarding and improving public health as part of their reported community building expenditures.¹⁴

Case in Point 5 - Supporting Community Change

Complete Streets

Complete Streets provides opportunities for increased physical activity by incorporating features that promote regular walking, cycling and transit use on community streets. A community with a Complete Streets policy ensures streets are designed and altered to make it easy for people to get physical activity as part of their daily routine, helping them stay fit, avoid heart disease, and receive the many other benefits of physical activity. DuPage County, Illinois adopted its Complete Streets policy as a health measure, calling it their “Healthy Streets Initiative” and the Tacoma-Pierce County Board of Health (WA) adopted a resolution urging decision makers in all Pierce County municipalities to adopt and implement Complete Streets policies to promote healthy living.

For more information on Complete Streets initiatives, see: <http://www.smartgrowthamerica.org/complete-streets>

3) Who might hospitals seek out as partners for a community-based obesity program?

To achieve the greatest impact within the community and leverage its resources, hospitals will likely want to partner with outside community organizations to help plan, administer, and run the day-to-day program operations of their community obesity programs. Which community partners are chosen will depend on the availability and expertise of different groups in the community and the population chosen for the intervention. For example, where the chosen target population is children, the hospital may choose to partner with schools, after-school programs, and recreation centers. Recent research has demonstrated that physical activity interventions in a school-based setting with a family component or

Case in Point 6 - School-Based Program

Fitness and Nutrition (F.A.N.) Club – Nationwide Children’s Hospital, Ohio

F.A.N. Club is a 30-week afterschool fitness training program combined with a social cognition-based nutrition program for children with obesity and at high-risk. The program is a partnership between Nationwide Children’s Hospital, Columbus Public Schools and Mount Carmel College of Nursing. Provided at local elementary schools, the program has demonstrated positive results among participating children, showing increased fitness, BMI maintenance, and increased knowledge of nutrition.

For more information on the F.A.N. Club program, visit: <http://www.nationwidechildrens.org/full-potential-obesity>

diet and physical activity interventions in a school-based setting with home and community components are often effective options for addressing childhood obesity.¹⁵ Therefore, school-based programs such as Nationwide Children’s Hospital’s Fitness and Nutrition Club (F.A.N. Club) (see *Case in Point 6 - School-Based Program*) may offer a promising opportunity for hospitals to collaborate with local schools to provide obesity services to community children.

Where the target population is largely composed of racial and ethnic minorities, hospitals may want to partner with local community health centers and community health workers (e.g., promotoras in Latino communities) to help develop and implement culturally-competent programming.¹⁶ For example, Waukesha Memorial Hospital implemented a culturally-adapted version of the national We Can! Program to address overweight and obesity among

Hispanic families in its community (see *Case in Point 7 - Culturally Competent Obesity Intervention*). Faith-based organizations and their congregations may also be powerful partners, particularly in communities where religion plays a strong and central role in the lives of community members.

In addition to the advantage of selecting the appropriate partners for the hospital's community benefit programs, there are also advantages to partnering with local groups to assist with or conduct the hospital's CHNA and to conduct ongoing evaluation of the hospital's program implementation. Partnering with a local university or academic center to lead this work (as opposed to an organization outside the community) could provide expert assistance conducted by professionals who live and work in the community and are familiar with its population and provide an opportunity for ongoing evaluation and research, both of community needs and the implemented programs. When working with a multi-factorial disease like obesity, it is important to recognize how the social determinants of health contribute to obesity and to understand the complexity of the neighborhoods and family and social environments where individuals reside. Working with local organizations that understand these complexities is essential in assessing needs and designing and implementing obesity-related programs that will work best for a given community.

4) **What population should hospitals target for community-based obesity interventions?**

Obesity is a widespread health issue, affecting essentially every age and demographic in the U.S. In some communities, the CHNA may reveal the population with the greatest need (e.g., children, adults, families, racial and ethnic minorities, individuals with lower socioeconomic status, etc.); in others, obesity may be a health concern throughout the entire community. Initiatives and programs will likely differ depending on the population chosen. Where hospitals find that obesity is a community-wide concern, they may choose to address it at a broader level, which may meet the needs of more members of the community but may also make it more difficult to measure effectiveness; or, they may choose to focus on a specific segment of the population (e.g., Hispanic youth, African-American women, individuals living in a particular neighborhood, etc.), which would reach fewer people but would make it easier to keep track of participants and do more robust and comprehensive program evaluations.

