GRANT MAKERS IN HEALTH

Moving Hospitals and Health Systems Upstream
April 23, 2019 2:00 pm

Speakers:

Colby Dailey, Build Healthy Places Network

Colleen Flynn, Build Healthy Places Network

Mary Phan-Gruber, Jefferson Regional Foundation

Antonia Monk Richburg, Cone Health Foundation

Jefferson Regional Foundation

Investing in the health and vitality of Jefferson Hospital communities

Mary Phan-Gruber, Executive Director
Jefferson Regional Foundation
Pittsburgh, Pennsylvania
mary.phan-gruber@jeffersonrf.org

Pittsburgh on three rivers

Jefferson Regional Foundation

Foundation Highlights

- 2013 result of Hospital sale to larger network
- Structured as supporting organization (type III FISO)
- 29 communities in area south of Pittsburgh PA
- 225,000 population and 12 school districts
- Mix of declining and healthy communities but particular concern w/suburban poverty

Grant priorities: health access/prevention,

- child & family outcomes
- strengthening populations & communities

Jefferson Regional Foundation

Foundation Highlights: Connections

- **Assets at $99 million, last year awarded $3.1 mill.**
- **Grants to over 85 community-based organizations**
- **Convening role:**
  - Annual local conference (Forum) at capacity of 275
  - Host active network of 90 organization (Collaborative)
  - Weeklong community conversation mealtime tables gathered 1000 residents (Around the Table South)
- **Information Bank**
  - publish a 140 page community resource guide
  - Developed one-page community snapshots

Jefferson Regional Foundation

Paddles for Community or Population Health

- **Social determinants of health are key**
- Clinical care accounts for only 10-20% of a person's health, our focus is on the other 80-90%
- Zip code matters more to mortality than your genetic code
- Social isolation contributes to mortality
- Build community capacity and connections

Pushing Upstream—Our examples

Connect healthcare and CBO leaders

Food delivery at healthcare sites

Language access providers

Behavioral health:outreach & MHFA

Transportation: survey, shared ride pilot

Premed student health coaches engaging in home visiting

Community health workers

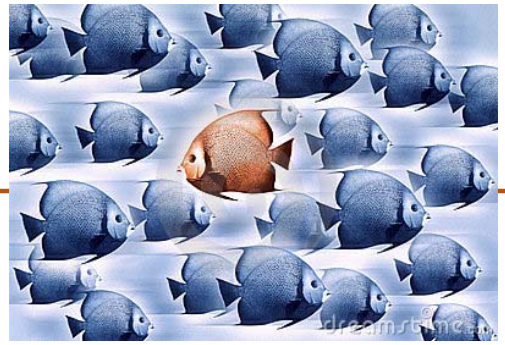
Jefferson Regional Foundation

Front Door Initiative for Social Emergency Medicine

- ✓ $1 mill over 4 yrs. to Jefferson Hospital ER
- ✓ ER 50,000 annual visits-expansion underway
- ✓ Front door – 65% of visits not true emergencies so ideal intervention/education point
- ✓ Project to build a model of excellence includes: program manager, data collection and analysis, staff training, planning, internal/external advisory and building referrals, pilot projects
- ✓ Best practice: Camden Coalition, Parkland

Jefferson Regional Foundation

Promoting Upstream Thinking



- Find internal champions
- Help connect/look outside
- Identify ROI & performance-based impacts
- Share community data & CHNA opportunity
- Embrace trend to social determinants
- Address challenges: data-sharing, CBO capacity
- Recognize/reward efforts and innovation

Cone Health Foundation

From Silos to Safety Net:
Creating Intentional Collaboration in the Community

Antonia Monk Richburg, Ph.D.

