New Financing Sources for Health and Affordable Housing

September 21, 2018

Center to Advance CACHE Community Health & Equity

UCSF

Dignity Health

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Welcome & Introductions

Bob Zdenek – *Public Health Institute*

Eliza Love – *Public Health Institute*

Pablo Bravo – *Dignity Health*

Dr. Josh Bamberger – *UCSF*

Why Health and Community Development?

> Why Health and Community Development?

- Environmental causes of many negative health outcomes
  - EBL, Asthma Triggers, Hypertension, Diabetes, Stress, Violence, etc.
- Community development offers proven solutions to addressing health outcomes
  - Healthy housing, improved services, health, food, employment, reduced blight, etc.
- Vulnerable individuals and families can benefit and is usually less costly
- Important partnership opportunities for affordable housing and community development organizations
- Combining and aligning health and housing systems and financing

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New Trends in Health Care and Housing

> New Trends in Health Care and Housing

- Non-profit health care systems are required to do a Community Health Needs Assessment every three years.
- Shift from volume, number of hospitals beds filled to value based, keeping patient healthy and out of hospital
- Increased emphasis on prevention and wellness
- Innovative new strategies and practices including working with homeless population and Aging in Community for older adults.
- Usage of data and knowledge especially around preventing kids from having EBL and supports

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Opportunities and Challenges to Align Health and Community Development

> Opportunity and Challenge to Align Health and Community Development

- Relatively new type of partnership
- Different language, tools, inputs, and financing- short term vs. long-term
- Need to align data
- Conducting joint planning processes
- Different capacity and importance of capacity building
- Leadership support and champions

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Existing and New Financing Tools

> Financing Tools

- Size of sector- need data on Health Care Size and Community Development sector
- Community Benefit Agreements: hospital community benefit health agreements and CRA
- Public Sector Affordable Housing and Community Development including fiscal tools
- Philanthropy
- CDFI's providing blended capital with a focus on health
- New Social Impact Tools

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Promising Community Development and Health Models

- CAPABLE- Aging in Community Initiative
- CPLC Maryvale Health and Housing Initiative
- Isles- Healthy Homes Initiative
- EBALDC- Healthy Neighborhoods work
- Housing With Services (Portland, Oregon)

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Eliza Love

Public Health Institute

Center to Advance Community Health & Equity

Center to Advance CACHE Community Health & Equity

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Center to Advance Community Health Equity

CACHE

CACHE introduces a set of tools and technical assistance to advance health and well-being in communities across the nation, particularly where social, economic, and health inequities are concentrated.

Shared Ownership for Health

Health Equity

Contextual Analysis

Collaborative Problem Solving

Our Approach

Facilitate strategic conversations with stakeholders across communities to identify areas of resource alignment and shared opportunities to generate health and well-bring for all community members

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Shifting the Approach

Reduce duplication of effort and inefficiency in the allocation of resources

Build competencies to design, implement, and evaluate comprehensive approaches

Promote systems approaches to addressing drivers of poor health

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Moving Upstream

Social Determinants of Health

Housing

Neighborhood

Nutrition

Employment

Youth Engagement

Education

Health Services

Health Outcomes

Diabetes

Heart Disease

Lung Cancer

Stroke

Depression

Trauma

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Community Benefit Insight

Search Hospitals | Support | Resources | Follow Us:

View data for this organization below, or select additional hospitals to create a comparison view.

Compare similar hospitals — Search "similar" tax-exempt hospitals for comparison purposes.

Search by geography — Search for other tax-exempt hospitals based on geography (state, county, or zip code).

Hospital bed size	100-299 beds	American Hospital Association (AHA) ID	6932440	Member of the Council of Teaching Hospitals	NO
EIN	941450151	Medicare provider number	050254	Children's hospital	NO

1100 Marshall Way
Placerville, CA 95667
El Dorado County

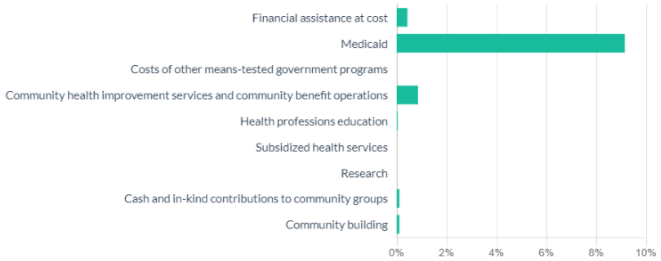
Display data for year: 2015

Community Benefit Spending- 2015

(as % of total operating expenses reported to the IRS on form 990 Schedule H)

Spending by Community Benefit Category- 2015

(as % of total operating expenses)



benefit data alongside other important sources, and to learn how community stakeholders can work together to meet shared health goals.

