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VP Community Benefit
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Theory or “Science of CB”

Community Benefit

- Charity Care
- Government Sponsored (means tested)
- Strategies
- Programs/Activities
- Community Health Improvement
- Health Professions Education
- Subsidized Health Services
- Research
- Financial & In-kind Contributions
- Community Benefit Operations
- Community Building Activities 990 H part II
IRS Schedule H (Form 990)
Transition:
from nice to have to need to have
from “funny money” to real money
from “tables and T-shirts” to strategic planning
from medical model to social determinant of health
from antidotes & stories to measurable outcomes
From Activities to Strategy

Community Health Needs Assessment

Social Determinants of Health
(40% of Health Factors that impact Health Outcomes)

Priority Health Issue Areas
(20% of Health Factors that impact Health Outcomes)

Access Issues & Strategies
(40% of Health Factors that impact Health Outcomes)

Engage and Advise Community Health Network Staff

Partner Strategically with Community Organizations

Support Jane Pauley Community Health Center

Implement Community Health Programs

Advocate for Policy Change

Communicate, Report and Monitor Progress & Outcomes

“Deeply committed to the communities we serve, we enhance health and well-being.”
...All talking, all singing, all dancing*

*Inspired by the first Hollywood musical “Broadway Melody 1929”
(Meaning a very advanced machine with all the bells and whistles ..and some not necessary!)

Strategy and Objectives

- Maximum Reimbursement Objective
- Capitation
- Fee For Service
- Pay For Performance
- Federal & State Grants
- Philanthropic Grants
- Down Stream Revenue
- Community Benefit Objective

Employer Clinics, Sports Medicine, Behavioral Health, School Based Health Clinics, Dental Services, School Nurses, Vocational Education, Immunizations, CPR Training, After School Programs, Sponsorships, Housing, IDA
“The Commons”

Lakes, Forest, Air, Health and Wellbeing

Elinor Ostrom Nobel Prize for Economics
Indiana University (Bloomington)
Only women to ever win the prize

Managed by:
1. Authorities
2. Ownership
3. Community
Successful Strategies for Community Benefit

Stakeholder Group Success:

1. Clear boundaries of organization, community, city, state and national focus.
2. Boundaries drive the “give and take” of resources so culture and resources use is congruent.
3. We have collective and individual choices and process to participate.
4. Some recognition from “higher ups” to support autonomy and decision making.
5. We see the system as a whole and share a commitment to a long term goal.
6. Seek endorsements of respected leaders and organizations as well as each other.
7. As we work together we agree to tasks that we move us together toward standardization.
In 1954 a small group of committed citizens on the east side of Indianapolis decided they need a hospital to serve their communities needs. They held a “nickel and dime” campaign in the neighborhoods, schools and churches and received the support of the surrounding business to raise the money to build a hospital aptly named “Community Hospital East”.

Today Community Health Network is the second largest health provider in the state of Indiana a values the community that was its’ beginning and all the communities who have been added to the original network that make up Community Health Network