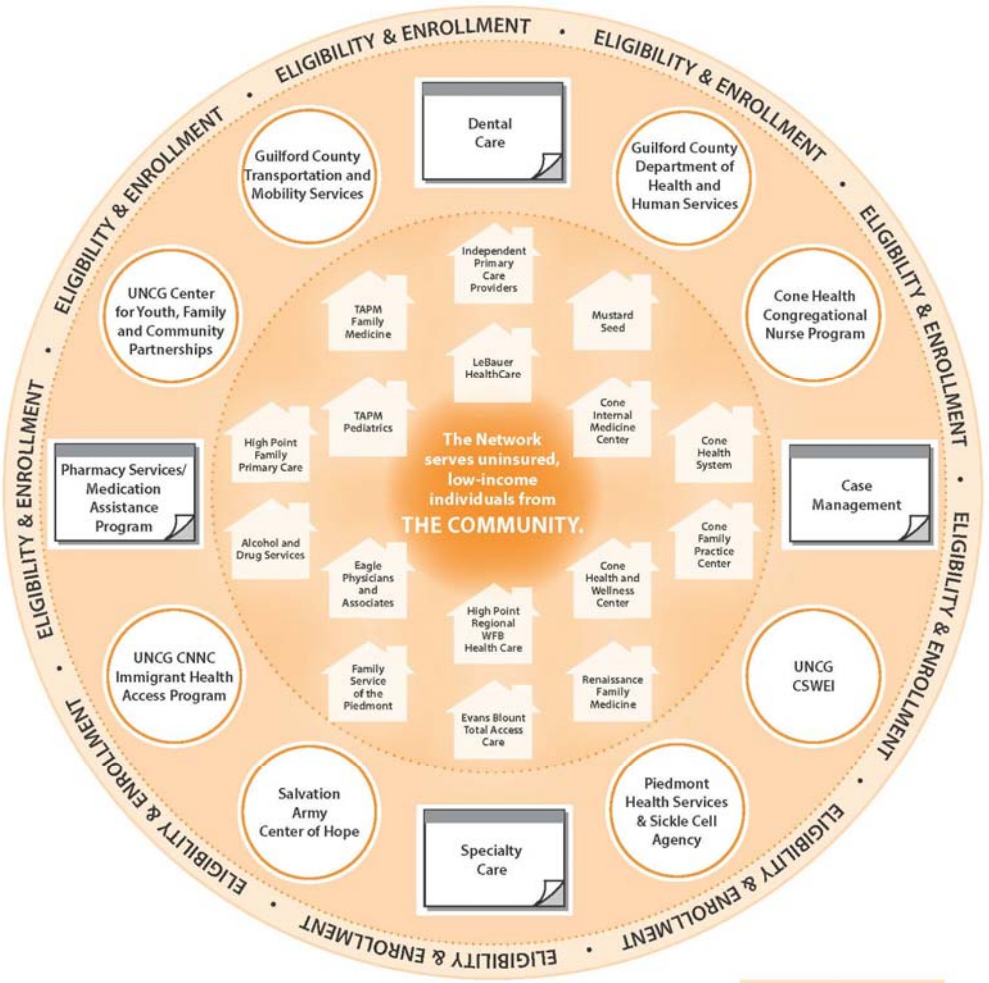
CONE HEALTH FOUNDATION

Investing in Health. Creating Change.

CHF MISSION

To invest in the development and support of activities, programs, and organizations that measurably improve the health of people in the greater Greensboro area.

Convener. Catalyst. Community Organizer. Collaborator.



Patient learns about GCCN → Enrolls in the GCCN (after being found exempt from the ACA Health Insurance Marketplace)

