Show Me the Money: Strategies for Building and Sustaining Health Systems Prevention Capacity

Moving to Convergence:

Health and Community Development Investment Strategies

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Schedule H and Transparency

- There **will be comparative analyses** conducted at national, state, MSA, county, municipality, and congressional districts. Examples:
  - Language in charity care policies, and budget levels established
  - Billing and collection practices (e.g., eligibility criteria, thresholds)
  - How community is **defined in geographic terms** and includes proximal areas where there are **health disparities**.
  - How solicit and **use input** from diverse community stakeholders.
  - **Connection** between **priorities and program areas of focus**.
  - Explanation of why a hospital **isn't** addressing selected health needs.

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Selected Findings

- Only 10 of 44 hospitals, or 23% identified geo concentrations of disparities in CHNA in their region
- Significant decline in community member engagement after assessment
- Lack of geo focus where disparities are concentrated in implementation strategies
- Lack of alignment with other stakeholders and sectors

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Selected Recommendations

- **Harmonize** disparate, but similar CHI practices among community stakeholders.
  - LHDs, CAAs, UWs, CHCs, and other institutions **post assessment findings**.
  - Stakeholders develop proactive strategies to **align schedules** for assessment and planning processes
- Increase focus of CHI **resource allocations** in communities **where health disparities are concentrated**.
- Hospitals use tools to implement a **QI approach** consistent with a commitment to **transformation**.
- **Clarify roles of stakeholders** in setting priorities, planning, implementation, evaluation, and oversight of CHI practices.

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Challenges to be Addressed

- **Crisis Management**
  - Investments in information systems, QI mechanisms, care protocols
  - Negotiation of new contracts
  - New constraints on reimbursement, loss of DSH funding
  - CB viewed as compliance issue
  - Consolidation and cross subsidization
- **Knowledge Gaps**
  - Local leaders don't know what they don't know
  - Limited use of power by system leaders to build pop health capacity
- **Competitive Dynamics**
  - Limiting focus to care coordination is impedes potential for collaboration on broader issues

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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

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Public Policy Tools

- Payment in Lieu of Taxes (PILOTs)
  - E.g., Pennsylvania CB law
- Determination of Needs (MA)
- Community Benefits Agreements (CBAs)
  - E.g., CA Pacific Medical Center, SF
- Informal “requests” from local political leaders
  - E.g., Boston
- Local Ordinances
  - Los Angeles Wellness Trust
- Voluntary Pooling with local foundations
  - Northwest Health Foundation

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Opportunities for Alignment

Municipal General Plan Comprehensive Plan	**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)
Increasing attention to health issues. Leverage municipal CDBG funds, **increase emphasis on targeted development where disparities concentrated**. Link to local business development and transportation planning, **CBAs with expanding sectors** development projects.	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**.	**IRS allows hospitals to develop ISs in collaboration with other hospitals and State and local agencie**s, such as public health departments. Expanded enrollment and **movement towards global budgeting will require work with others who can help address the determinants of health and** reduce health disparities.	CHCS are **encouraged to link with other providers such as LHDs and hospitals** to provide better-coordinated, higher quality, and more cost-effective services.	UWs have an **established history of collaborating with other stakeholders** in conducting assessments and addressing unmet health needs.	Standard 2.1 **emphasizes partnerships across the community, CAAs can often "serve as a backbone organization of community effort**s to address poverty and community revitalization: leveraging funds, convening key partners…""	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**.

Hospital/HS Community Investment Areas

- Pre-development loans for affordable housing
- Capital campaign bridge loan for low income dental care center
- Revolving loan fund for NP business development, FQHC operations
- Lending capital for post disaster reconstruction
- Scholarship Loan Programs
- Loans for child care center development
- Financing for neighborhood revitalization
- Low income housing linked with support services

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Opportunities for Hospital Community Investments

- Work closely with CDFIs to ID diverse convergence investment opportunities. (e.g., food, retail, support svs, education, job develop)
- Engage UWs, local business (CBAs) and philanthropy (e.g., PRIs) on investment in convergence infrastructure
- Engage financial institutions as service providers to encourage engagement with CDFIs for targeted investments
- Bring dynamic new dimension to CB function – Move beyond programs and funding
- Position hospital as anchor institution policy advocate

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Convergence at the Center