
Getting to Convergence: Emerging Lessons in Efforts to Align the Health and Community Development Sectors

Annual NACEDA Conference

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Luncheon Keynote

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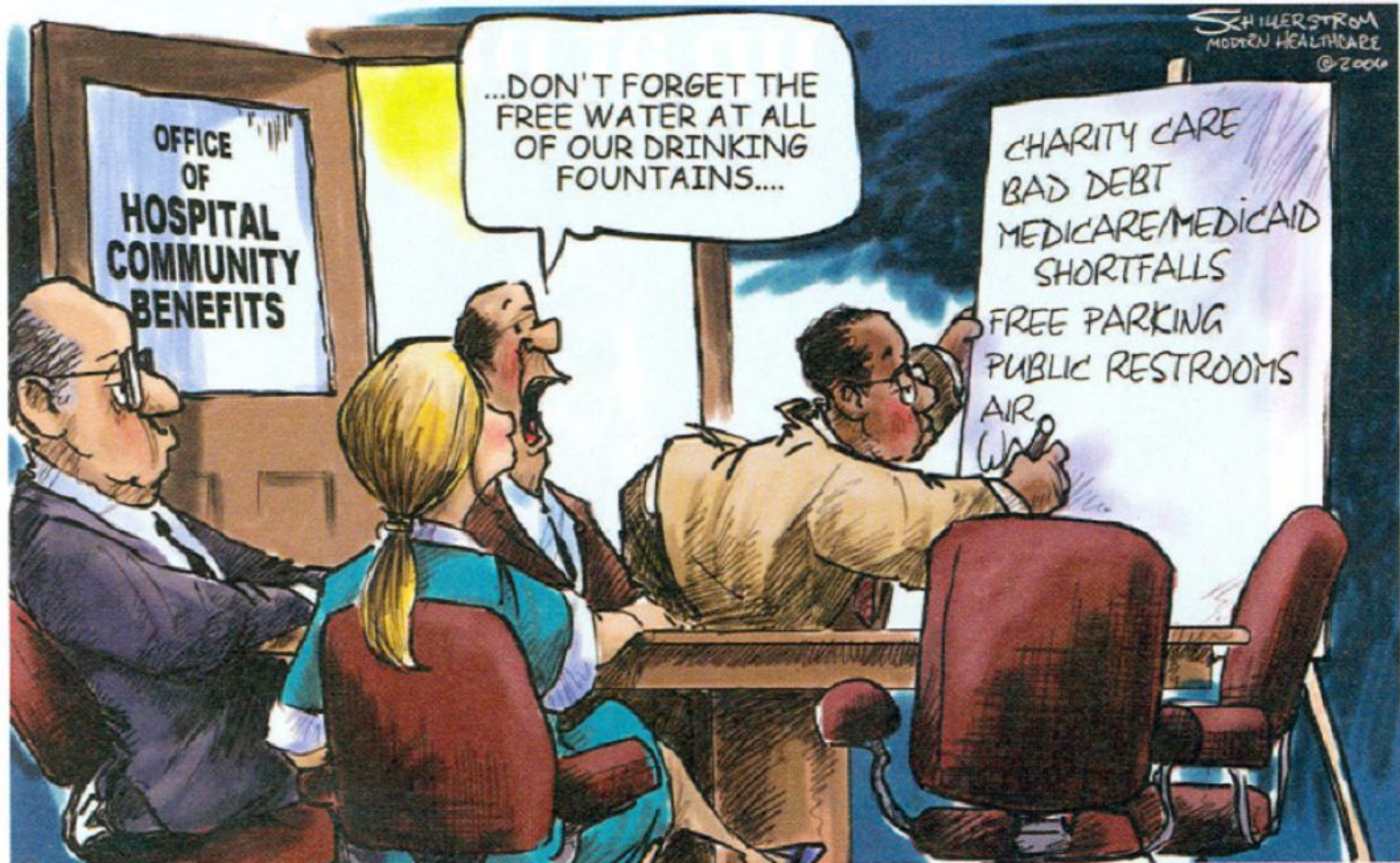
Senior Investigator