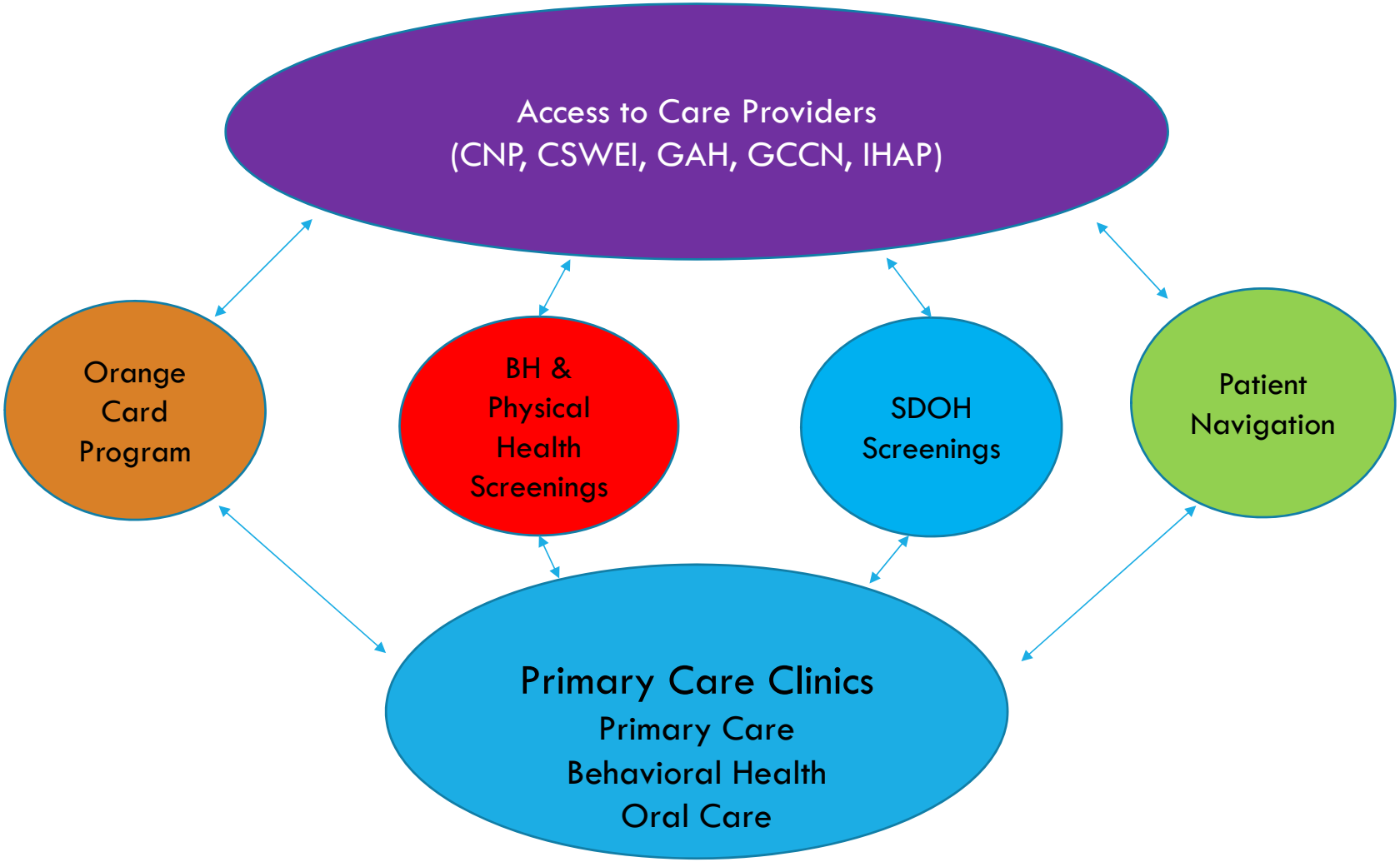
↓

Establishes self in new Medical Home

↓

Gains access to Ancillary Services and Community Services

CONE HEALTH FOUNDATION – ACCESS TO INTEGRATED CARE MODEL FOR THE UNINSURED