In choosing its target population and program design, hospitals should note that while programs geared toward children tend to be popular within communities and among funders and policymakers, there is

Case in Point 7 - Culturally Competent Obesity Intervention

We Can! Adaptation for Hispanic Families – Waukesha Memorial Hospital, Wisconsin

Waukesha Memorial Hospital and Waukesha County Division of Public Health developed a program to address overweight and obesity in Hispanic families in Waukesha County. Based on a translated and culturally adapted version of the national We Can! program, Waukesha County children and their families participated in an eight-week program that promoted awareness of healthy food choices and the importance of physical activity. Weekly sessions included nutrition classes, physical activity, and a healthy meal for participating families. Program staff collected participants' biometric data pre- and post-program, including blood pressure, cholesterol, glucose, weight, height, and waist measurement. Program participants also took a pre- and post-program knowledge test regarding nutrition, food labels, and physical activity.

A total of 47 Hispanic families participated through the course of the program. Biometric measures and tests of nutrition knowledge and attitudes of participants consistently showed improvements. In addition, changes occurred in the community system structure, which positively affected the built environment by improving access to parks, YMCA, and schools for family physical activity. Overall, the translated curriculum was successful in reducing cardiac and diabetes risk factors in Hispanic adults by increasing knowledge and positive attitudes about healthy behaviors.

To read the study, see:

Ziebarth, D., Healy-Haney, N., Gnad, B., Cronin, L., Jones, B., Jensen, E., & Viscuso, M. 2012. A Community-Based Family Intervention Program to Improve Obesity in Hispanic Families. Wisconsin Medical Journal, 111(6):261-266.

For more information on the national We Can! program, visit:

<http://www.nhlbi.nih.gov/health/public/heart/obesity/wecan>

rapidly growing recognition that obesity interventions, particularly those that address lifestyle behaviors such as nutrition and physical activity, need to target the entire family in order to see sustainable improvements in children with obesity.¹⁷ Therefore, if hospitals are interested in addressing childhood obesity, they should consider how they might influence change and provide opportunities for program participation throughout the entire family and not only in the children. The Act! Program at Seattle Children's Hospital provides a promising example of a family-centered community obesity program (see *Case in Point 8 - Family-Centered Obesity Program*).

Many hospitals have community-based programs in place to address childhood obesity, yet far fewer programs are available specifically to address adult obesity. Hospitals have an important opportunity through their community benefit work to develop obesity programs for adults in their communities who struggle with weight and fill this gap for the many adults who would benefit from community-structured interventions.

Case in Point 8 - Family-Centered Obesity Program

Act! Program – Seattle Children's Hospital

The ACT! (Actively Changing Together) Program is a healthy lifestyle program available for youth with overweight and obesity (8 to 14 years old), who have a body mass index (BMI) greater than the 85th percentile. Developed in partnership with providers and professionals at Seattle Children's Hospital and the Y of Greater Seattle, this program requires a referral from a health care provider and at least one adult family member must participate. The program charges a sliding scale fee based on ability to pay. The program includes:

- One 90-minute group session per week for 12 weeks
- Y family membership to use between weekly sessions
- Sessions led by a nutritionist and physical activity coach
- Energizing games, activities and light meals
- Opportunities for parents and their children to participate and learn together

For more information on Seattle's ACT! Program, visit:

<http://www.seattlechildrens.org/classes-community/community-programs/obesity-program/act/>

5) How should hospitals determine the scope and setting of the intervention?

Related to choosing the target population, hospitals will also need to determine the scope of the intervention, which will in turn drive the setting in which the intervention will take place. Ecological and socioecological frameworks describe the overlapping and interacting influences of varying levels of intervention.¹⁸ Different scopes of intervention and settings include:

- Individual-level interventions: Typically provide one-on-one interaction between a provider and patient, often in the clinical setting.¹⁹ Some individual-level interventions may qualify as community benefit activities (for example, BMI screening), though hospitals can only charge patients a nominal fee or use a sliding fee schedule for the provision of these services or offer these services free of charge to community members.
- Social and family network-level interventions: Although these may include clinical services, these types of interventions target close social groups and primarily focus on behavioral change and social support. These types of interventions often occur in YMCAs/YWCAs, schools, places of worship, and workplaces.²⁰ Many of these types of activities may count as community benefit.
- Community-level interventions: Often target specific communities defined by geography, race, ethnicity, gender, illness, or other health conditions. Interventions may include changes to the environment such as the creation of walkable communities or availability of nutritious foods and recreation facilities in neighborhoods.²¹ Many community-level interventions may qualify as community building activities.
- High-level community interventions: Generally involve large geographic communities and broad change, especially at the policy level, that affects the environment, healthcare regulation, urban planning, agriculture, etc.²² Some of these types of activities may qualify as community building.

