



Green & Healthy Homes Initiative®

Community Benefit Investment Funds

Getting the Most out of Your Community Benefits

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Andrew is an avid dog-lover and recreational sport enthusiast, whose favorite type of animal is the non-bear bear.

His work includes health-policy planning and analysis, advanced economic and financial modeling, conducting state-wide medical claims analysis with predictive modeling, and publishing over a dozen works on public health including topics related to sustainable funding to address the social determinants of health through value-based purchasing, the economic dynamics of insurance markets, and innovative financing mechanisms such as Pay for Success..

He is an energetic and passionate former consultant specializing in areas of management, health care, finance, technology, and economic development. He currently holds six academic degrees or certifications in philosophy, psychology, foreign policy, international economic relations, business, and finance.

Community Benefit Funds are an under utilized resource that has immense potential for good.

Situation We all have limited time, money, and other resources so we want to get the most out of them.

Complication Community Benefit dollars are precious and fleeting:

- Large amounts are spent on uncompensated care;
- Spending is often ‘out the door’ with little lasting impact; and
- Even the most beneficial programs can get squeezed out.

Resolution We are working to pilot the development of Community Benefit revolving funds to get the most out of every bit of this precious funding:

- Dollars are initially invested in promising programs;
- The impact on uncompensated care is tracked; and
- Abated costs are reinvested worthy programs.

GHHI has built a national footprint of health since 1986.



Robert Wood Johnson Foundation



2017 Multi-Agency Models

Social Innovation Financing project bridging health and energy savings for healthy homes in NY and CT.

2017 2nd Social Innovation Fund (SIF) Award

Provide PFS developmental support for up to 10 projects focusing on social determinants of health

2016 Robert Wood Johnson Foundation

Award expands Pay for Success portfolio to 11 asthma projects including state governments

2015 1st Social Innovation Fund (SIF) Award

Award expands to 6 national sites to advance Pay for Success across private business models

2014 Johns Hopkins PFS

CMMI proposal leads to exploration of Pay for Success with Johns Hopkins' MCO, Priority Partners

2008 Becomes GHHI

Expand scope and scale to break the link between unhealthy homes and unhealthy families nationally

1986 Founded

Parents Against Lead became the Coalition to End Childhood Lead Poisoning

Note(s): GHHI is a 501(c)(3) nonprofit headquartered in Baltimore Maryland, with a national office in Washington, DC, and affiliates nationally.

Asthma is deadly and expensive, but can be mitigated by comprehensive home-based interventions that address its causes and triggers.

Asthma by the numbers

Per annum in the United States of America

6.8 million children

18.7 million adults

1.58 million hospital days

\$50 billion medical expenses

Asthma is:

- A potentially lethal chronic condition inhibiting breathing;
- The single most prevalent chronic juvenile condition;
- A major contributor to medical costs; and
- Caused or triggered by environmental factors.

An unhealthy home:

- Is a primary environmental factor in health;
- Can have substantial hidden costs to families; and
- Home-based triggers cause 40% of asthma episodes.

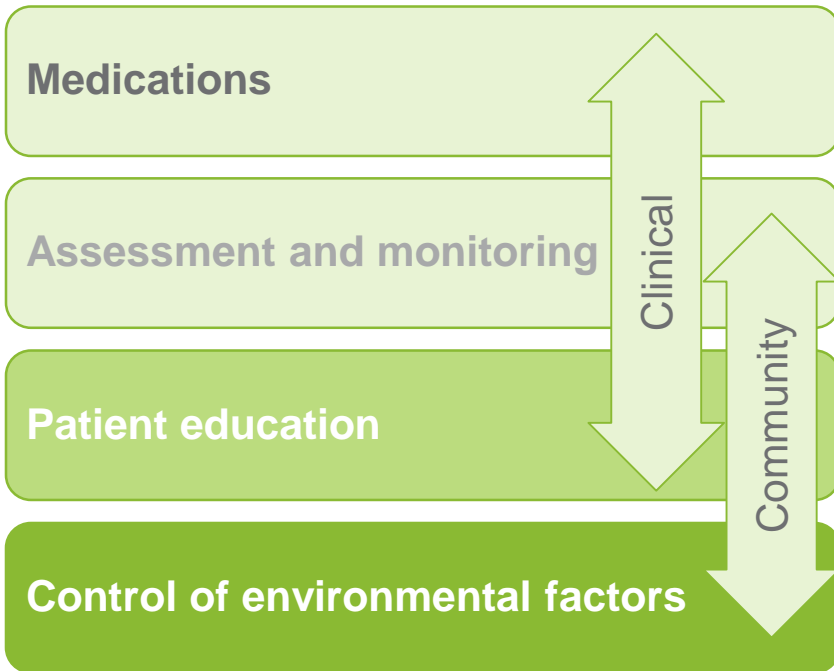
Evidenced home-based interventions:

- Remove environmental causes and triggers of asthma;
- Provide home-based education on asthma control, mitigation, as well as effective medical adherence; and
- Result in better health outcomes for patients, their families, and the next inhabitant of the home.