Building a Healthier North Carolina

Part of a Broader Statewide Framework

The Problem:

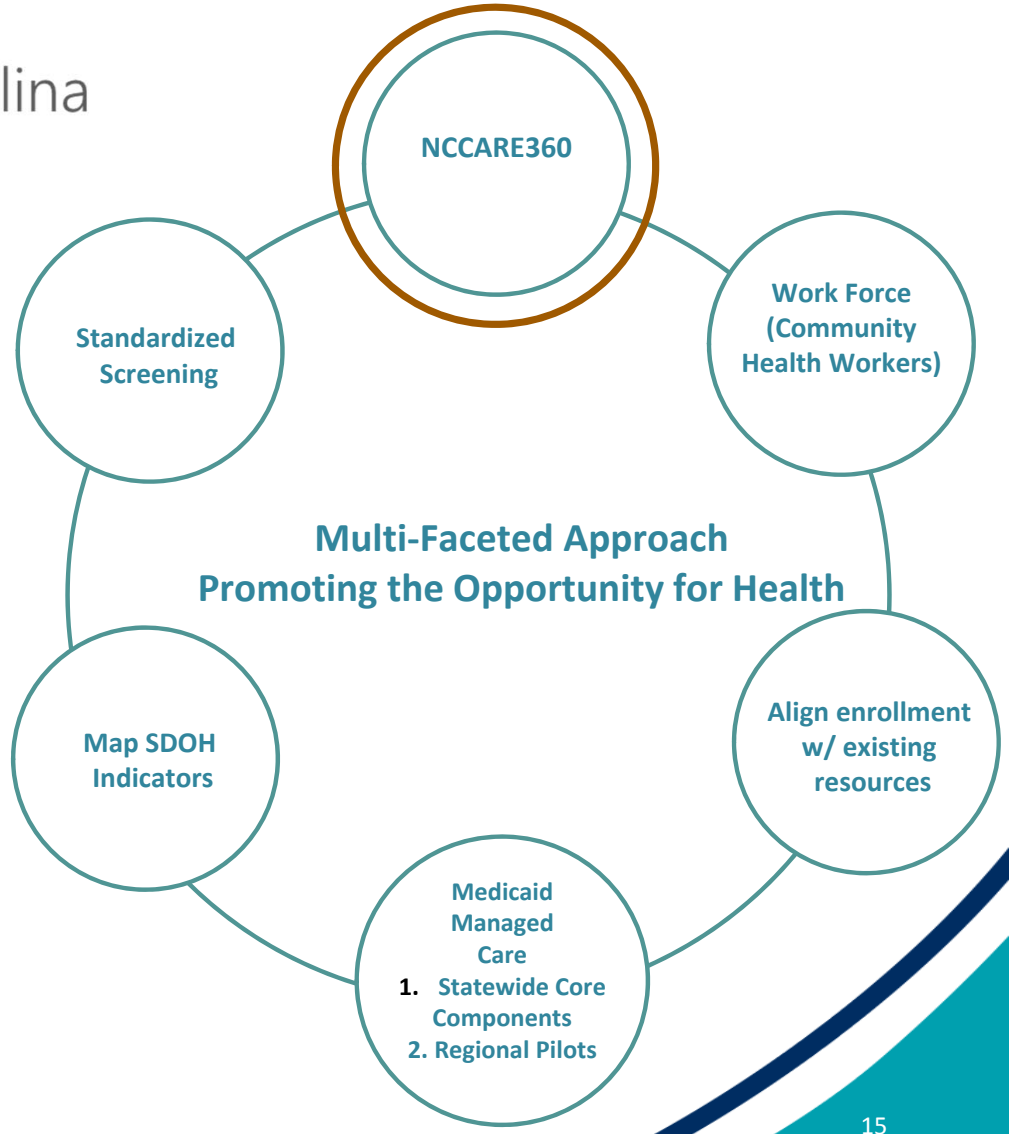
Connecting people to community resources is inconsistent, not coordinated, not secure, and not trackable.