Most interventions provided through a hospital's community benefit program are likely to fall within social and family network-level and community-level interventions. For example, Rady Children's

Hospital's Safe Routes to Schools Program is a promising community-level intervention that has helped the San Diego community to improve walking and biking options for children in local school districts (see *Case in Point 9 - Community-Level Physical Activity Intervention*).

Two established national expert panels, the Community Task Force (CTF), which develops the Community Guide to Preventive Services, and the U.S. Preventive Services Task Force (USPSTF) agree that optimal strategies for addressing obesity integrate both clinical and community-level interventions.²³ Thus, hospitals and their community partners may be strategically situated to play a role in both efforts. For example, they could integrate clinical-based services such as BMI screening and behavioral counseling with associated community-level strategies that seek to improve opportunities for healthy eating and physical activity.

Case in Point 9 - Community-Level Physical Activity Intervention

Safe Routes to Schools – Rady Children's Hospital, San Diego

Rady Children's is leading an effort to reduce obesity and pedestrian injuries among San Diego children by creating and improving sidewalks and bike paths that students can use as safe routes to school. Based on the national Safe Routes to Schools initiative, the program aims to address barriers that prevent safe walking and biking to school, including lack of infrastructure, unsafe infrastructure, and a lack of programs that promote walking and bicycling. Rady Children's and partner organizations have teamed with 26 area schools to participate in training and education for school staff and parents to promote safe walking and biking to school. In addition, six area schools with the lowest walking and biking rates and/or the highest injury rates are undergoing comprehensive program planning and interventions to promote walking and biking and to improve community infrastructure to make these activities a safe option for going to and from school.

For more information on Rady Children's Safe Routes to School Program, visit: <http://www.rchsd.org/programs/services/a-z/c-d/centerforhealthiercommunities/injuryprevention/saferoutestoschool/index.htm>

For more information on the Safe Routes to School National Partnership program, visit: <http://www.saferoutespartnership.org>

6) Do hospital obesity-related programs need to be solely about obesity prevention to be considered community benefit?

Case in Point 10 - Creative Programs and Partnerships

Everybody Swims! – Seattle Children's Hospital

Everybody Swims! is an innovative program offered throughout Seattle and surrounding areas that merges the important public health goals of increased physical activity and drowning prevention. Offered through partnerships between Seattle Children's Hospital, 20 different pools, water recreation organizations, and community health clinics, the program increases access to swimming and water recreation among culturally diverse and low income children and families. Seattle Children's offers technical assistance and an Everyone Swims Toolkit to guide other communities interested in implementing similar programs.

For more information on the Everybody Swims! program and to obtain the Toolkit, visit: <http://www.seattlechildrens.org/dp-policy>

Building both obesity prevention and treatment into community-based obesity initiatives is important. Community-based obesity programs should create partnerships among clinicians, community organizations, and public health officials or practitioners to encourage change at multiple levels. Offering preventive services to foster healthy lifestyles in the community as whole, providing treatment for those who already struggle with obesity, and encouraging government support of policy changes to make healthy choices and active lifestyles easier for community members are all examples. The team conducting the needs assessment and developing the implementation plan should include this range of expertise as well.

Many obesity-related activities are likely to be based in education and behavioral change and provided in a group or community setting (e.g., nutrition and cooking classes or physical activity programs), rather than more traditional one-on-one behavioral counseling, medical, or surgical treatments. However, as described earlier,

hospitals have a somewhat unique opportunity to be able to offer a range of obesity interventions from individual-level interventions offered through private medical care to social, family, and network

interventions and even broader community-level interventions through the hospital's community benefit activities.

Though it may not be realistic or possible to include this breadth of services within an initial community benefit initiative, they are all potential options of which hospitals and community representatives should be aware. Creativity in partnerships, program design, and funding may allow for the development of innovative initiatives that are closely-suited to the needs of the particular community and provide services far beyond, both in scope and in reach, what the hospital or any community organization could do on its own. San Diego's Everybody Swims! Program (see *Case in Point 10 - Creative Programs and Partnerships*) and the Blue Zones Project in Iowa, Minnesota, and California, (see *Case in Point 11 - Community-Wide Health Initiative*) demonstrate some creative ways that hospitals and their partners are providing obesity-related programming to their communities.

For additional information about "what counts" as community benefit under IRS guidelines, the Catholic Health Association provides a wealth of information and an email hotline that hospitals can connect with for assistance. Please visit <http://www.chausa.org/communitybenefit/what-counts>.