Public Health Institute



The Old Model of Community Benefit

Opinions Editorials



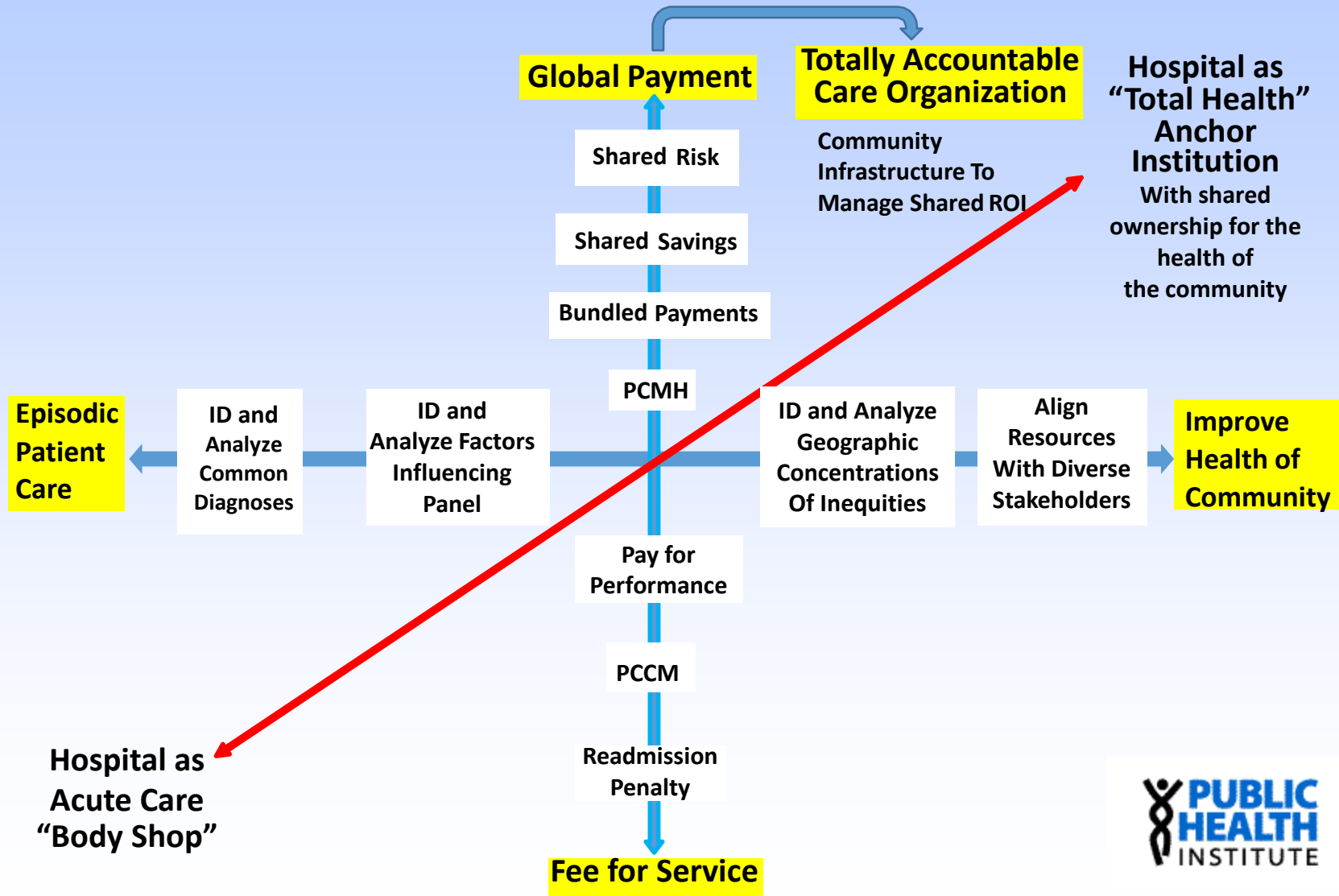
Compliance – IRS Final Regulations

- **Setting priorities** – “community input in identifying and prioritizing significant health needs, as well as identifying resources.”
- **Document community input** – “take into account comments received on the previously adopted implementation strategy”
- **Focus on disparities** – “ joint CHNA conducted for a larger area could ID a significant health need a need that is highly localized in nature or occurs within only a small portion of that larger area.”
- **SDH** – “expand health needs to prevent illness, to ensure adequate nutrition, or to address social, behavioral, and environmental factors that influence health in the community.”
- **Evaluation** – “the CHNA to include an evaluation of the impact of actions taken since the hospital facility finished conducting its immediately preceding CHNA.”

Imperative for Transformation

- Expanded coverage and shift in financial incentives in health care
- Health care providers/payers increasingly at financial risk for poor health driven by SDH
- Increasing transparency
- Emerging societal imperative to address fundamental inequities
- Growing awareness of need to align health and community development sectors and build shared ownership where inequities are concentrated
- Need to better align and optimally leverage EXISTING resources
- Increase focus and support local infrastructure to manage, facilitate, evaluate, and sustain

Health Care Transformation Continuum



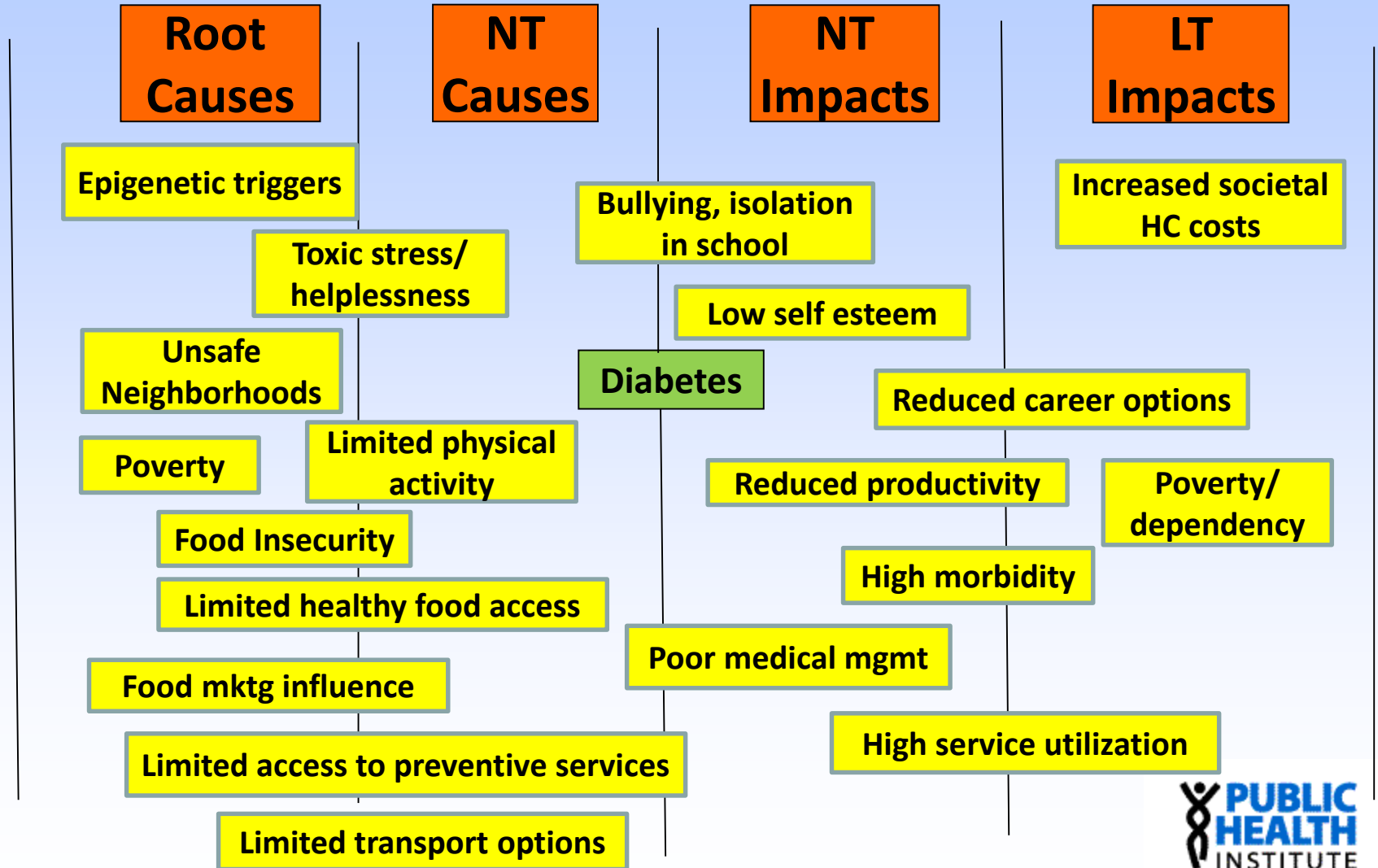
Coming to Terms with Health Inequities



- Unhealthy housing
- Exposure to array of environmental hazards
- Limited access to healthy food sources & basic services
- Unsafe neighborhoods
- Lack of public space, sites for exercise
- Limited public transportation options
- Inflexible and/or poor working conditions
- Health impacts (e.g., allostatic load) of chronic stress



Problem Analysis



Population Health

Population Health Management

Assess patient health status



Ensure timely access to clinical services and medications



Clinical case management through team-based care



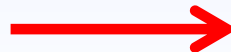
Patient education



Use EMR to ID and group risk populations, monitor service utilization and patient outcomes