The Solution:

1. Uniform system for providers, insurers, and community organizations to coordinate care, collaborate, and track progress and outcomes.

2. Tool to make it easier to connect people with the community resources they need to be healthy.

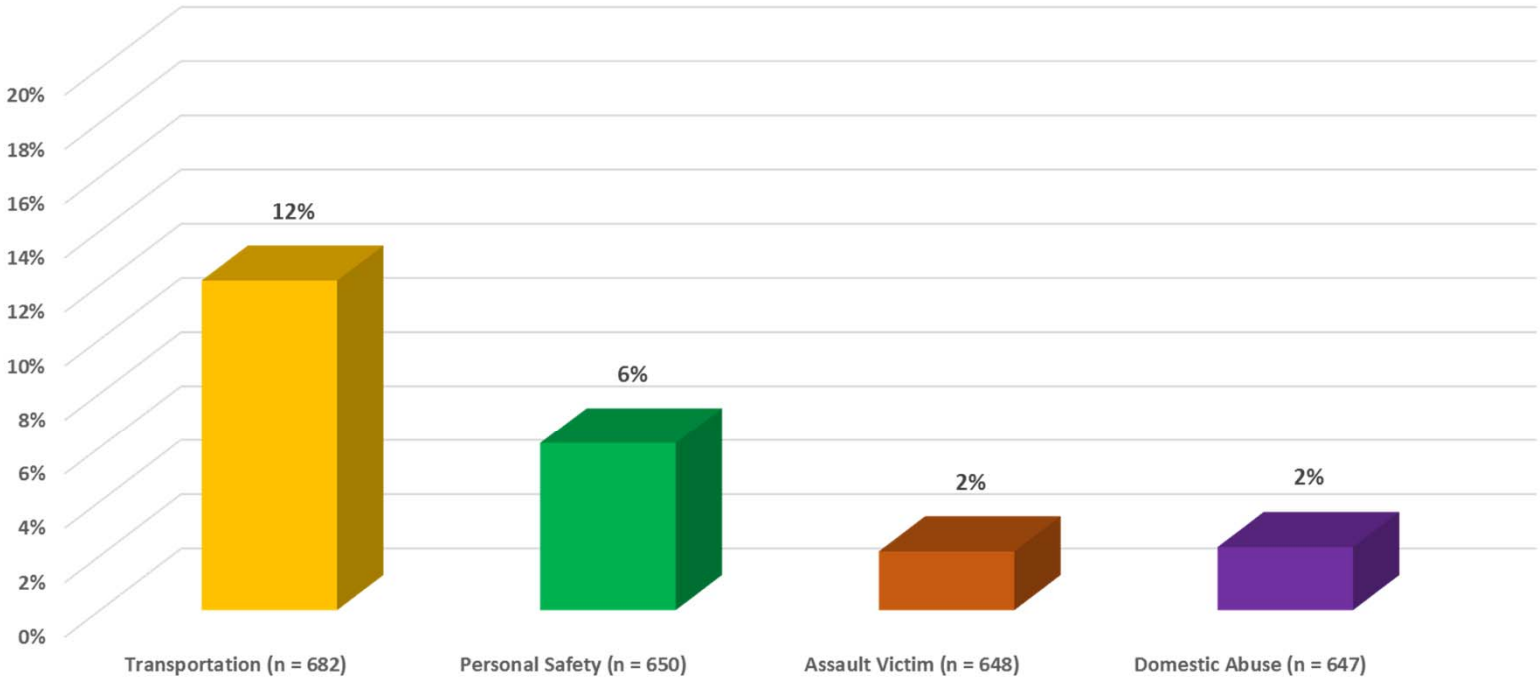
3. Track statewide, regional, and community – level data on service delivery and outcomes achieved.



