

The Future of Community Benefit

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Maureen Kersmarki

Director, Adventist Health Policy Association

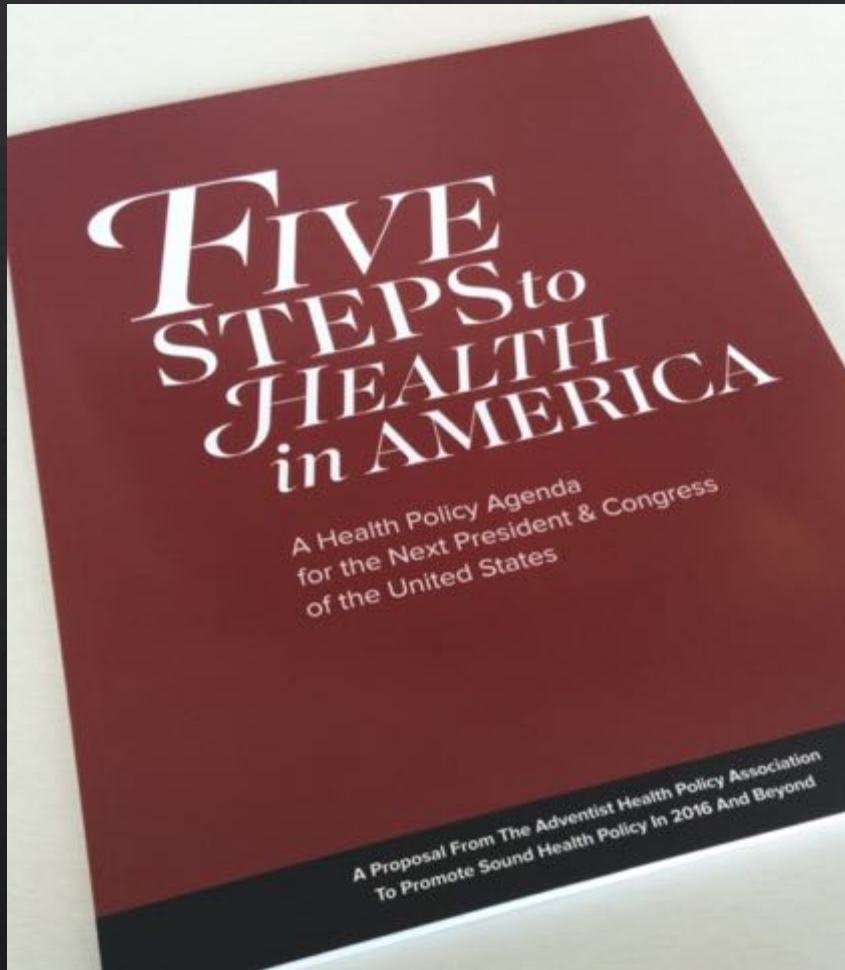
Director, AHS Community Benefit & Public Policy

Today's Discussion

- ◆ Adventist Health Policy Association
- ◆ Adventist Health Legacy and Mission
- ◆ History of Community Benefit
- ◆ Needs Assessments: Mandates or Opportunities?
- ◆ Partnerships and Shared Vision
- ◆ Hospitals as Anchor Institutions

Adventist Health Policy Association

- ◆ **Members:** Five Seventh-day Adventist health care systems with 84 hospitals in 17 states & the District of Columbia
- ◆ **Mission:** address & advance crucial policy issues that support our mission of helping all people achieve mind, body & spiritual wholeness
- ◆ **Board:** CEOs of Adventist Health, Adventist Health System, Adventist HealthCare, Kettering Health Network & Loma Linda University Health



1. Wellness as a Key Domestic Policy
2. Improve the health system
3. Public Health infrastructure
4. People & Community-centered Care
5. Health in All Policies

Adventist Legacy & Mission

Battle Creek Sanitarium



In 1866, Seventh-day Adventist medical pioneers established an innovative health care program in Battle Creek, Michigan, looking to the healing ministry of Christ for inspiration.

“This was a place where each person was valued as a creation of God, and where caregivers created a healing environment focused on extraordinary whole-person care.

“Their commitment and philosophy continue today in hundreds of hospitals, nursing homes and clinics around the world.”