Case in Point 11 - Community-Wide Health Initiative

Blue Zones Project

The Blue Zones Project is an example of a community-wide health initiative being implemented in several Iowa, Minnesota and California communities in partnership with local hospitals and many other community organizations. Blue Zones uses evidence-based ways to help people live longer, better lives by taking a systematic, environmental approach to well-being, which focuses on optimizing policy, social networks and the built environments where people spend their time. The program encourages community partners to work together on policies and programs that will make the most impact and move the community toward optimal health and well-being. In addition to participating in the larger Blue Zones Community projects, hospitals can work toward becoming a recognized Blue Zone Worksite, providing healthy work environments for their employees.

For more information about the Blue Zones Project, visit: <http://www.bluezones.com>

7) What are some important obesity-specific elements to consider when designing or choosing an obesity program for the community?

When developing a community-based obesity program, hospitals should take into consideration certain factors relating to obesity that may help define different elements of the program. On April 30, 2013, the STOP Obesity Alliance released five, research-based recommendations that hospitals should take into account. These include:

- **Redefining Success:** Promote the use of a sustained loss of 5 to 10 percent of current weight as a key measure of health improvement to judge the effectiveness of weight reduction interventions [NOTE: this is a suggested measure for adults, not children].
- **Encourage Innovation and Best Practices in Obesity Treatment:** Identify and disseminate successful or promising practices for interventions.
- **Address and Reduce Stigma as a Barrier to Improving Health Outcomes:** Cultivate a positive environment by promoting awareness and open discussion among health professionals, opinion leaders, role models, and the public of the harmful impact of stigmatizing people affected by obesity. Promote interventions that provide support for sustained weight loss and go beyond recognizing the role of personal responsibility.
- **Broaden, Intensify and Coordinate the Research Agenda for Obesity:** Encourage an interdisciplinary research environment that addresses the obesity epidemic as a result of a complex interplay of biological, genetic, behavioral, cultural, environmental, social, policy, and economic factors.
- **Encourage Physical Activity for Improved Health:** Encourage interventions and create environments and systems that support active living as well as moderate-vigorous physical activity to improve health, independent of weight loss.

There are many ways that nonprofit hospitals can use these core principles and recommendations to tailor community interventions around obesity. For example, confusion over what a successful weight-loss program is may lead some hospitals to the false conclusion that clinically meaningful weight loss cannot be delivered in a clinical or community setting. Research shows that programs that help patients lose 5-10 percent of their body weight can lead to significant health improvements, and community programs that foster such moderate weight loss can prove to be extremely beneficial for community members across the weight spectrum.

Throughout the roundtable and expert interviews, participants provided some additional recommendations—most building on the ones listed above—that may be particularly important for hospitals to be aware of and to address when designing and implementing their obesity programming:

Communicate about obesity in positive, supportive, and patient-preferred ways:

Project participants discussed at length the importance of communicating about obesity in a way that provides support and understanding rather than blame and judgment. This can be particularly challenging for providers, many of whom have never been trained in helping patients with obesity.

Studies have shown that patients prefer to discuss their weight using terms such as “weight,” “excess weight,” or “BMI,” rather than terms like “obesity,” “fatness,” and “unhealthy body weight.”^{24, 25} Providers and other hospital and community leaders involved in a community-based obesity program should be aware of these communication preferences and ensure that messages around weight are not blaming or hurtful. Using such terms, or talking with individuals about their weight in a non-supportive or judgmental manner, may jeopardize important discussions about health, and as described more below, may keep community members who could benefit from a community-based obesity initiative from participating or completing the program.²⁶

Understand and educate others that obesity is a complex, multi-factorial disease that is not solely a matter of personal responsibility:

As mentioned throughout this report, roundtable participants and other experts point to the importance of understanding that obesity, as classified by the American Medical Association, is a complex disease, with a variety of causes that range from genetic makeup to the environments in which people live and work to dietary choices and engagement in physical activity. In designing community programs to address obesity, it is important to understand the various challenges individuals experience in maintaining a healthy weight, many of which are dependent on the community structure and environment or strongly embedded within the cultural underpinnings of an individual’s family. Program planners, developers, and evaluators need to understand that this complexity exists and keep it in mind when designing education and training for providers and other program facilitators, the interventions offered, and the goals and measures set for the program.

Recognize that stigma and weight bias around obesity are significant barriers to participation and success in obesity programming. Work to reduce stigma and weight bias around obesity in the hospital and community:

Throughout this project, the issue of stigma and weight bias around obesity surfaced repeatedly as a potential barrier to effective community-based obesity programming. Stigma and weight bias present in a variety of ways, including in how health care providers interact with patients. Other situations include those where individuals blame people with obesity by saying that obesity is solely a matter of personal responsibility and where individuals with obesity feel reluctant to seek help and participate in obesity interventions, due in part to feelings of helplessness around weight loss or fear of being negatively judged or perceived by other members of the community.