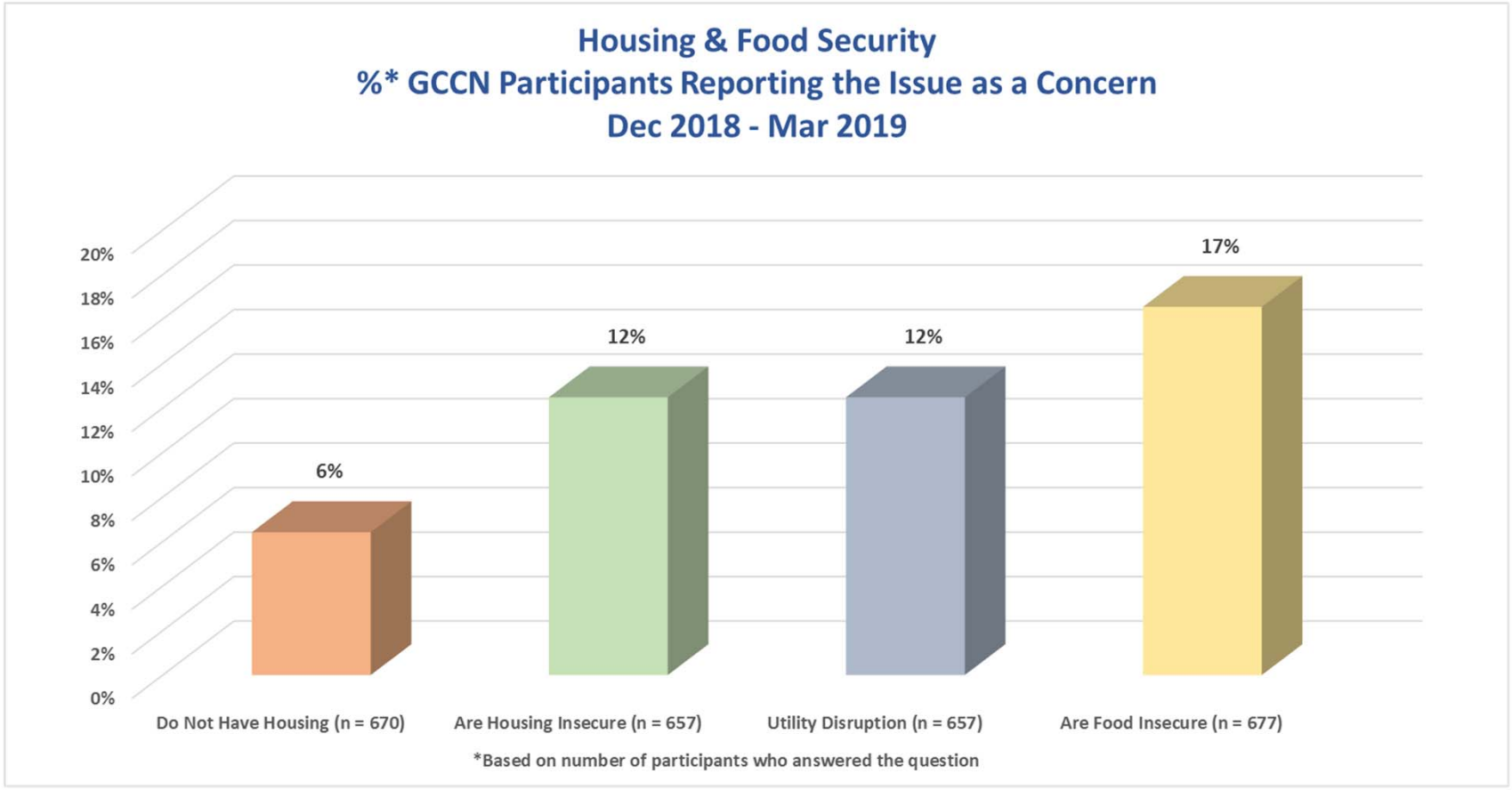
SDOH Integration into Integrated Care Initiative

- All Integrated Care Clinic Patients are screened during intake
- All GCCN Patients are screened during enrollment and re-enrollment
- Those with identified needs are referred to centralized case managers
- Centralized case managers enter all information into database and make referrals and appointments to assist patients with identified needs
- Follow-up is done to ensure that patients' social needs are met:
  - Housing
  - Transportation
  - Food Insecurity
  - Interpersonal Safety

Transportation & Safety
%* GCCN Participants Reporting the Issue as a Concern
Dec 2018 - Mar 2019



*Based on number of participants who answered the question


Housing & Food Security
%* GCCN Participants Reporting the Issue as a Concern
Dec 2018 - Mar 2019
20%
18%
16%
14%
12%
10%
8%
6%
4%
2%
0%
6%
12%
12%
17%
Do Not Have Housing (n = 670)
Are Housing Insecure (n = 657)
Utility Disruption (n = 657)
Are Food Insecure (n = 677)
*Based on number of participants who answered the question