Lament persistent patient noncompliance



Place-Based Population Health

Assess patient health status, ***social and environmental risk factors***

Ensure access to clinical services ***& link to social support systems***

Case management through clinical and ***community-based teams***

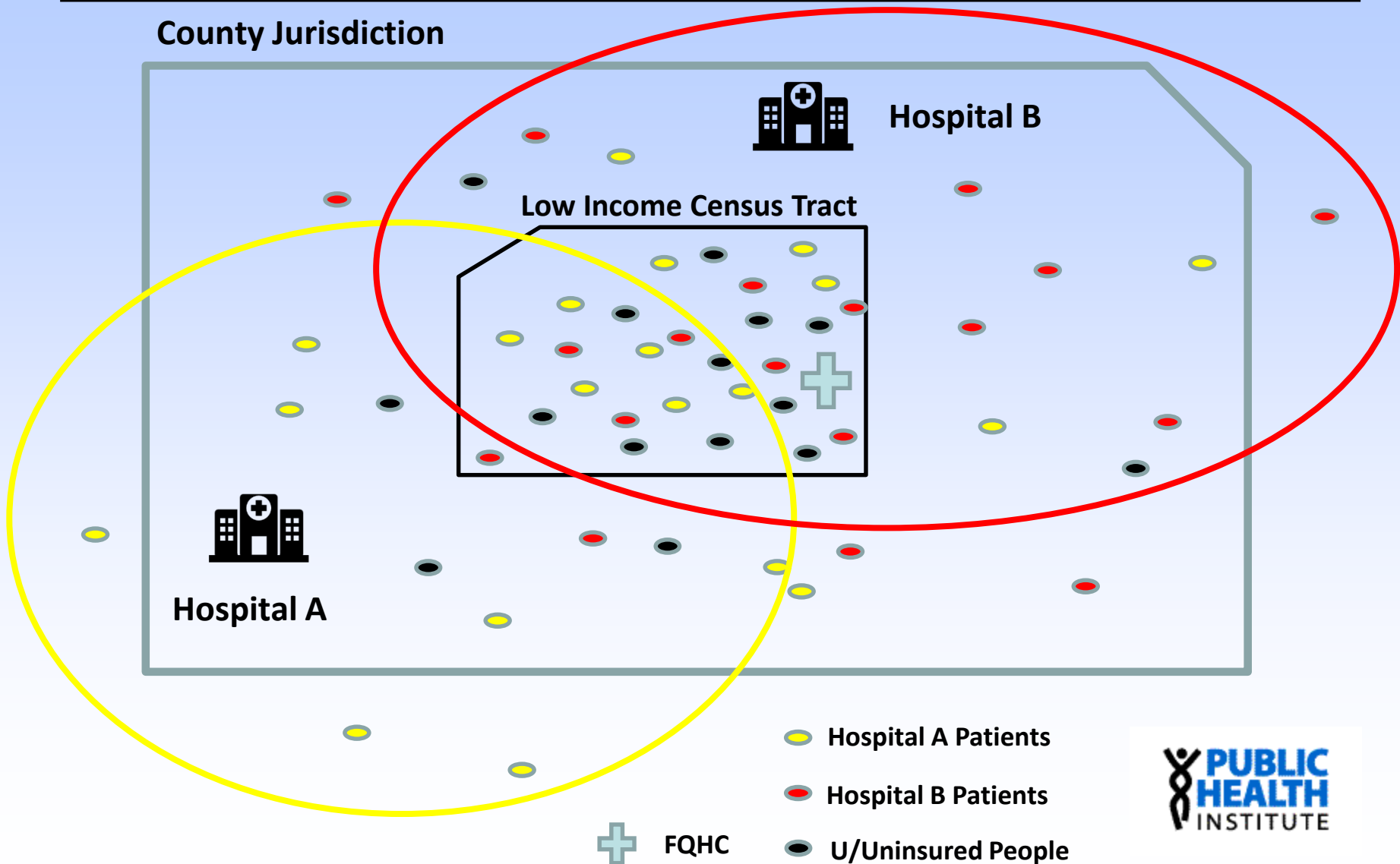
Community-based education, ***problem solving, and advocacy***

Use ***EHR*** and ***GIS*** to identify geo conc. of ***health disparities, target interventions, & monitor population health outcomes***

Leverage HC resources through ***strategic engagement*** of diverse stakeholders

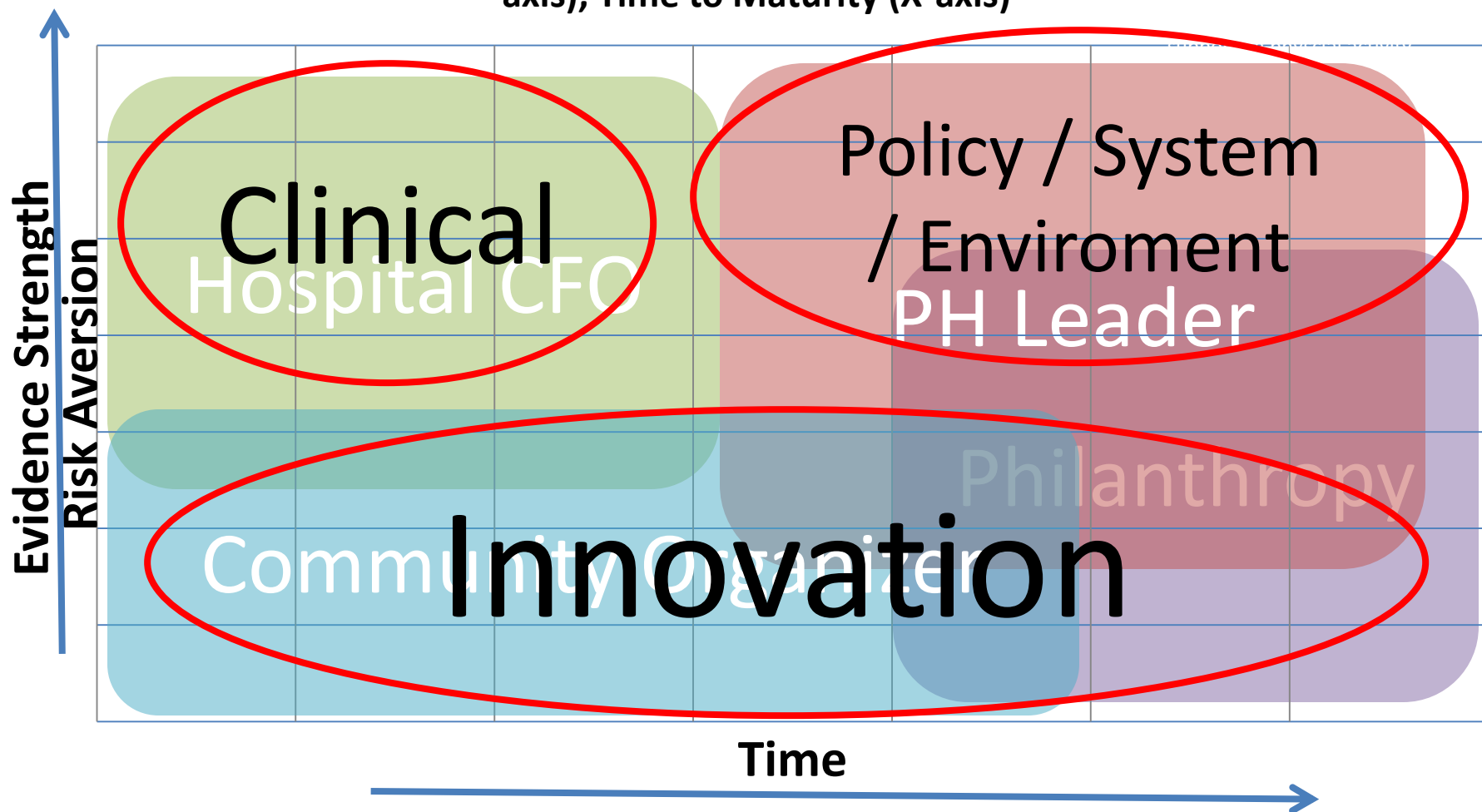
The Four Ps: People, Patients, Populations, and Places