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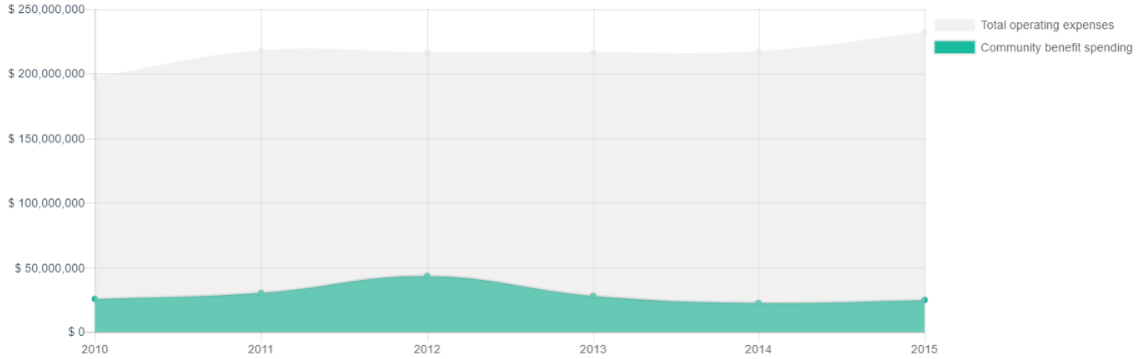
Community Benefit Spending Compared to Operating Expenses, 2010-2015



Display data below as: Percentages | ✔ Amounts

Hospital data

Community Benefit Expenditures: 2015

501(c)(3) tax-exempt hospitals report their community benefit expenditures to the IRS on the form 990 Schedule H worksheet. The data are reported on the IRS form as percentages of a tax-exempt hospital's functional expense as reported on Form 990, Part IX, line 25, column A. For purposes of this web tool, we have used the term overall operating expenses, which is essentially the same as functional expenses. The information below is taken directly from the tax-exempt hospital's IRS990 form, Schedule H which includes a total percentage of community benefit expenditures and a breakdown of the expenditures in the nine IRS community benefit categories.

Operating expenses	$ 232,129,821
Total amount spent on community benefits	$ 24,579,007

Amount spent in the following IRS community benefit categories:

Financial Assistance at cost	$ 1,029,023
Medicaid	$ 21,244,796
Costs of other means-tested government programs	$ 960
Community health improvement services and community benefit operations Note: these two community benefit categories are reported together on the Schedule H, part I, line 7e.	$ 1,957,764
Health professions education	$ 113,732
Subsidized health services	$ 0
Research	$ 0
Cash and in-kind contributions for community benefit	$ 232,732
Did tax-exempt hospital report community building activities?	✔ YES
% of tax-exempt hospitals in this state report community building activities?	-

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Integrating Data

- Across sectors (or organizations),
  - *What and where are resources being allocated?*
  - *What are the priority areas?*
- In the community,
  - *Where are there concentrations of inequities?*
  - *What are the health outcomes?*

Where is there alignment or opportunity?

Co-design strategies for collaborative, evidence-based, effective investment and allocation of resources

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together for the common good