1905



John A. Burden

Loma Linda Sanitarium



Our Faith-based Mission

- ◆ Quality, Whole-Person health care
- ◆ Improving the health of our Communities – inside and outside our walls

Seek the peace and prosperity of the city to which I have carried you... because if it prospers, you too will prosper. "

History of Tax Exemption

- ◇ 1800s – **charitable** associations, such as hospitals & orphanages, were established to confront the issues & ills of the time
- ◇ IRS Ruling 56-185 – tax exemptions to “any community chest, fund or foundation organized & operated exclusively for **religious, charitable or scientific purposes**”

Not-for-Profit Hospitals & Community Benefit

- ◆ 1965 – Medicare & Medicaid
- ◆ IRS Ruling 69-545 – not-for-profit hospitals
 - ◆ Must take Medicare & Medicaid
 - ◆ Must provide Benefit to the broad community
 - ◆ Open ED & open Medical Staff
 - ◆ Community Board
- ◆ Community Benefit is **more than charity care**
 - ◆ No requirement re: charity care levels
 - ◆ Includes definition of what counts as CB

Hospital Community Benefit

- ◆ Community Health Improvement
- ◆ Community-Based Clinics & Screenings
- ◆ Cash & In-Kind Donations
- ◆ Health Professions Education
- ◆ Research
- ◆ Subsidized Health Services
- ◆ Health-related Community-Building Activities (e.g., removing lead in public housing, work in food deserts, homelessness, violence prevention)
- ◆ Charity Care
- ◆ Medicaid Losses

Affordable Care Act / IRS Ruling 501r

◆ Community Health Needs Assessments

- ◆ Needs of broad community
- ◆ Input from Public Health & “low-income, minority & other underserved populations”

◆ Implementation Plans

- ◆ Measurable efforts that “move the needle”
- ◆ Annual progress updates on IRS Schedule H

◆ Other requirements

- ◆ Written Financial Assistance Policies (FAP)
- ◆ Limits on charges
- ◆ Billing & collection policies