County Jurisdiction

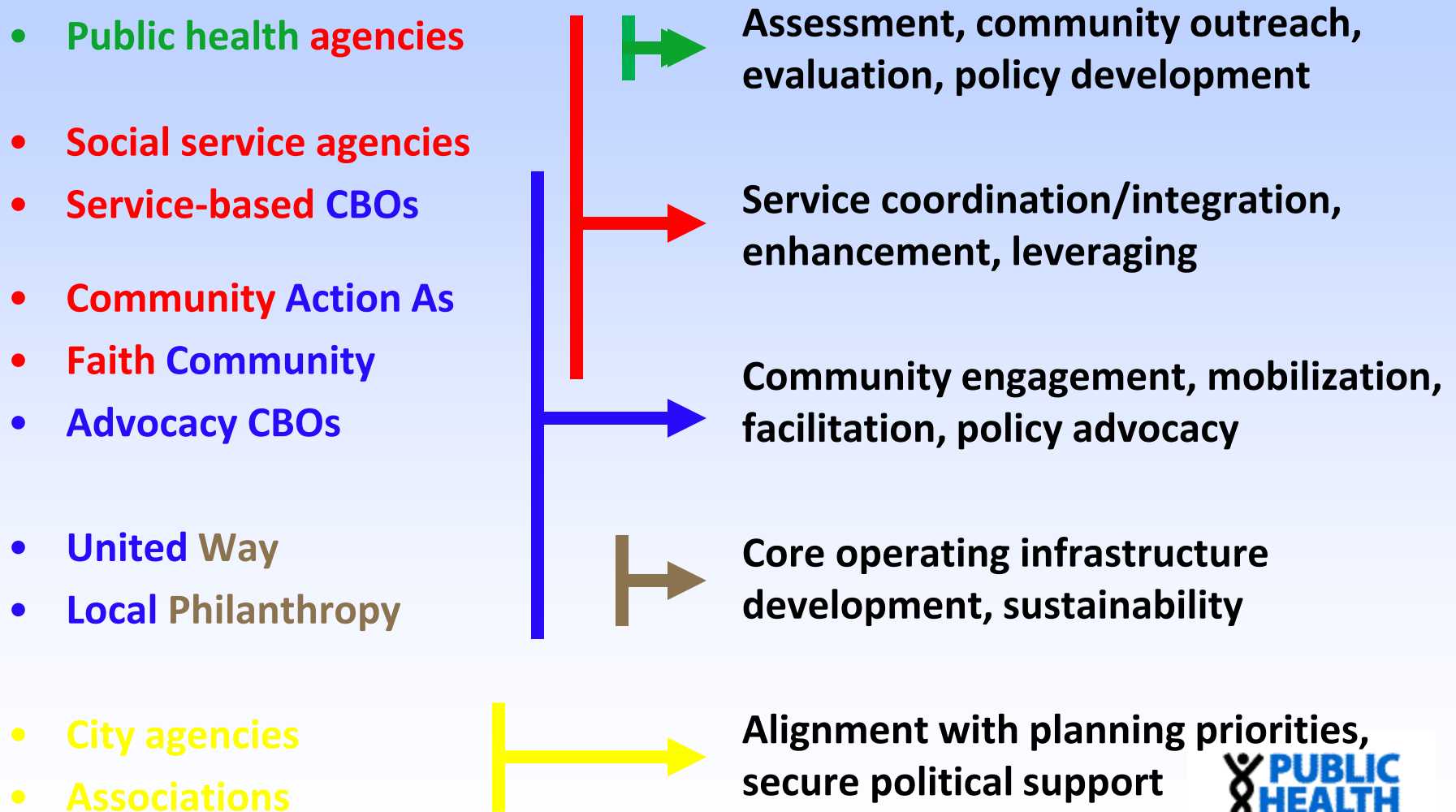


Visualizing Different Perspectives

Intervention Selection Framework: Return(size), Evidence Support (Y-axis), Time to Maturity (X-axis)



Potential Partners - Roles



What do we mean by “Alignment?”

Forms of Alignment

- **Spatial**
- **Temporal**
- **Financial**
- **Complementary**
- **Advocacy**
- **Strategic**

Practical Application

- Co-locate services/programs to increase accessibility and convenience for residents with similar needs.
- Establish common hours of operations.
- Pool resources to accomplish objectives not possible alone.
- Share expertise, re-design, and build explicit links across services/programs to create mutually reinforcing effects
- Build common platforms for advocacy on core issues that impact all residents and businesses serving the community.
- Re-organize and merge as appropriate to share expertise, build administrative economies of scale, and increase reach.