Addressing Transportation & Food Insecurity

- Collaborated with the Guilford County Transportation & Mobility Services Team to provide Medical/Pharmacy Transportation for GCCN Orange Care Patients in the form of bus passes and mileage reimbursement
- Negotiated with the City for reduced bus pass fees for the uninsured
- Provided support to allow Orange Card enrollees and SNAP clients to increase the amount of fresh fruits and vegetables they can receive

Return on Investment

- Since FY 2015, CHF has invested $4.9 million in Integrated Care.
- ROI has been more than $86 million in care for the uninsured.

$$\frac{\text{Return}}{\text{Investment}} = \text{ROI}$$

Story of Impact

Moving Hospitals and Health Systems Upstream

Colleen Flynn, MUP
Colby Dailey, MPP

Build Healthy Places Network

Grantmakers In Health
April 23, 2019

THE BUILD HEALTHY PLACES NETWORK

Our Mission: To change the way organizations work across the finance, community development, and health sectors to **advance equity, eliminate poverty, and improve health** in America's neighborhoods

We are the **national center at the intersection of community development and health**, leading a movement to accelerate investments and speed and spread solutions for building equitable, healthy, and prosperous communities.

Community Development

Community Development is in the ZIP Code improvement business

$200 billion sector investing in SDOH in low-income neighborhoods

Community Reinvestment Act – enforcing investments to advance social justice

Build Healthy Places Network

Principles for Building Healthy and Prosperous Communities

Available online at www.build.health/Principles

Supported by

Robert Wood Johnson Foundation

HISTORY

Thematic Analysis

- 9 themes derived from values, mission statements and guiding principles of 35 organizations
- Drafted 6 Principles

Reviewed by National Advisory Council

- Network's 18 Council members from national organizations across sectors weighed in
- Council's feedback incorporated.

Public Input Survey

- 1,800 comments from 207 people representing over 200 organizations
- Revised and reduced to 5 final Principles

Principles for Building Healthy and Prosperous Communities

Principle 1:

Collaborate with the community

Principle 2:

Embed equity

Principle 3:

Mobilize across sectors

Principle 4:

Increase prosperity to improve health

Principle 5:

Commit over the long term

45+ Organizations agree: "These Principles reflect our values"

Build Healthy Places Network

The Healthcare Playbook for Community Developers

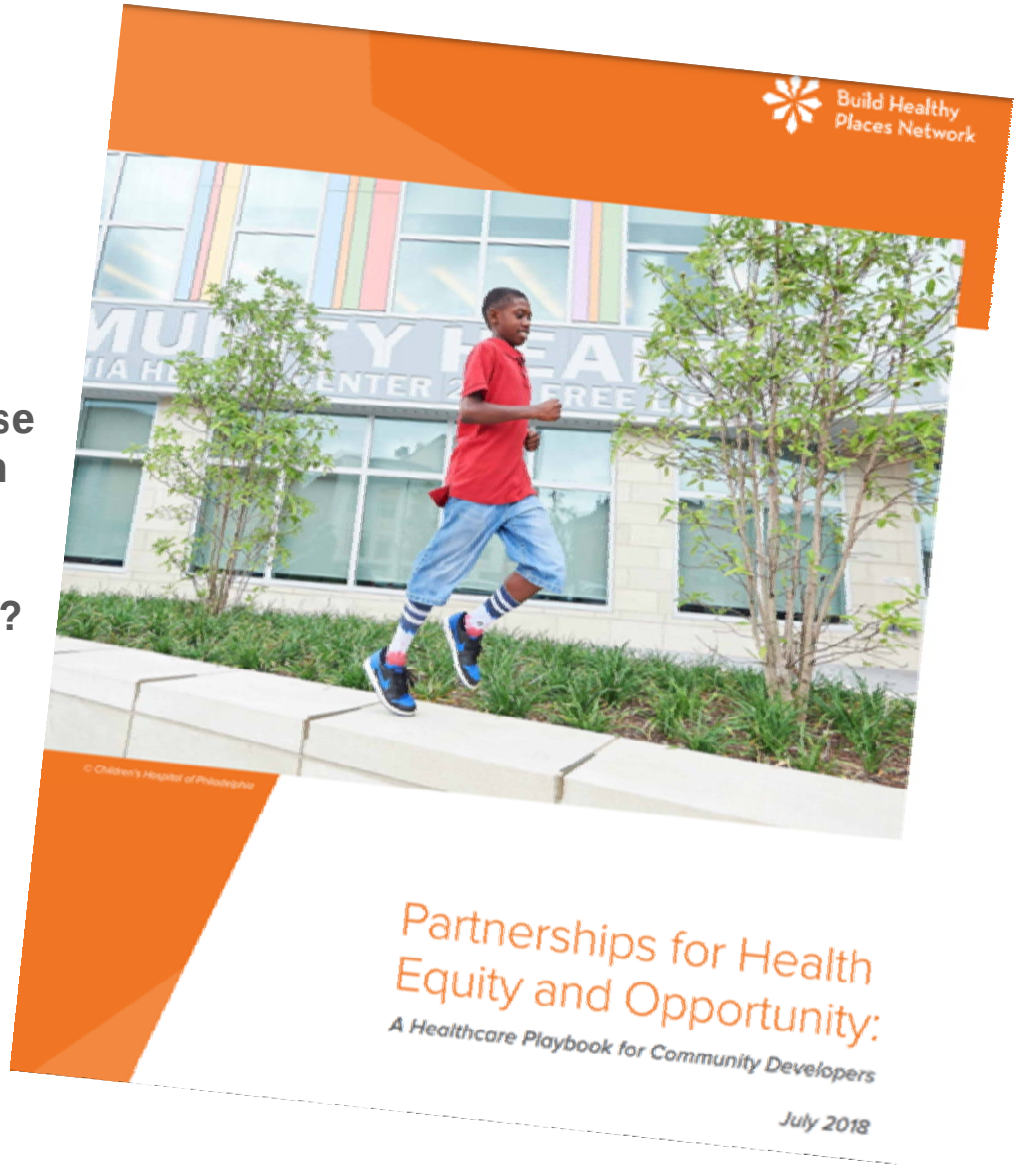
Available online at www.build.health/playbook