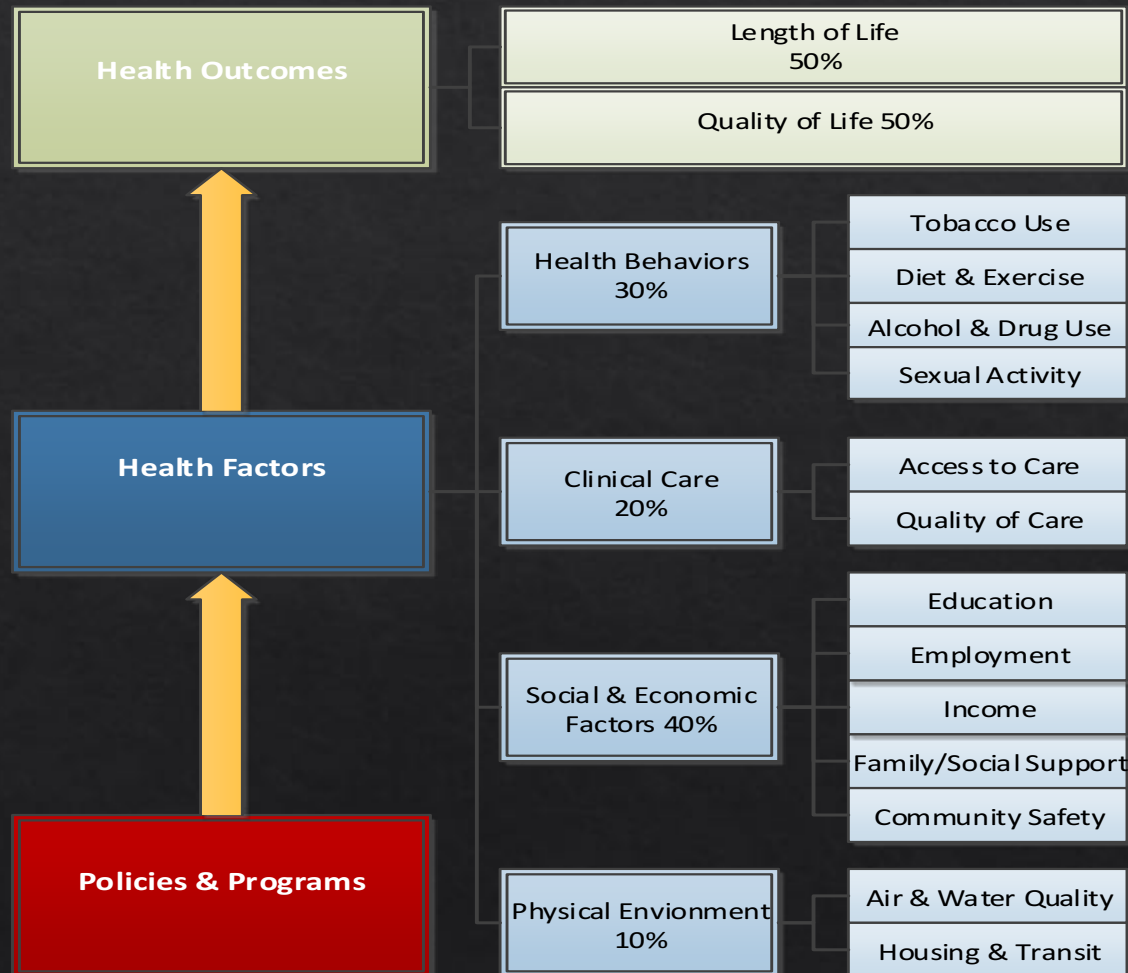
The CHNA: More than a Mandate

- ◆ The Needs Assessment Opportunity
 - ◆ Fulfill our Mission – *meet community needs*
 - ◆ Protect our Not-for-Profit Status – *tax exemptions*
 - ◆ Communicate our Value – *multiple audiences*



CHNA Framework:

Health is More than Health Care



Recommended Practices

Shared Decision-making: it really is safe!