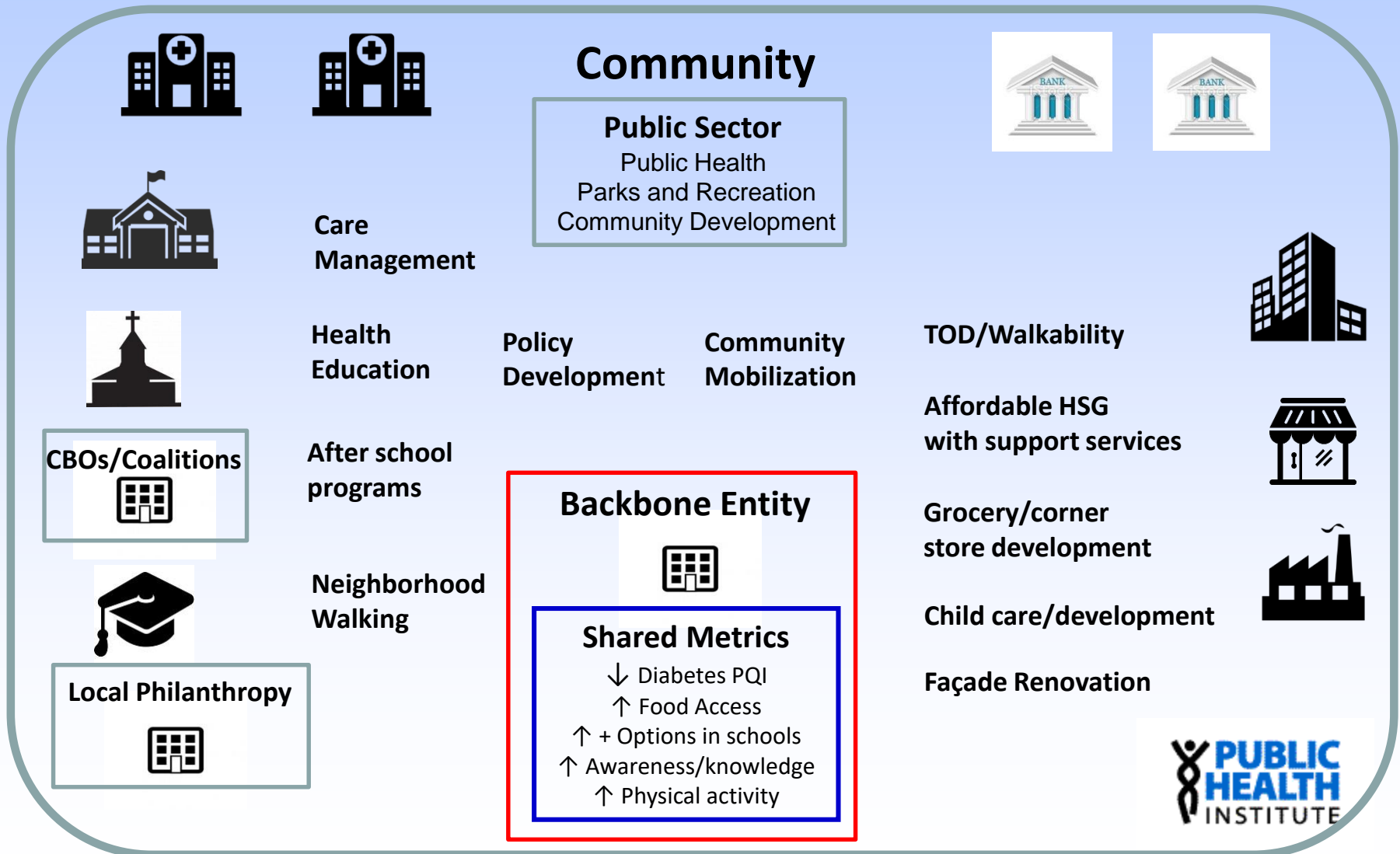
Opportunities for Alignment

Issue-Specific Assessments (Health Impact Assessment)	Local Health Departments (CHAs/CHIPs)	Tax-exempt Hospitals (CHNAs/ISs)	Community Health Centers (Section 330 Application)	United Ways (CHAs)	Community Action Agencies (Community Services Block Grant Application)	Financial Institutions (CRA Performance Context Review)
<p>When available, HIAs provide an additional layer of information, most often relating to broader environmental impacts, in the design of strategies to improve health.</p>	<p>Given reduced public funding,, ongoing collaboration with diverse stakeholders provides an opportunity to leverage expertise and secure political support for LHD leadership in monitoring and advancement of policies that reinforce and sustain improvements in health status and quality of life.</p>	<p>IRS allows hospitals to develop ISs in collaboration with other hospitals and State and local agencies, such as public health departments.</p> <p>Expanded enrollment and movement towards global budgeting will require work with others who can help address the determinants of health and reduce health disparities.</p>	<p>CHCS are encouraged to link with other providers such as LHDs and hospitals to provide better-coordinated, higher quality, and more cost-effective services.</p>	<p>UWs have an established history of collaborating with other stakeholders in conducting assessments and addressing unmet health needs.</p>	<p>Standard 2.1 emphasizes partnerships across the community, CAAs can often “serve as a backbone organization of community efforts to address poverty and community revitalization: leveraging funds, convening key partners...”</p>	<p>Targeted CRA investments in housing, retail, education, and job creation in targeted low-income census tracts that are aligned with parallel interventions and investments of health care and public health stakeholders provide an opportunity to address social determinants of health and help reduce health care costs.</p>

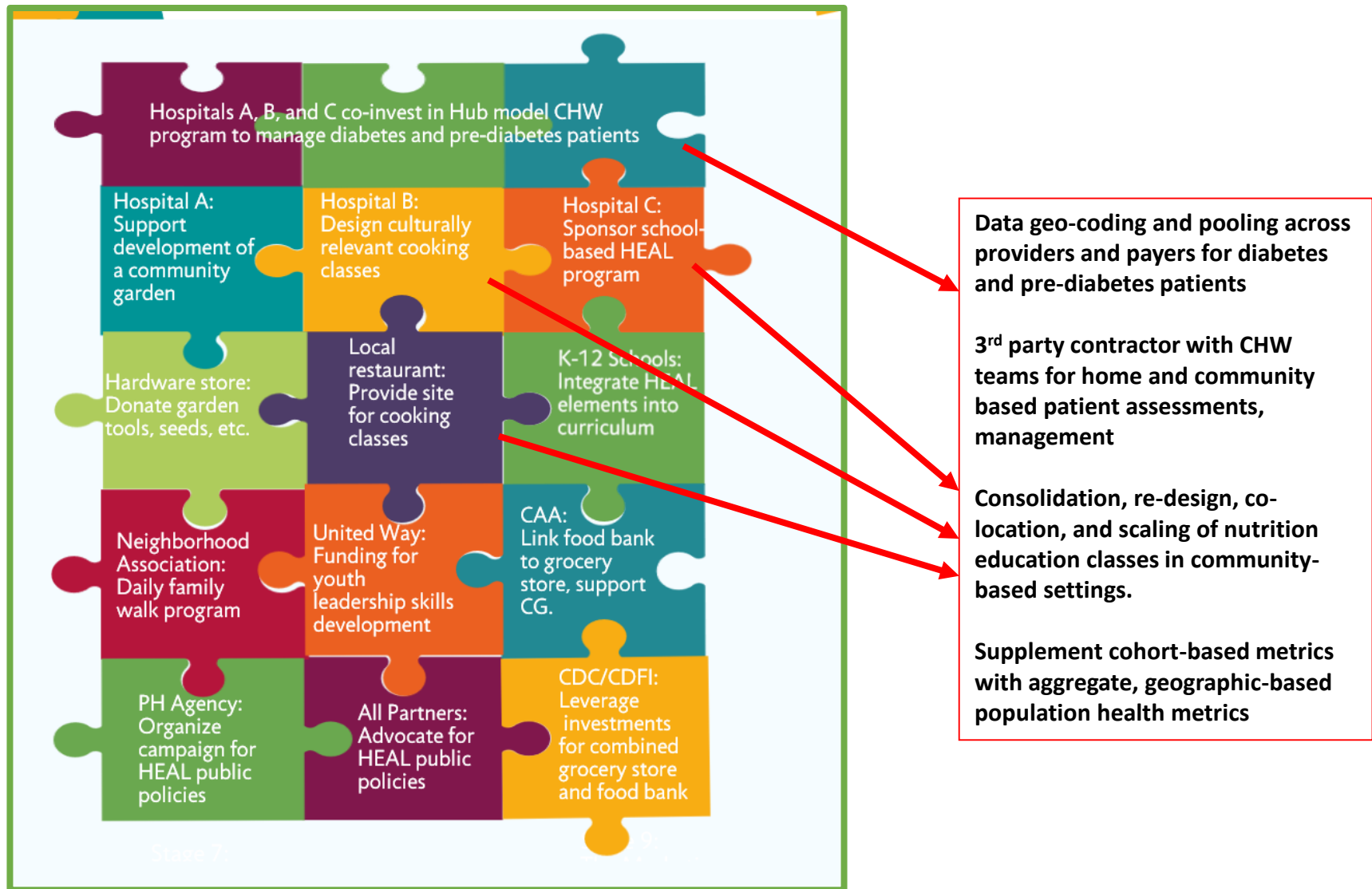
Domains of Activity, Geography, and Primary Focus of Interventions