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

POLICYMAP
BY REINVESTMENT FUND

County Health Rankings & Roadmaps
Building a Culture of Health, County by County

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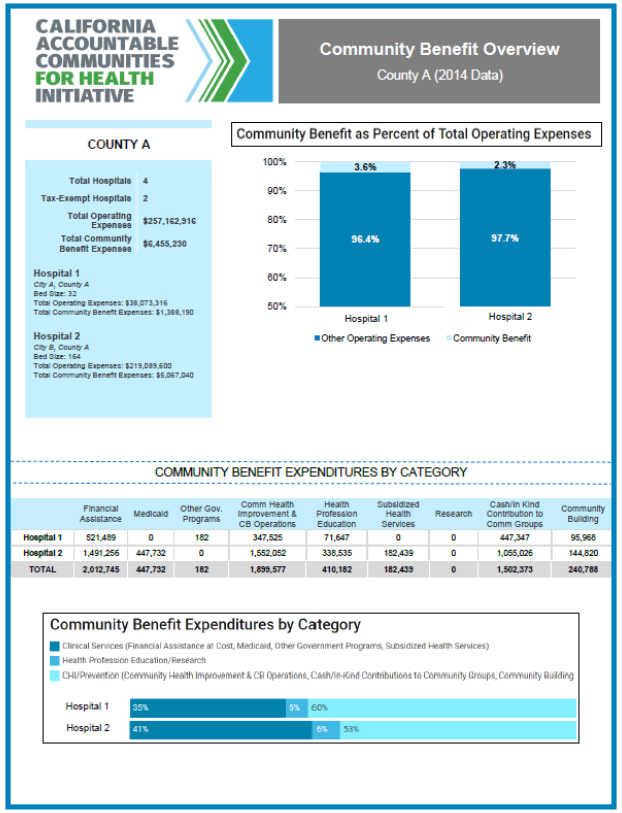
Use Cases

- California Accountable Communities for Health Initiative
- Hospital system-level analysis for senior leadership
- Partnership with NCRC to align healthcare and community development efforts



CALIFORNIA ACCOUNTABLE COMMUNITIES FOR HEALTH INITIATIVE

Community Benefit Overview
County A (2014 Data)

COUNTY A

Total Hospitals	4
Tax-Exempt Hospitals	2
Total Operating Expenses	$257,162,916
Total Community Benefit Expenses	$6,455,230

Hospital 1
City A, County A
Bed Size: 32
Total Operating Expenses: $38,073,316
Total Community Benefit Expenses: $1,388,190

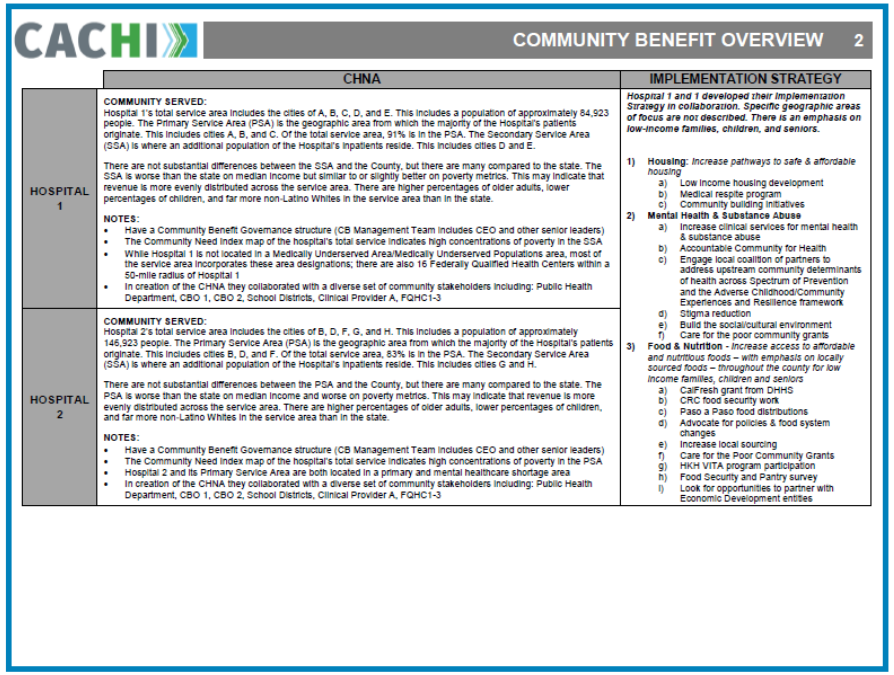
Hospital 2
City B, County A
Bed Size: 164
Total Operating Expenses: $219,089,600
Total Community Benefit Expenses: $5,067,040

Community Benefit as Percent of Total Operating Expenses

COMMUNITY BENEFIT EXPENDITURES BY CATEGORY

	Financial Assistance	Medicaid	Other Gov. Programs	Comm Health Improvement & CB Operations	Health Profession Education	Subsidized Health Services	Research	Cash/In Kind Contribution to Comm Groups	Community Building
Hospital 1	521,489	0	182	347,525	71,647	0	0	447,347	95,968
Hospital 2	1,491,256	447,732	0	1,552,052	338,535	182,439	0	1,055,026	144,820
TOTAL	2,012,745	447,732	182	1,899,577	410,182	182,439	0	1,502,373	240,788