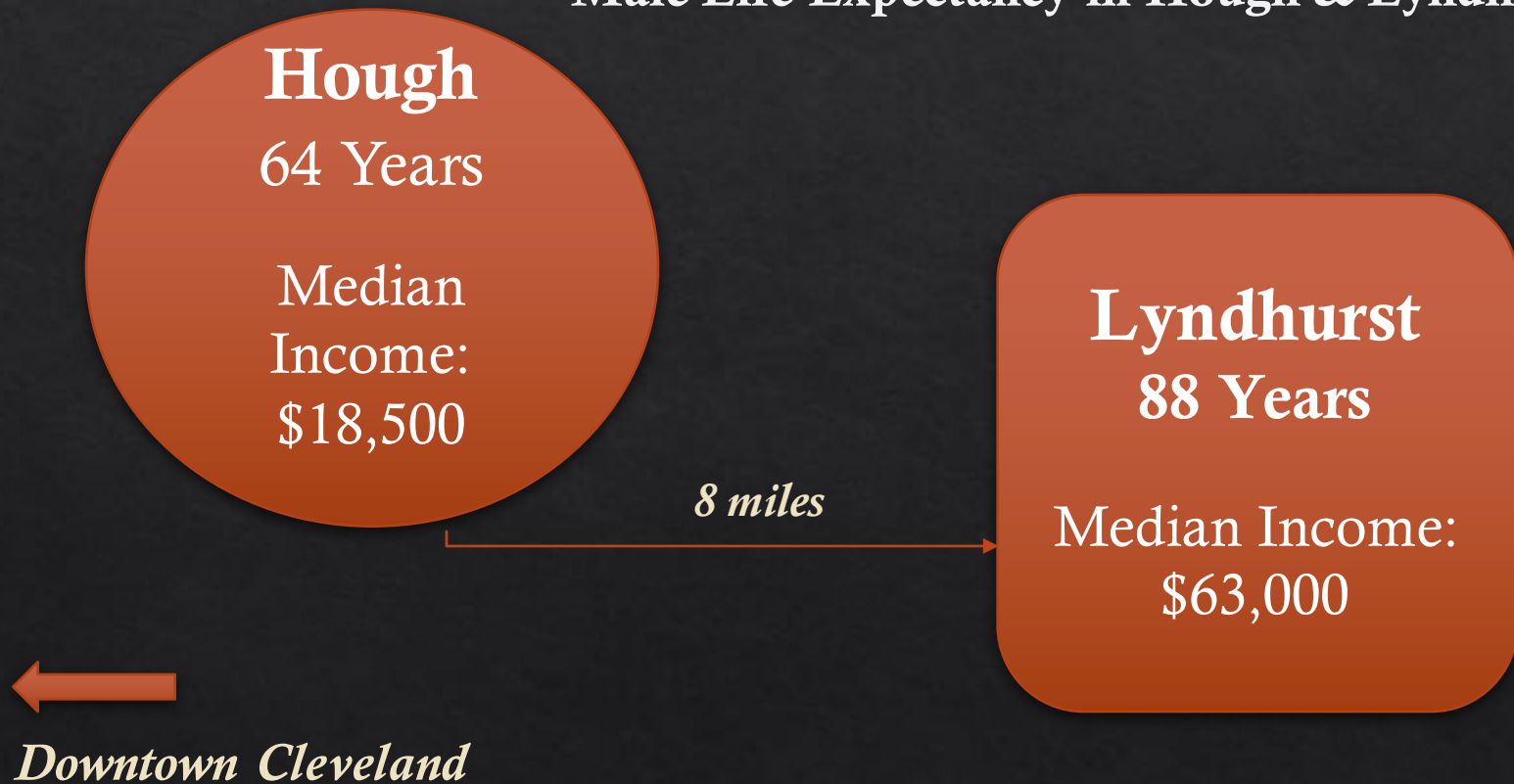
Recommended Practices

Coordinate Hospital & Community Strategies –
Share the Ownership



Recommended Practices: Place Matters

Male Life Expectancy in Hough & Lyndhurst



Place Matters

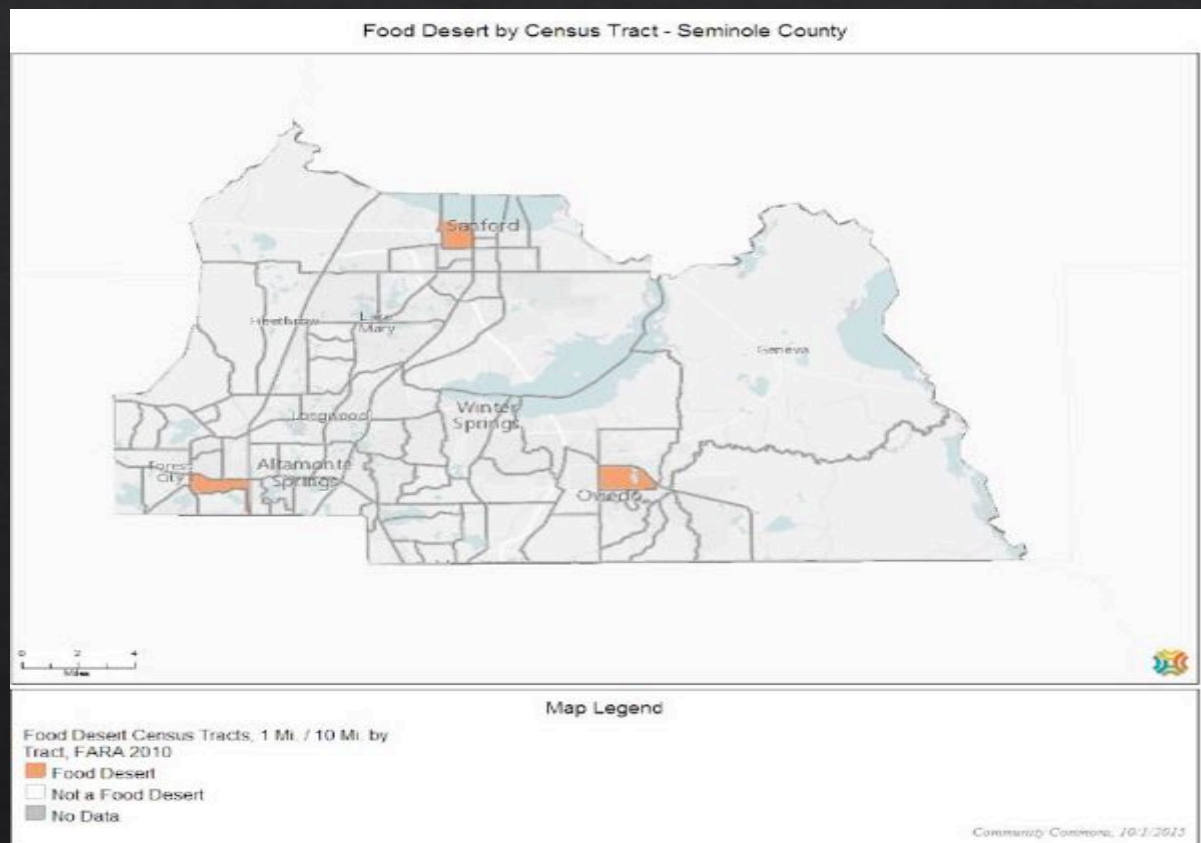
- ◆ “Place gives us a point of entry.
- ◆ “It makes visible the concrete and specific social and physical contexts of our patients’ lives,
- ◆ “Pinpoints social needs and interventions,
- ◆ “And helps us identify, assess and measure the social determinants of their health.”