Domains of Activity	Physical Environment	Social Determinants	Behaviors	Clinical
Geography of Interventions			Individual and Family	
	Regional – county Municipal – neighborhood			
Primary Stakeholders	Chambers of commerce Metropolitan planning → CDFIs / CDCs → Regional employers → State agencies		← Physicians groups Retail providers Corrections ← Hospitals ← Health Plans ← Community Clinics	
			← Public health agencies Social service agencies ← Community Action Agencies ← Homeless Shelters	

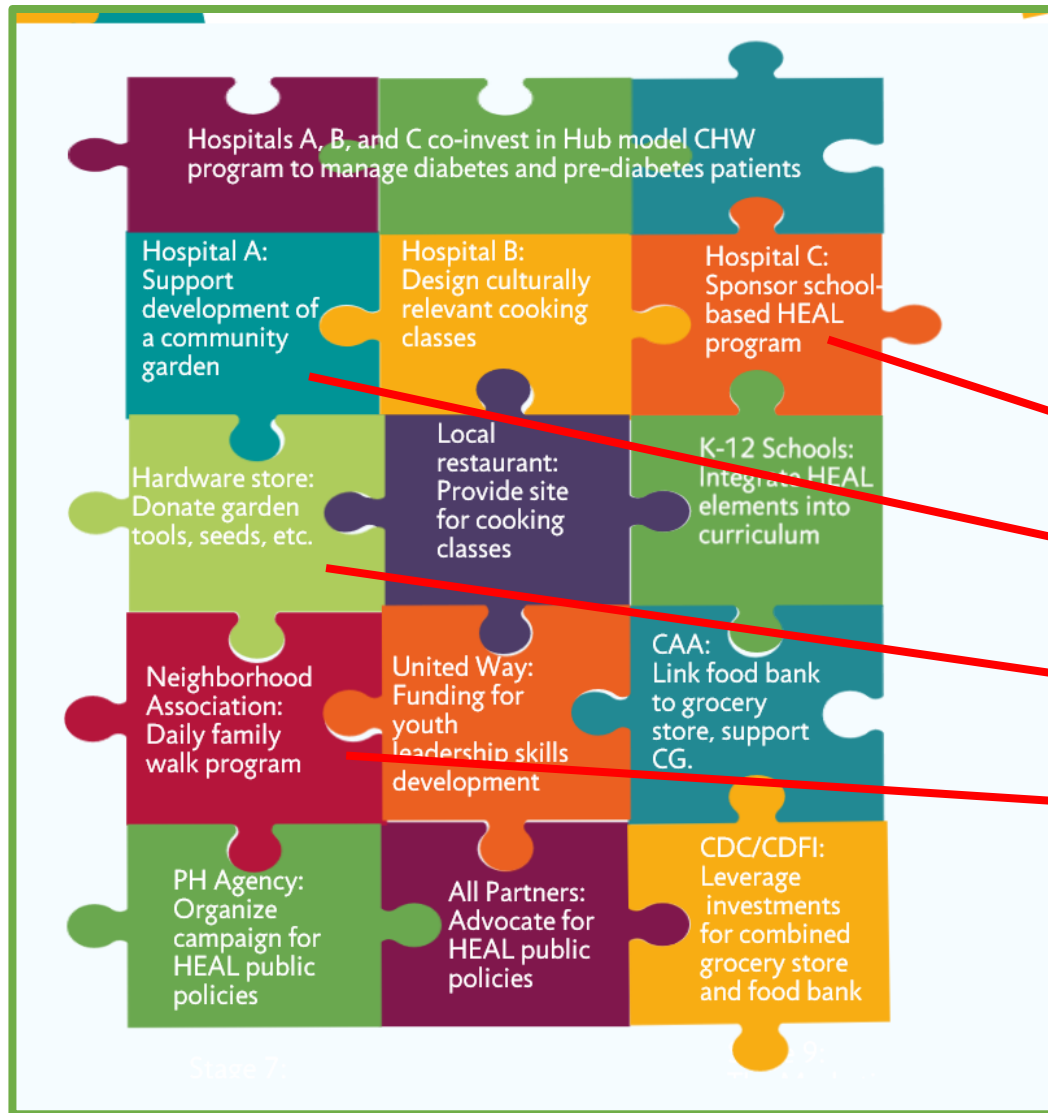
Focus on Obesity: Stakeholders and Areas of Focus