Community Benefit Expenditures by Category



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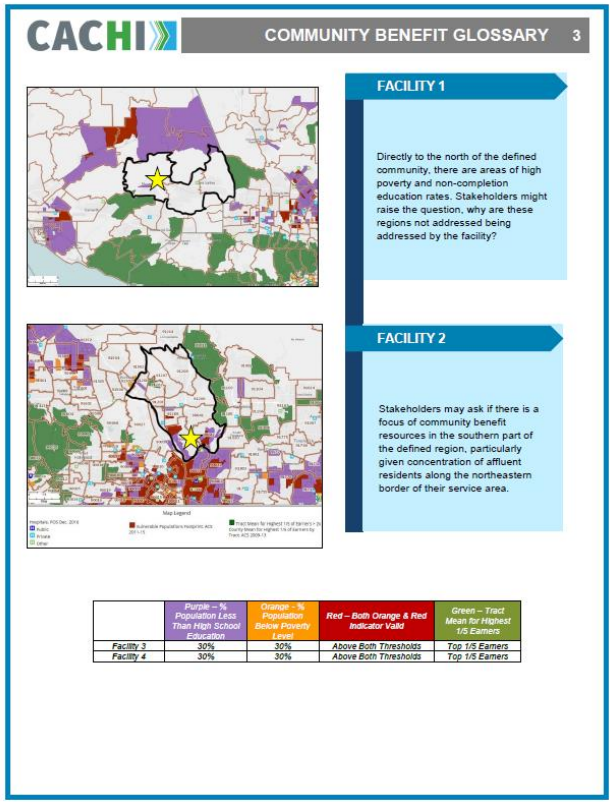
COMMUNITY BENEFIT OVERVIEW 2

	CHNA	IMPLEMENTATION STRATEGY
HOSPITAL 1	**COMMUNITY SERVED:** Hospital 1's total service area includes the cities of A, B, C, D, and E. This includes a population of approximately 84,923 people. The Primary Service Area (PSA) is the geographic area from which the majority of the Hospital's patients originate. This includes cities A, B, and C. Of the total service area, 91% is in the PSA. The Secondary Service Area (SSA) is where an additional population of the Hospital's inpatients reside. This includes cities D and E. There are not substantial differences between the SSA and the County, but there are many compared to the state. The SSA is worse than the state on median income but similar to or slightly better on poverty metrics. This may indicate that revenue is more evenly distributed across the service area. There are higher percentages of older adults, lower percentages of children, and far more non-Latino Whites in the service area than in the state. **NOTES:** • Have a Community Benefit Governance structure (CB Management Team includes CEO and other senior leaders) • The Community Need Index map of the hospital's total service indicates high concentrations of poverty in the SSA • While Hospital 1 is not located in a Medically Underserved Area/Medically Underserved Populations area, most of the service area incorporates these area designations; there are also 16 Federally Qualified Health Centers within a 50-mile radius of Hospital 1 • In creation of the CHNA they collaborated with a diverse set of community stakeholders including: Public Health Department, CBO 1, CBO 2, School Districts, Clinical Provider A, FQHC1-3	***Hospital 1 and 1 developed their implementation Strategy in collaboration. Specific geographic areas of focus are not described. There is an emphasis on low-income families, children, and seniors.*** 1) **Housing**: *Increase pathways to safe & affordable housing* a) Low income housing development b) Medical respite program c) Community building initiatives 2) **Mental Health & Substance Abuse** a) Increase clinical services for mental health & substance abuse b) Accountable Community for Health c) Engage local coalition of partners to address upstream community determinants of health across Spectrum of Prevention and the Adverse Childhood/Community Experiences and Resilience framework d) Stigma reduction e) Build the social/cultural environment f) Care for the poor community grants 3) **Food & Nutrition** - *Increase access to affordable and nutritious foods – with emphasis on locally sourced foods – throughout the county for low income families, children and seniors* a) CalFresh grant from DHHS b) CRC food security work c) Paso a Paso food distributions d) Advocate for policies & food system changes e) Increase local sourcing f) Care for the Poor Community Grants g) HKH VITA program participation h) Food Security and Pantry survey i) Look for opportunities to partner with Economic Development entities
HOSPITAL 2	**COMMUNITY SERVED:** Hospital 2's total service area includes the cities of B, D, F, G, and H. This includes a population of approximately 146,923 people. The Primary Service Area (PSA) is the geographic area from which the majority of the Hospital's patients originate. This includes cities B, D, and F. Of the total service area, 83% is in the PSA. The Secondary Service Area (SSA) is where an additional population of the Hospital's inpatients reside. This includes cities G and H. There are not substantial differences between the PSA and the County, but there are many compared to the state. The PSA is worse than the state on median income and worse on poverty metrics. This may indicate that revenue is more evenly distributed across the service area. There are higher percentages of older adults, lower percentages of children, and far more non-Latino Whites in the service area than in the state. **NOTES:** • Have a Community Benefit Governance structure (CB Management Team includes CEO and other senior leaders) • The Community Need Index map of the hospital's total service indicates high concentrations of poverty in the PSA • Hospital 2 and its Primary Service Area are both located in a primary and mental healthcare shortage area • In creation of the CHNA they collaborated with a diverse set of community stakeholders including: Public Health Department, CBO 1, CBO 2, School Districts, Clinical Provider A, FQHC1-3	