Stigma may also influence perceptions of community health needs and the selection of which needs to address through the hospital’s implementation strategy. One struggle hospitals noted was the baseline challenge of getting community members to identify with the need for obesity programming in their

communities. Although obesity routinely appears at or near the top of health needs assessments within a community, individual community members may not point to obesity as something that they personally need assistance with, even if they have obesity or are overweight themselves. As one roundtable participant said, “Obesity is always someone else’s problem, but not my problem.”

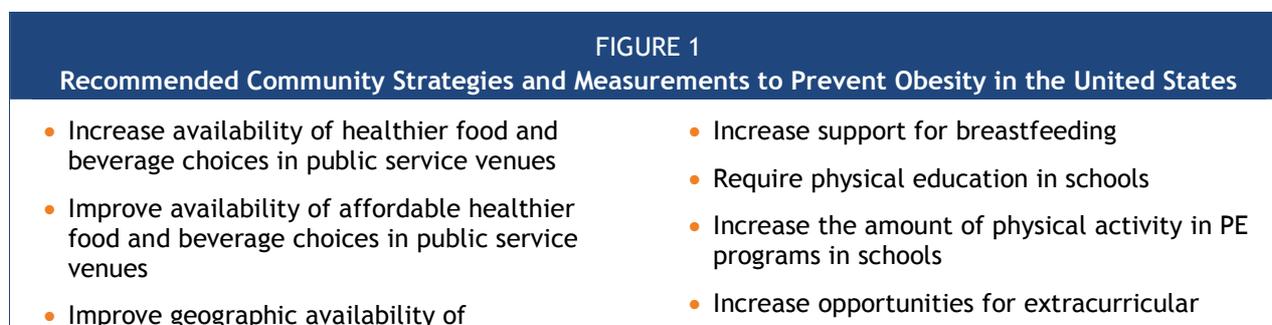
While community members may be reluctant to express their need for help in addressing “obesity,” in contrast, community members are much more likely to express their need for improved nutrition, increased physical activity, or for “losing weight” in general, without referring to obesity. This observation is not surprising, given reports of patient preferences in discussing their weight, as mentioned above, and the negative connotations that much of society continues to associate with this term.

Therefore, if hospitals believe that obesity interventions are needed within their communities but are concerned about garnering public support or participation for the programs, they may want to frame the program as one that addresses nutrition, physical activity, or other lifestyle factors that impact one’s weight as opposed to a program to reduce “obesity” or “obesity-related risk factors.” Similarly, roundtable participants noted that hospitals may have broader opportunities and support for programs that focus on weight-related chronic conditions like diabetes or heart disease rather than focusing on obesity alone. Nevertheless, it is important that hospitals and community organizations work to reduce stigma and weight bias around obesity through their community benefit programs so that community members will feel welcomed, supported, and encouraged to participate in these types of services and to bring greater awareness and acceptance throughout the community as a whole.

8) What are some options for community-based obesity programs and what are other hospitals/communities doing around obesity?

Many hospital-based programs focused on obesity already exist, and deciding which program to adopt, or designing an entirely new one, may be a daunting task for some nonprofit hospitals. Roundtable participants noted that in choosing a particular disease to address and an accompanying intervention to provide through community benefit activities, hospitals look at the severity of the problem, the frequency with which it occurs in the community, and the opportunity for impact. In many communities, obesity easily fits the bill for severity and frequency. The challenge has been identifying evidence-based approaches that will result in the impact the hospital seeks.

In 2009, after an extensive review of the literature and obtaining input from numerous stakeholders and experts, the CDC released a list of 24 community strategies and measurements for the prevention of obesity (see Figure 1, below).²⁷ Though experts acknowledge the limited evidentiary support for interventions provided in this list, it nevertheless provides a helpful starting point as hospitals consider what direction to take with their community benefit programming and community building investments.²⁸ Moreover, though many of these initiatives would be challenging for hospitals to accomplish on their own, many could be accomplished through partnerships with, for example, other community organizations, businesses, schools, and government agencies.



supermarkets in underserved areas

- Provide incentives to food retailers to locate in and/or offer healthier food and beverage choices in underserved areas
- Improve availability of mechanisms for purchasing foods from farms
- Provide incentives for the production, distribution, and procurement of foods from local farms
- Restrict availability of less healthy foods and beverages in public service venues
- Institute smaller portion size options in public service venues
- Limit advertising of less healthy foods and beverages
- Discourage consumption of sugar-sweetened beverages

physical activity

- Reduce screen time in public service venues
- Improve outdoor recreation facilities
- Enhance infrastructure supporting bicycling
- Enhance infrastructure supporting walking
- Support locating schools within easy walking distance of residential areas
- Improve access to public transportation
- Zone for mixed-use development
- Enhance personal safety in areas where persons are or could be physically active
- Enhance traffic safety in areas where persons are or could be physically active
- Participate in community coalitions or partnerships to address obesity