Components of Obesity-Focused Convergence Strategy



Components of Obesity-Focused Convergence Strategy



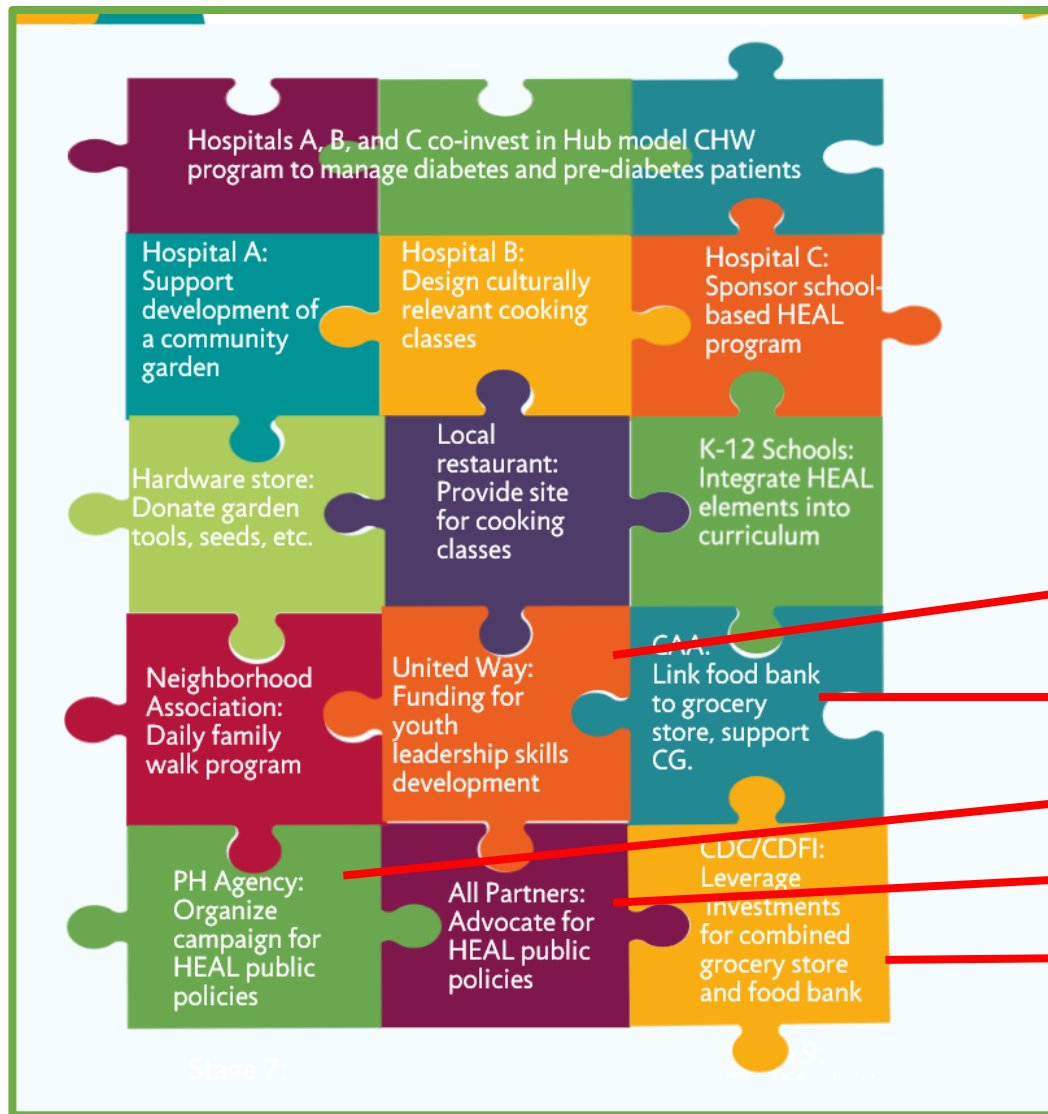
Engagement of school students as volunteers in scaling of community garden and integration of experiential learning into academic curriculum.

Recruitment of community residents engaged in community garden to family walk program.

Secure donation of materials and support hardware store marketing promotion of scaled community garden.

Sales of expanded produce production in local farmers market to generate income for garden.

Components of Obesity-Focused Convergence Strategy



Completed analysis justifying investment in grocery store by CDFI

Case for investment supported by coordinated engagement and solicitation of input from residents on types of food, related goods desired in grocery store as part of nutrition education programs and community gardens.

Resident youth employment by grocery store based on skill development supported by UW

Increased public awareness and support for HEAL public policies based upon broad support from providers, employers, schools, and the general public.

Early Adopters

- **Dignity Health**

- Engaged in targeted investments since 1980s
- Portfolio over \$100M in loans

- **Trinity Health**

- \$70M in loan investment pool
- Transforming Communities Initiative – six sites, combination of grants and investment pool – communities at the core

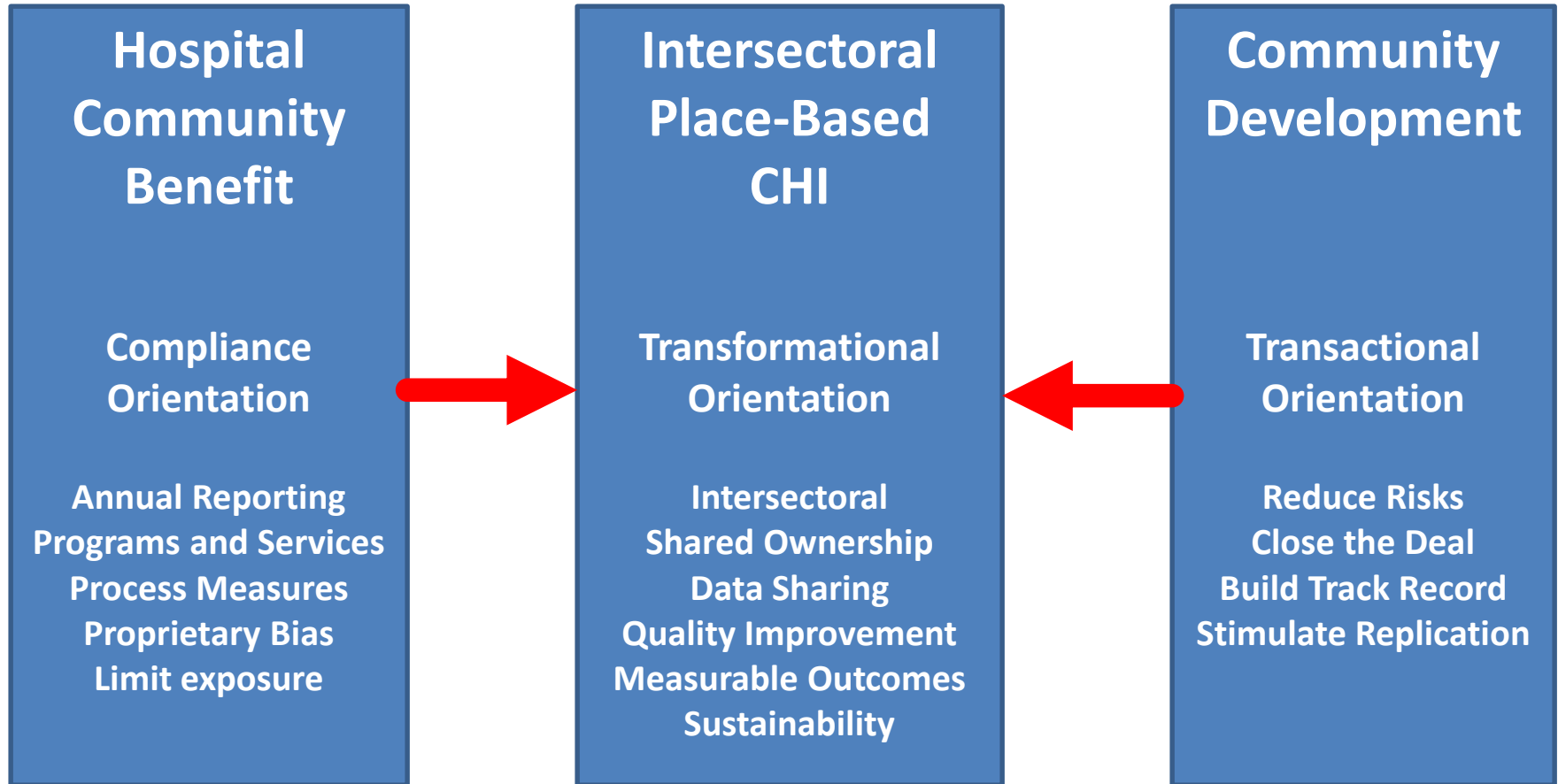
- **Cincinnati Children's Hospital**

- \$10M in community benefit agreement to support housing, related development in Avondale