Insights from New Systems of Health,

Stakeholder Health 2016.

Place Matters: Hot-Spotting

Know where the Top 8-12 Issues are clustered



Recommended Practices: CHNAs as Strategic Roadmaps

◆ Key Strategies

- ◆ Move from “Random Acts to Kindness” to strategic, measureable community health improvement efforts in CB spending
- ◆ Build Partnerships → shared ownership of issues
- ◆ Advocacy Agendas that address community issues
 - ◆ 22 Florida Hospitals: Access to Care, Mental Health & Hunger

Recommended Practices: Anchor Strategies

- ◆ Anchor Strategy: “a commitment to address persistent community challenges”
- ◆ Varying Roles of Anchor Institutions
 - ◆ Leaders
 - ◆ Conveners
 - ◆ Specialists
 - ◆ Promoters/funders

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Hospitals as Anchor Institutions

- ◆ Anchor Institutions
 - ◆ Hospitals, universities and local governments
 - ◆ Usually not-for-profit
 - ◆ Firmly rooted and place-based
- ◆ Anchor Roles
 - ◆ Leaders
 - ◆ Conveners
 - ◆ Specialist
 - ◆ Promoters



Anchor Roles

- ◆ *Leaders* lead strong, active partnerships that address the community's medical, environmental and economic concerns. The hospital may or may not “own” the issue.
- ◆ *Conveners* bring together hospital & community stakeholders re solutions for community needs.
- ◆ *Specialists* work with a focused group of community partners to concentrate on specific health issues such as diabetes & heart disease.
- ◆ *Promoters* support other organizations' initiatives through funding or in-kind donations.

Anchor: Henry Ford Health System

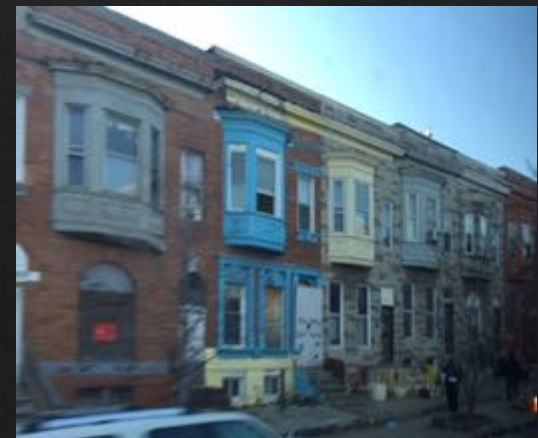
- ◆ Leader
 - ◆ Neighborhood improvement (3)
 - ◆ Future Campus
 - ◆ Source Detroit – 10% local procurement goal
- ◆ Convener or Specialist
 - ◆ Tech Town – business incubator
 - ◆ Live Midtown – employer-assisted housing
 - ◆ Neighborhood stabilization – local properties
 - ◆ Sewing Up the Safety Net – infant mortality
- ◆ Promoter
 - ◆ Charter schools
 - ◆ Henry Ford Early College
 - ◆ High-risk ninth-graders in health professions track
 - ◆ 5-yr. high school/AA degree/clinical certificates (saves tuition)



Anchor: Bon Secours – Baltimore

Leader

- ◆ Neighborhood Revitalization
 - ◆ Built/rehabbed 650 housing units
 - ◆ Clean and Green – 640 vacant lots
 - ◆ 60 minor home improvement grants
 - ◆ Senior citizen housing
- ◆ Capacity building
 - ◆ Youth landscape training program
 - ◆ Workforce development
 - ◆ Women's Resource Center
- ◆ Local and minority purchasing



Anchor: Florida Hospital – Bithlo

- ◇ Education
- ◇ Transportation
- ◇ Housing
- ◇ Health Care
- ◇ Environment
- ◇ Basic Needs
- ◇ Sense of Community
- ◇ Economic Opportunity
- ◇ The Arts



*“Seek the peace and prosperity
of the city to which
I have carried you.... because
if it prospers,
you too will prosper.”*

Jeremiah 29:7

YOUR Thoughts?

Ideas? Comments? Questions?