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COMMUNITY BENEFIT GLOSSARY 3

FACILITY 1

Directly to the north of the defined community, there are areas of high poverty and non-completion education rates. Stakeholders might raise the question, why are these regions not addressed being addressed by the facility?

FACILITY 2

Stakeholders may ask if there is a focus of community benefit resources in the southern part of the defined region, particularly given concentration of affluent residents along the northeastern border of their service area.

	Purple – % Population Less Than High School Education	Orange – % Population Below Poverty Level	Red – Both Orange & Red Indicator Valid	Green – Tract Mean for Highest 1/5 Earners
Facility 3	30%	30%	Above Both Thresholds	Top 1/5 Earners
Facility 4	30%	30%	Above Both Thresholds	Top 1/5 Earners

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Initial Service Offerings & Testing Field Partnerships

General Technical Assistance and Support:

- Online Support
- Tools & Resources
- Public Webinars
- General Education (Blog Posts, Newsletters)

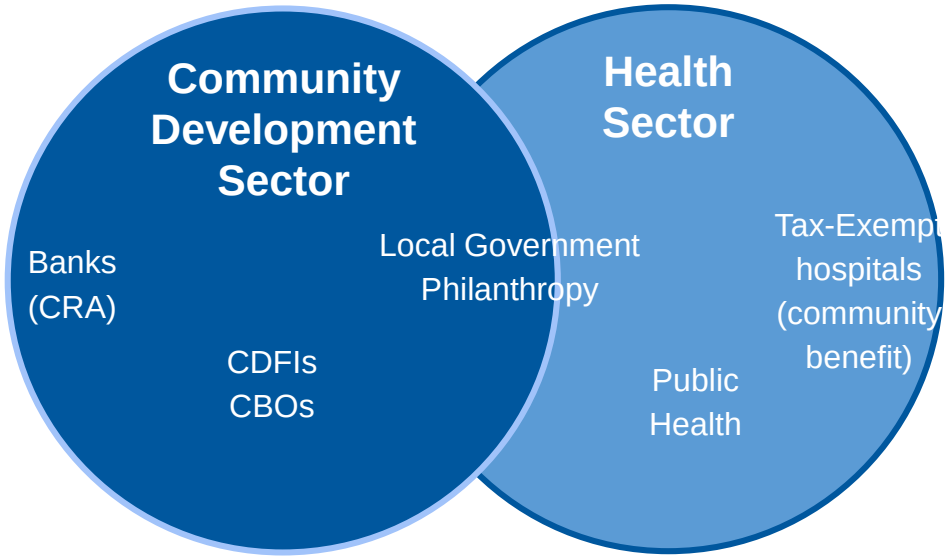
Provide support, develop tools, and enhance knowledge of community benefit

Specialized Technical Assistance:

- Design analyses & interpret findings
- Partnerships with regional stakeholders
- Onsite technical assistance
- Presentations, workshops
- Convenings (facilitating planning processes)

Perform analyses, co-design strategies, and engage stakeholders to align priorities & resources

NCRC/PHI Convenings



UnitedWay & National League of Cities partnerships

Test partnerships aimed to generate strategic alignment of priorities and resources where inequities are concentrated

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Thank you!