Areas of Investment for Hospitals/Health Systems

- **Pre-development loans** for affordable housing
- **Capital campaign bridge loan** for low income dental care center
- **Revolving loan fund** for small business development nonprofit
- **Lending capital** for post disaster reconstruction
- **Scholarship Loan Programs** for under-represented youth
- **Loans for child care businesses** and other small business development
- Financing for **neighborhood revitalization**
- Housing **linked with support services**
 - Isolated seniors
 - Homeless people with behavioral health & substance issues

Convergence at the Center



Top 10 Readiness Factors

1. Resident and CBO coalition with **cohesion in spirit and priorities**.
2. Local philanthropy and anchor institutions **fund PME infrastructure**.
3. **Comprehensive approach** to health / CD alignment that includes allocation of returns for communities.
4. Provider/payer **commitment to pursue risk-based contracts**.
5. Partner commitment to **data/information sharing**.
6. Focus on a health problem with SDH **across the time/ROI continuum**.
7. **Evidence-based intervention** (with wrap around services, activities, policies, etc. to build comprehensive framework) **at the core**.
8. Engaged **local government agencies** (e.g., PH, SS, P&R, CED)
9. Engaged local **elected officials**, including city/county reps and mayor.
10. **Links to regional planning** strategy and priorities, including transportation.

Building Shared Ownership at the Regional Level

Pittsburg Post Gazette

Hospitals in Philadelphia on opposite ends of spectrum when it comes to charity care

July 31, 2016



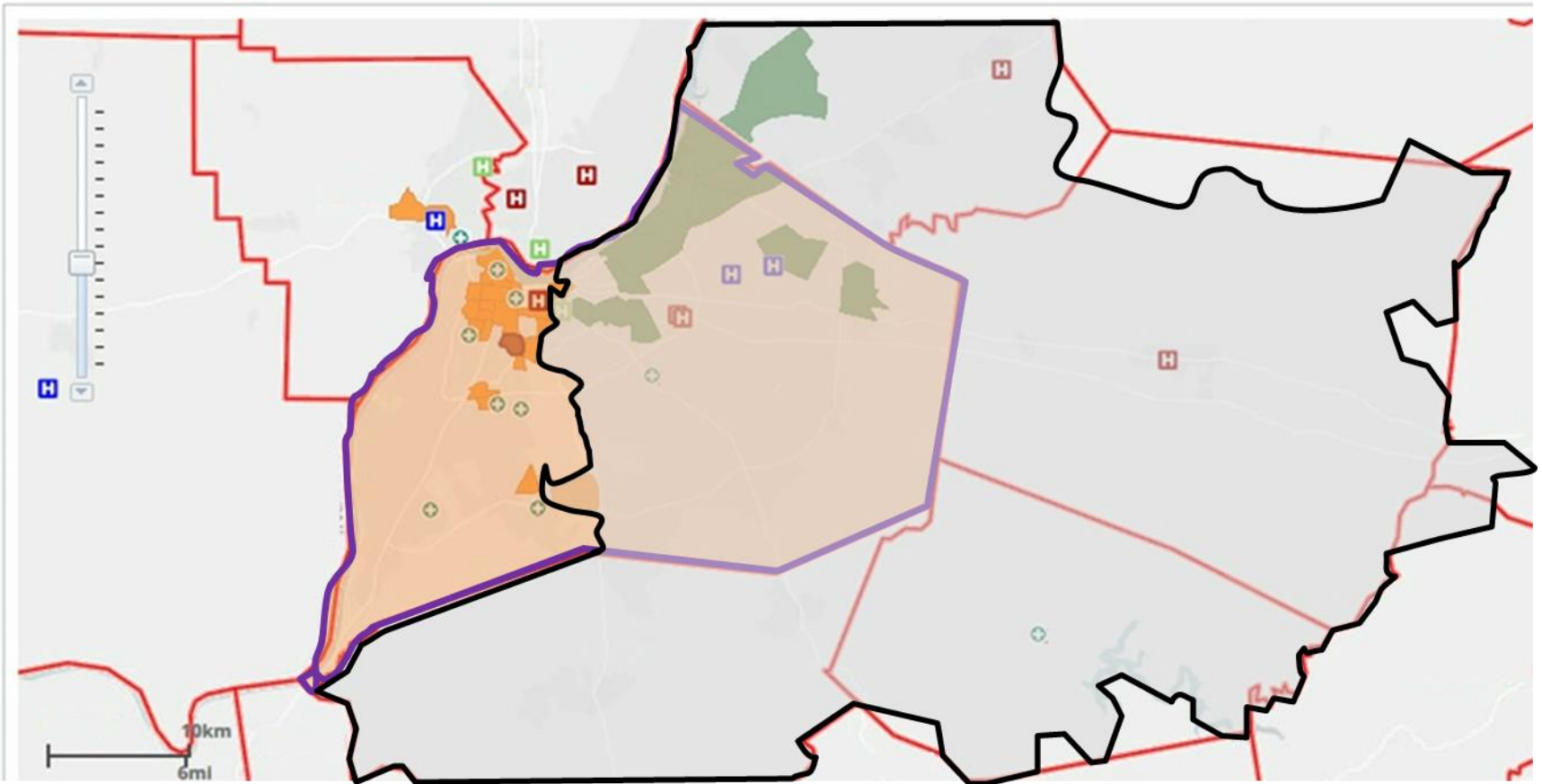
In 2014, the Hospital of the University of Pennsylvania, known as HUP, provided **\$7.1 million** worth of charity care equal to only .32 percent of its **\$2.2 billion in net patient revenue**, while it had about \$150 million in operational profits, according to PHC4.

Meanwhile, Temple provided **\$29.2 million** worth of charity care, equal to 3.42 percent of its **\$856 million in net patient revenue**, while losing about \$5 million on operations that year. The revenue made it the eighth largest hospital by revenue in the state.

HUP had much more bad debt — \$29.3 million or 1.31 percent — compared to Temple's \$1.8 million or .22 percent in bad debt.

Service Area Exclusion of Geo Areas with Concentrated Poverty

Vulnerable Populations Footprint



Key Takeaways

- **Link to larger HC business strategy**
 - Singular focus on CB (in near term) is path to marginalization; must help solve cost issue assoc. with move to risk-based reimbursement
 - From one-off check writing to ongoing leadership, including intersectoral engagement and public policy advocacy
- **Regional frame for shared ownership**
 - New era of transparency in org behavior offers immense potential
- **Local/regional CD capacity**
 - Need for objective, proactive assessment of local capacity at early stages of planning/engagement
- **Philanthropy – Connecting the Dots**
 - Time to walk your talk