To view the full report and see examples of these types of initiatives, visit:
Centers for Disease Control and Prevention. 2009. Recommended Community Strategies and Measurements to Prevent Obesity in the United States. MMWR, 58(RR07):1-26.
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5807a1.htm>

9) *What role can hospitals play in building the evidence-base for community-based obesity interventions?*

In addition to providing valuable and much needed community-based interventions to address obesity, hospitals have a significant opportunity to help build substantial evidence around what obesity interventions work best for different populations. As hospitals implement community benefit programs addressing obesity, it is important that they evaluate their programs for effectiveness, process, sustainability, and cost-effectiveness, both to lend to the larger public health knowledge base and body of evidence and also to allow the hospital to refine programs as necessary. Hospitals should consider partnering with other community organizations, local universities, or state or local public health departments to create, conduct, and/or interpret the results of the evaluation.

Comprehensive Nutrition and Physical Activity Programs

While a variety of different interventions and program models exist around obesity, common options include those based around comprehensive nutrition and physical activity programs and those based around improving the built environment. In addition to examples already provided throughout this report, some additional program examples that could serve as models for other hospitals planning to undertake obesity-related programming for community benefit are provided below.

Hospitals may consider implementing comprehensive nutrition and physical activity programs, working with community partners such as community health centers, YMCAs, Boys & Girls Clubs,

and schools. Programs may include BMI screening, cooking classes, exercise classes, community dinners and education sessions, in-home and/or in-clinic nurse or community health worker visits, and behavioral counseling. A notable community benefit program growing throughout the Chicago-area is ProActive Kids (PAK) (see *Case in Point 12 - Programs Addressing the Whole Child and Family*).

Although many of the existing community-based programs focus on children, there is strong evidence that social support interventions in community settings are effective in increasing physical activity among adults.²⁹ Hospitals may want to consider programs that incorporate “buddy systems”, peer- or program staff- support as part of a larger initiative to target obesity. For example, several nonprofit hospitals have community walking programs that offer pedometers, smartphone apps, and other educational materials for participants, tied with health-related reward systems and local public recognition for achieving certain milestones.³⁰

Case in Point 12 - Programs Addressing the Whole Child and Family

ProActive Kids

ProActive Kids (PAK) is a comprehensive program designed to treat the whole child physically, nutritionally and emotionally that is built around the child's family. The program educates children and their families on sustainable ways to improve their health through weekly physical exercise, lessons, assignments and discussions. Through partnerships with local hospitals, health plans, and other community organizations, PAK offers the program free to children ages 8-14 who are considered to have obesity or to be at-risk, defined by being in the 85th percentile and above in BMI. PAK offers a unique opportunity for hospitals to become integrally involved as a PAK host site or sponsor to support community members, both children and their families, who are struggling with unhealthy weight.

For more information on PAK, visit: <http://proactivekids.org>

While not specifically focused on obesity, one program option for hospital community benefit activity—the Diabetes Prevention Program (DPP)—has solid evidence backing its effectiveness in improving the health of adults with diabetes (a co-morbid condition strongly associated with obesity). The DPP, sponsored by the National Institutes of Health, began as a major clinical study that demonstrated that engaging in certain lifestyle changes, such as healthy eating, physical activity, and receiving intensive counseling and education on diet and exercise-related behavior modifications, was effective at reducing the risk of developing diabetes compared to standard pharmaceutical interventions. Specifically, the study showed that individuals with pre-diabetes can reduce their risk of developing diabetes by 58 percent with a modest 5-7 percent weight loss.³¹ Since the completion of this study in 2002, various organizations, such as hospitals, community health centers, and private insurers, have tailored the DPP model to serve their patient communities. The program, which often involves partnerships with a local YMCA or other community health organization, provides classes that discuss intervention goals, physical activity, diet, and psychological, social, and motivational challenges to maintaining healthy lifestyles. Participants also take part in an exercise program. Following the completion of the curriculum and exercise program, participants are encouraged to continue ongoing exercise classes and attend monthly group sessions that focus on maintaining healthy lifestyles.³²

Examples of Programs That Address the Built Environment

A recent Institute of Medicine report recommended an improved built environment as a major strategy to increase physical activity and reduce obesity.³³ Similarly, the Community Task Force (CTF) has found sufficient evidence to recommend using urban planning approaches to increase recreation areas and green space and to improve walkability within communities as a way to improve physical activity among adults.³⁴ CTF also strongly recommends initiatives that create enhanced access to places for physical activity with related informational outreach to community participants, which has been shown to be effective in increasing physical activity and improving physical fitness, particularly among adults.³⁵