For questions or comments, you can email us at **CACHE@phi.org**

Twitter: @**CACHEcenter**

www.thecachecenter.org
www.communitybenefitinsight.org

Center to Advance
CACHE
Community Health & Equity

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Community Health

Pablo Bravo, Vice President Community Health

Dignity Health™

COMMUNITY HEALTH ROADMAP

INTERNAL:

- Prevention/Education Programs
- Charity Care
- Advocacy
- CHNA/Implementation Plans
- Ecology Initiatives

COMMUNITY BUILDING:

- Partnerships
- Financial Support
- Innovation

ANCHOR INITIATIVE*:*

- Local Purchasing
- Local Hiring
- Place Based Investing

Expanded Reach and Mission Impact of Community Investments

$140 | Total Lending Capital ($ Millions)

68 | Total Loan Volume At 6/30/2018

$246 | Total Loan Volume Since Inception ($ Millions)

EXAMPLES IN 2018:

- Provided lending capital to a CDFI making loans to industries in the Pacific-Northwest whose renewable energy technology reduces the impact of **climate change**.
- Provided lending capital to a CDE making low-interest rate micro-loans to low-income families in Texas as an alternative to pay-day lenders in an effort to combat **predatory lending**.
- Provided capital to **refurbish housing**.
- Provided loan for the construction of **FQHC**
- Provided predevelopment loan for the construction of **affordable housing**

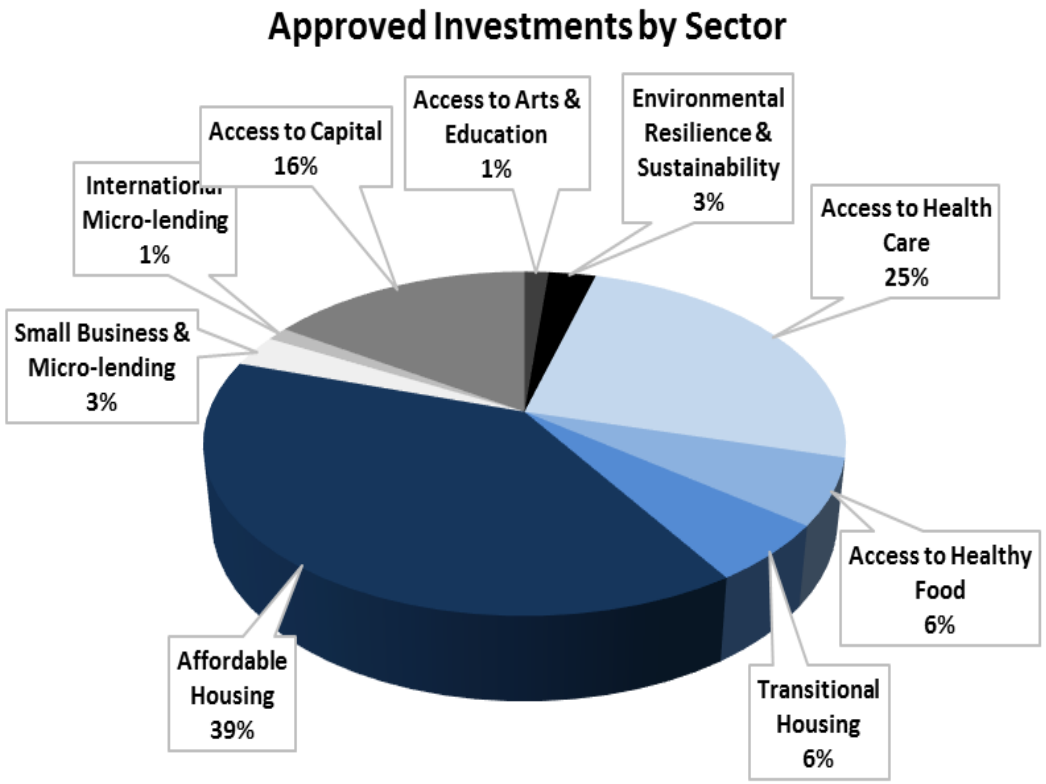
Placed Based Investing

Overview

- Below-market rate loans
- Maximum 7 years
- 80% of loans targeted to Dignity Health service areas
- Maximum loan amount: 10% of CEI allocation

Types

- Direct Loan
- Intermediary Investment
- Line of Credit
- Linked Deposit
- Equity Capital
- Guarantees



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Community Investments – Funding the Future

Rolland Curtis Apartments

- Innovative Transit Oriented Development in South Los Angeles, next to the Metro Light Rail
- Services-enriched housing model, where coordinators connect residents to services in the community
- Provides housing to low-income families, seniors, and people with special needs