Supported by

Robert Wood Johnson Foundation

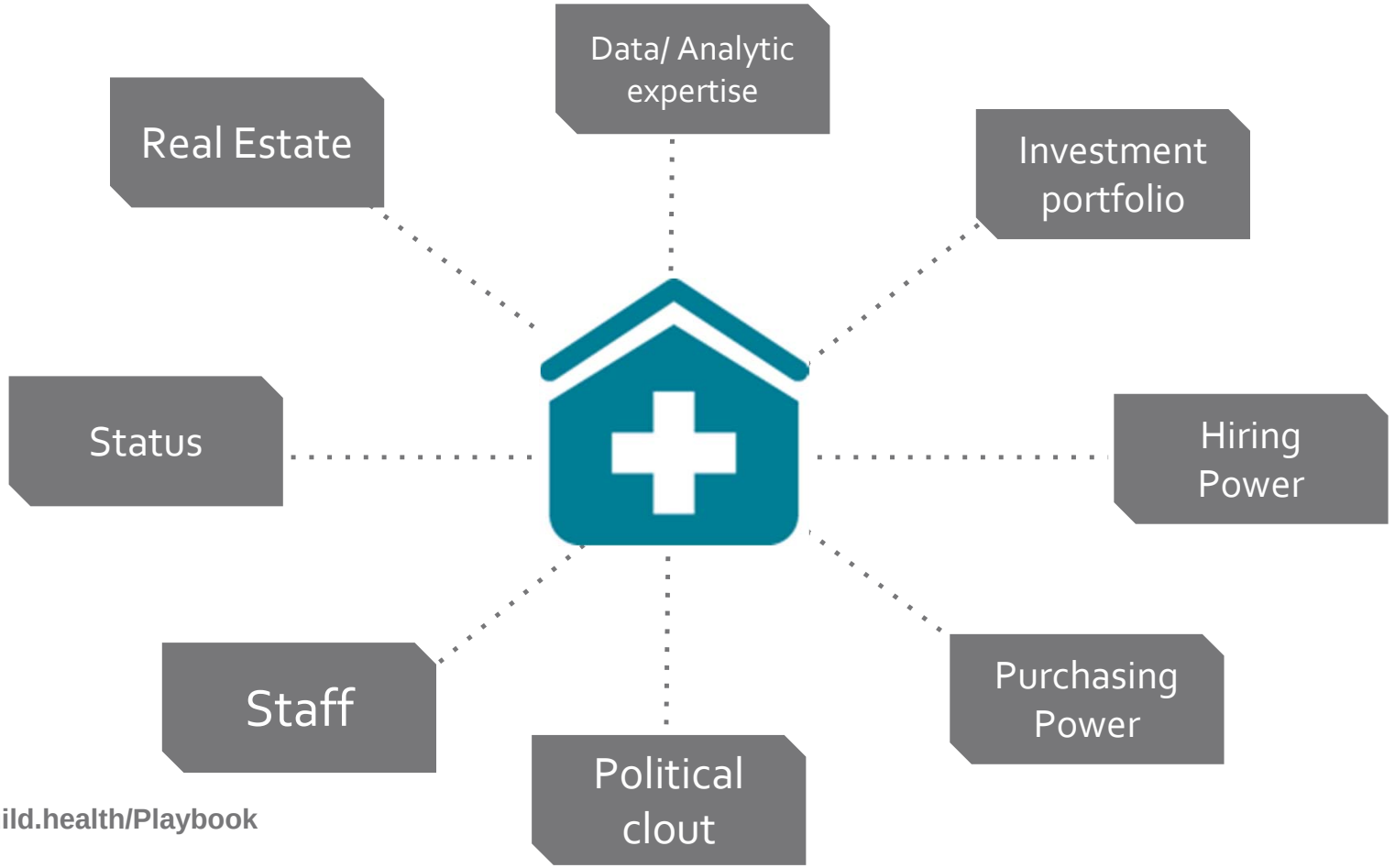
THE PLAYBOOK

- **Who are the players, and what are their motivations and offerings?**
- **What evidence makes the strongest case for community development and health partnerships?**
- **What do partnerships currently look like?**
- **How do partnerships develop?**
- **What are the barriers to partnership?**



www.build.health/Playbook

IN ADDITION TO COMMUNITY BENEFIT, WHAT OTHER ASSETS MIGHT A HOSPITAL HAVE?



www.build.health/Playbook

STAGES OF HOSPITAL ENGAGEMENT IN POPULATION HEALTH

	PRELIMINARY	INTERMEDIATE	ADVANCED
PAYMENT STRUCTURE	Payment system doesn't incentivize keeping people healthy (fee-for-service)	Experimenting with payment models where some financial risk is shared	Payment system fully incentivizes keeping populations healthy
PARTNERSHIP	Consultative partnerships as part of community health needs assessments	Partnering to implement programs and strategies	Partnering on physical infrastructure and neighborhood-level projects
LEADERSHIP	Leadership beginning to think about managing care beyond hospital walls	Leadership providing resources or funding programs through CB allocations	Leadership committed to "anchor mission", investment included as part of CB strategy

www.build.health/Playbook

A RANGE OF PARTNERSHIP OPPORTUNITIES

	PRELIMINARY	INTERMEDIATE	ADVANCED
CHNA/CHIP	Share data.	Provide social determinants lens.	Link CHNA to funds/community benefit resources.
COMMUNITY BENEFIT	Co-locate services.	Provide pipeline of "upstream" opportunities.	Explore non-traditional opportunities.
PLACE-BASED INVESTMENT	Harness non-financial hospital assets.	Suggest hospitals place holdings in community banks/loan funds.	Support place-based impact investment strategy and build real assets.

www.build.health/Playbook

FOUR-STEP PATHWAY TO PARTNERSHIP

STEP 1: ASSESS

Assess your organizational capacity

Identify community needs

STEP 2: MAP AND NETWORK

Map potential partners

Build coalitions and fill capacity gaps

STEP 3: MAKE THE CASE

Hone in on your partner

Develop/refine value proposition

STEP 4: BUILD YOUR PARTNERSHIP

Explore shared interest

Structure and implement partnership

www.build.health/Playbook

Build Healthy
Places Network

Health Funders as

Investors

Conveners

Leaders

Capacity Builders

Health Funders as Investors: Sierra Health Foundation, CA

SIERRA HEALTH FOUNDATION

THE CENTER at Sierra Health Foundation

Dignity Health

AVIVAR CAPITAL

San Joaquin Valley Impact Investment Fund

- $25 million fund reinvesting in mission-driven funds and high performing partners
- To improve health and prosperity for all residents
- 9-county region in San Joaquin Valley, CA

Health Funders as Conveners: Richmond Memorial Health Foundation

RMHF
RICHMOND MEMORIAL HEALTH FOUNDATION

FEDERAL RESERVE BANK OF RICHMOND®
Richmond • Baltimore • Charlotte

Health Equity and the Built Environment

- Research and Data Analysis to identify equitable development opportunities
- Policy and Education convening on affordable housing
- Community outreach and education

INVEST HEALTH
Strategies for Healthier Cities

RWJF Culture of Health Prize

Health Funders as Leaders: Vitalyst Health Foundation

Vitalyst HEALTH FOUNDATION

A CATALYST FOR COMMUNITY HEALTH

ARIZONA PARTNERSHIP FOR HEALTHY COMMUNITIES

Health Funders as Capacity Builders: CA Healthcare Foundation

Build Healthy Places Network

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For more information,
check out the playbook:
www.buildhealthyplaces.org/resources

- More webinars on this topic?
- New topics you want to tackle or learn more about?
- Innovative work that you want to share?
- A question you want to pose to your colleagues?

Contact GIH at equity@gih.org.

GRANT MAKERS IN HEALTH

GIH Annual Conference on Health Philanthropy

www.gihac.org