Many investments toward improving the built environment may qualify as “community building” activities and count toward a hospital’s community benefit obligation. For example, Kaiser Permanente in Ohio has invested in local farmers’ markets, community gardens, the development of new recreation space, and bike paths within a disadvantaged Cleveland community where rates of childhood obesity are high.³⁶ Similarly, Logansport Memorial Hospital in Indiana spearheaded efforts to improve opportunities for physical activity and recreation around the hospital, converting abandoned railroad trails near the hospital into recreational trails for hospital employees and the larger community³⁷ (see *Case in Point 13 - Programs Addressing the Built Environment*).

Case in Point 13 - Programs Addressing the Built Environment

Logansport Memorial Hospital, Indiana

In an effort to improve physical activity opportunities for hospital employees and community members, Logansport Memorial Hospital worked with local partners to convert abandoned railroad lines near the hospital into a paved recreation trail. Used by approximately 4,000 visitors per week, the River Bluff Trail is handicapped-accessible and includes a canoe-launch, picnic areas, rest stops, and parking. The hospital also hosts racing and walking events on the trail. Hospital maintenance staff and community volunteers help to maintain the trail. In addition to the trail, Logansport Memorial has worked with community partners to develop a central community park, which includes fields for sports, walking trails, and playgrounds.

For more information about the Logansport Memorial initiatives, see:

http://www.cdc.gov/nccdphp/dnpao/hwi/downloads/p2p/P2P_PA_Issue5.pdf

<http://www.logansportmemorial.org/pages/Trail-Preserve>

For additional examples of how hospitals can help improve the built environment, see the CDC’s Healthy Hospital Practice to Practice Series at:

http://www.cdc.gov/nccdphp/dnpao/hwi/resources/hospital_p2p.htm

Resources and Places for More Information on Community Benefit and Obesity Programming

The following list provides resources that may be helpful to hospitals as they plan and implement new community benefit programs around obesity. It is by no means exhaustive, but simply a sampling of organizations, programs, and helpful resources that we encountered throughout our project.

Information about Community Benefit—General Resources:

- Association for Community Health Improvement:
<http://www.communityhlth.org/communityhlth/resources/communitybenefit.html>
- Boston Children’s Hospital
<http://nebula.wsimg.com/38a3ff589a4404bbc4b789cf083a3873?AccessKeyId=8207E6ED35D1C429CC39&disposition=0>
<http://nebula.wsimg.com/01e02f3bec3a512393c333dce1e54316?AccessKeyId=8207E6ED35D1C429CC39&disposition=0>
- Catholic Health Association Community Benefit Resources
<http://www.chausa.org/communitybenefit/community-benefit>
<http://www.chausa.org/docs/default-source/environment/healing-communities-and-the-environment.pdf?sfvrsn=6>
- Centers for Disease Control and Prevention: Resources for Implementing the Community Health Needs Assessment Process:
<http://www.cdc.gov/policy/chna/>
- Community Commons: CHNA Toolkit:
<http://assessment.communitycommons.org/CHNA/>
- Hilltop Institute Hospital Community Benefit Program:
<http://www.hilltopinstitute.org/hcbp.cfm>
- Trust for America’s Health:
<http://healthyamericans.org/assets/files/Partner%20With%20Nonprofit%20Hospitals04.pdf>

Information and Examples of Community-Based Obesity-Related Initiatives:

- Boston Children’s Hospital’s Fitness in the City:
<http://www.childrenshospital.org/about-us/community-mission/core-community-health-issue-areas/fitness-and-nutrition>
<http://nebula.wsimg.com/819128d9ea2988584bf0698d5c17e44a?AccessKeyId=8207E6ED35D1C429CC39&disposition=0>
- CDC’s Healthy Community Design Initiative:
www.cdc.gov/healthyplaces
- The Community Guide (Community Task Force):
<http://www.thecommunityguide.org/obesity/communitysettings.html>
- Diabetes Prevention Program:
<http://www.cdc.gov/diabetes/prevention/>
- Healthy Kids, Healthy Communities (Robert Wood Johnson Foundation):
<http://www.healthykidshealthycommunities.org/>

- ProActive Kids:
<http://proactivekids.org/>
- Safe Routes to Schools:
www.saferoutespartnership.org
- Smart Growth America and Complete Streets Coalition:
<http://www.smartgrowthamerica.org>;
<http://www.smartgrowthamerica.org/complete-streets>
- Trust for America’s Health Obesity Prevention Stories:
http://healthyamericans.org/health-issues/story_category/obesity-prevention?type=prevention_story
(see also examples regarding access to healthy foods, physical activity, preventing childhood obesity, safe routes to schools, workplace wellness, etc.)
- We Can!
<http://www.nhlbi.nih.gov/health/public/heart/obesity/wecan/>