- Located in a federally designated Medically Underserved Area
- 140 units of affordable housing
- Federally Qualified Health Clinic in South Los Angeles
- 8,000 square feet of community-serving commercial space

THE ARC OF HISTORY BENDS TOWARDS JUSTICE

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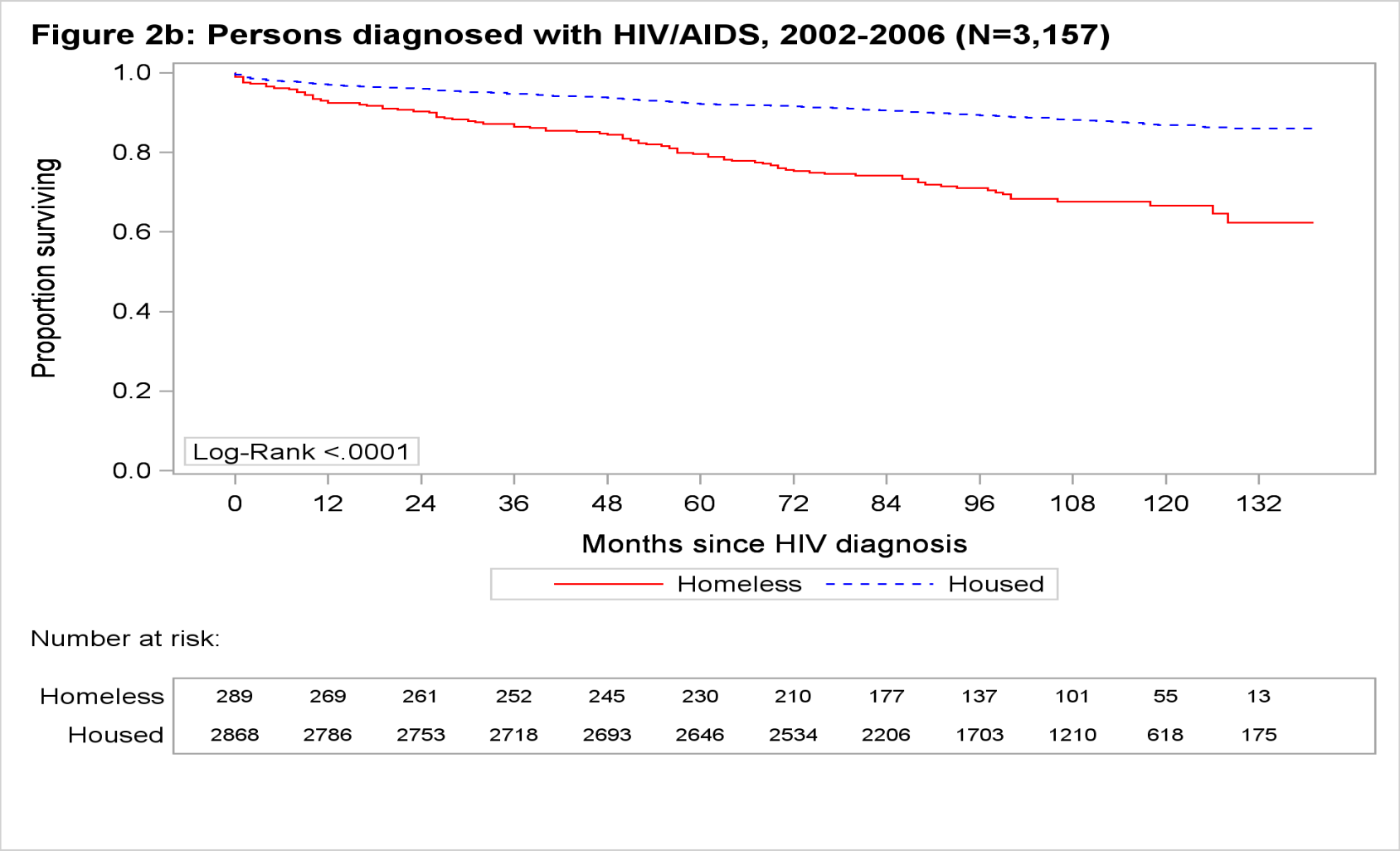
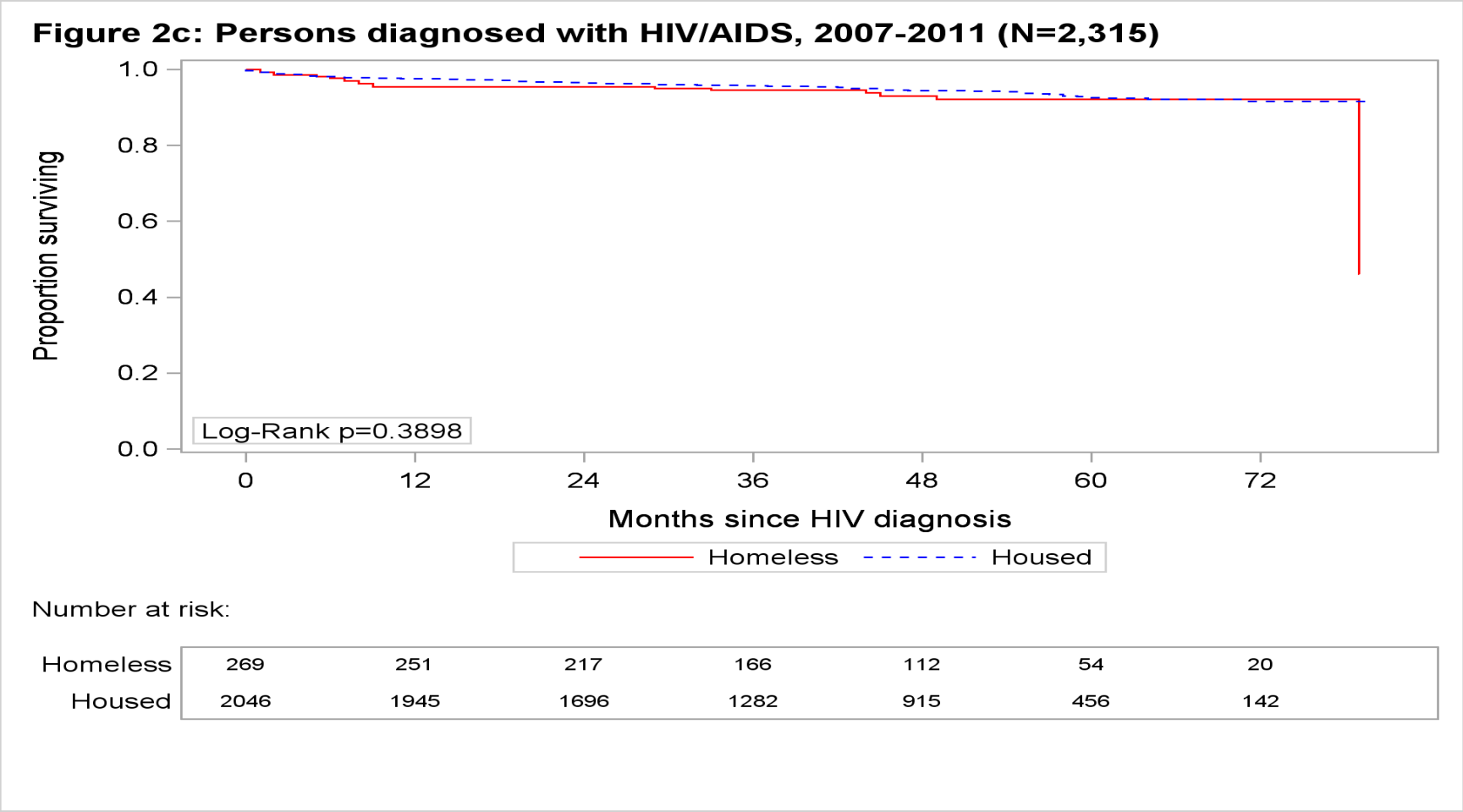
HIV, Homeless and Survival

- 

HIV, Homeless and Survival



Funding opportunities for housing

- Local Initiative- SF and LA
- System-wide funding- VA
- Value vs. Volume
  - Funding from Medicaid- HPSM
- Whole Person Care for services
- AB 2233 for sick homeless
- Impact investment
- Hospital Community Benefit Obligation
  - Focus on Seniors- Kaiser

Focus on Seniors

- ½ of all homeless seniors are “new homeless”
- Almost all homeless seniors get sick
- Focusing on homeless seniors can reduce mortality
- Less NIMBY
- Easier buildings to manage
- No expectation of employment
- Strong moral narrative
- A right-sized problem to solve

Houselessness

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