Information About Obesity:

- National Heart, Lung, and Blood Institute:
http://www.nhlbi.nih.gov/guidelines/obesity/ob_home.htm
- Obesity Action Coalition:
<http://www.obesityaction.org/>
- The Obesity Society:
<http://www.obesity.org/>
- STOP Obesity Alliance:
<http://www.stopobesityalliance.org/>
- Yale Rudd Center For Food Policy and Obesity:
http://www.yaleruddcenter.org/what_we_do.aspx?id=9

Conclusion

Nonprofit hospitals have an exciting opportunity through their community benefit work to make a substantial impact on improving the health of individuals with obesity and those at-risk for developing the disease. Working with community partners and public health officials, nonprofit hospitals can help broaden obesity treatment and prevention services offered within their communities and can help support the creation of healthier environments for nutrition and physical activity. Hospitals can also help to change perceptions about obesity through education and supportive communication and programming, both throughout the hospital and the community. Moreover, as hospitals begin to offer more community-level obesity interventions, they can play an integral role in building the evidence base through their community benefit programming, providing a valuable contribution not only to their own communities but also to public health as a whole.

Appendix: 2012 Schedule H (Form 990) Community Benefit Examples

- **Financial Assistance at Cost:** Sometimes referred to as “charity care,” this includes free or discounted health services provided to persons who meet the organization’s criteria for financial assistance and are unable to pay for all or a portion of the services.
- **Expenditures in connection with hospital participation in Medicaid and other means-tested government health programs**
- **Community health improvement services:** Activities or programs subsidized by the health care organization and carried out or supported for the express purpose of improving community health. Such services do not generate inpatient or outpatient bills, though there may be a nominal patient fee or sliding scale fee for these services. For both community health improvement services and community benefit operations (described below), activities or programs cannot be reported if they are provided primarily for marketing purposes or if they are more beneficial to the organization than to the community (for example, if activities are restricted to employees and physicians affiliated with the organization).
- **Community benefit operations:** These include: 1) Activities associated with CHNAs, 2) community benefit program administration, and 3) the organization’s activities associated with fundraising or grant-writing for community benefit programs.
- **Community building:** Activities that protect or improve the community’s health or safety, including, for example:
 - 1) physical improvements and housing, such as neighborhood improvement or revitalization projects and the development or maintenance of parks and playgrounds to promote physical activity;
 - 2) economic development, such as assisting small business development in neighborhoods with vulnerable populations;
 - 3) community support, such as neighborhood support groups, violence prevention programs, and public health emergency activities;
 - 4) coalition building, such as participation in community coalitions to address community health and safety issues; and
 - 5) community health improvement advocacy, such as efforts to support policies or programs to safeguard or improve public health. *Community building activities may be counted as community benefit when these activities are supported by evidence demonstrating that they improve community health.*
- **Health professions education:** Educational programs that result in a degree, certificate, or training necessary to be licensed to practice as a health professional within the state, as required by state law, or continuing education necessary to retain state license or certification by a board in the individual’s health profession specialty. It does not include education or training programs available exclusively to the organization’s employees and medical staff; however, it does include education programs if the primary purpose of such program is to educate health professionals in the broader community.
- **Subsidized health services:** Clinical services provided despite a financial loss to the organization, measured after removing losses associated with bad debt, financial assistance,

Medicaid, and other means-tested government programs. The services provided must meet an identified community need.

- **Research:** Any study or investigation with the goal of generating increased generalizable knowledge made available to the public. Examples include studies of the biological mechanisms underlying health and disease and the safety and efficacy of interventions for disease.
- **Cash and in-kind contributions for community benefit:** Contributions made by the hospital to health care organizations and other community groups to support one or more of the above community benefit activities. Contributions may include cash and grants, as well as “in-kind” contributions of staff hours donated by the organization, indirect cost of space donated for community benefit activities, and the financial value of donated food, equipment, and supplies.

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- ³ National Center on Health Statistics. Prevalence of Obesity in the United States, 2009-2010. NCHS Data Brief, No. 82. Available at: <http://www.cdc.gov/nchs/data/databriefs/db82.pdf>.
- ⁴ For example, a Google search of “hospital community health needs assessment obesity” revealed within the first three Google search result pages the CHNA reports of 27 different nonprofit hospitals that identified obesity as a significant health issue within their communities (accessed October 8, 2013).
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