The NIH's National Asthma Education and Prevention Program recommends four evidence-based components of effective asthma care.

Four components of asthma care



The Research Shows

- Comprehensive multi-trigger multicomponent approaches work.
- Community-based programs reinforce clinical interventions, addressing a family's environmental triggers.

Ex: Mold remediation, ventilation, removal of carpets and dust sinks for dust mites and allergens, integrated pest management

Evidence shows that comprehensive interventions improve asthma outcomes, reducing costs.

For the Smiths of Baltimore, a GHHI intervention was a lifeline ensuring that asthma didn't rob their son of the chance to do well in school.



Background

A family of four, the Smiths' son has severe asthma with a history of high medical utilization.

Home health hazards included:

- Deteriorated windows with lead;
- High dust-mite levels;
- Mouse infestation;
- High volatile organic compound use;
- No venting; and
- Poor weatherization,

Prior to Intervention

- 3 hospitalization per year on average
- 1 week average length of stay

Post Intervention

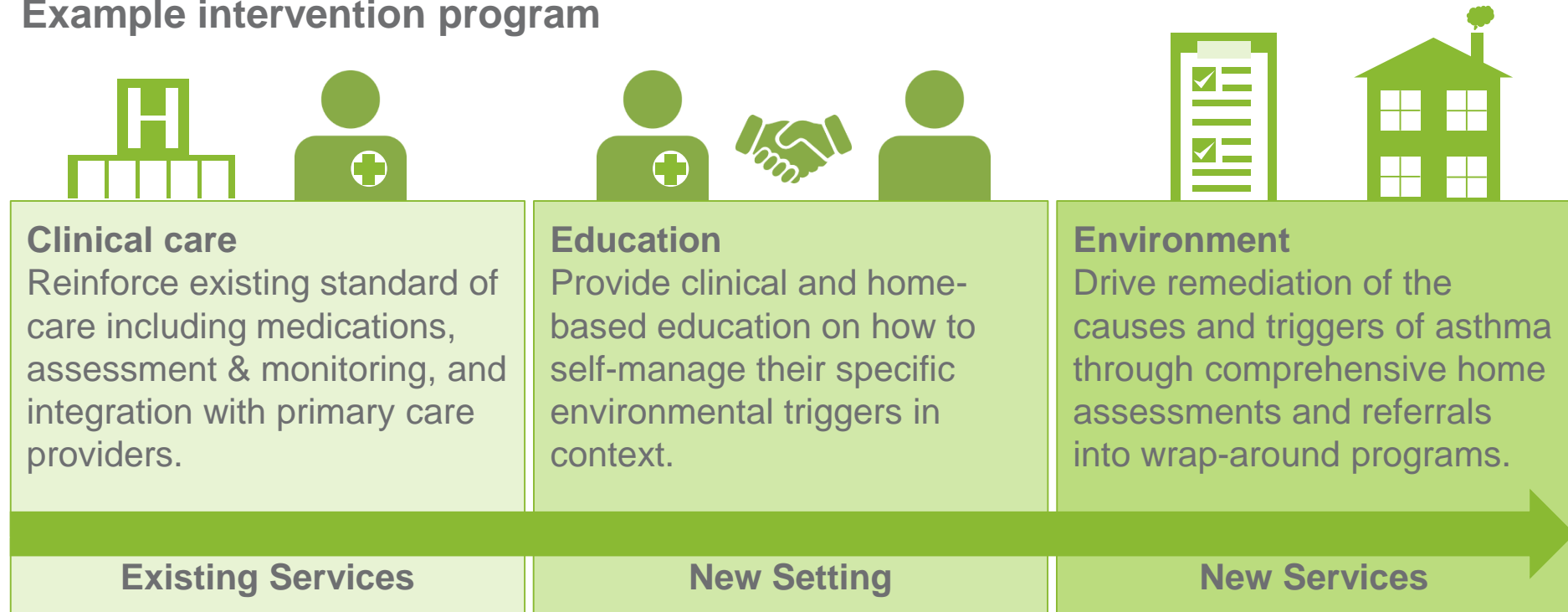
- 0 hospitalizations in 12 months
- Family saved \$721 in energy bills

Health Impact

- **3 hospitalizations avoided;** and
- **\$48,300 (est) healthcare costs saved.**

A triggering event starts a coordination across diverse group of stakeholders, starting with the existing standard of care.

Example intervention program



Comprehensive Interventions Deliver Results

In Chicago, the model is being piloted with three partners.



Technical Assistance Provider



Clinical Care continues but now includes integration with community resources

Education Provider transition to home-based assessment, education, and navigation



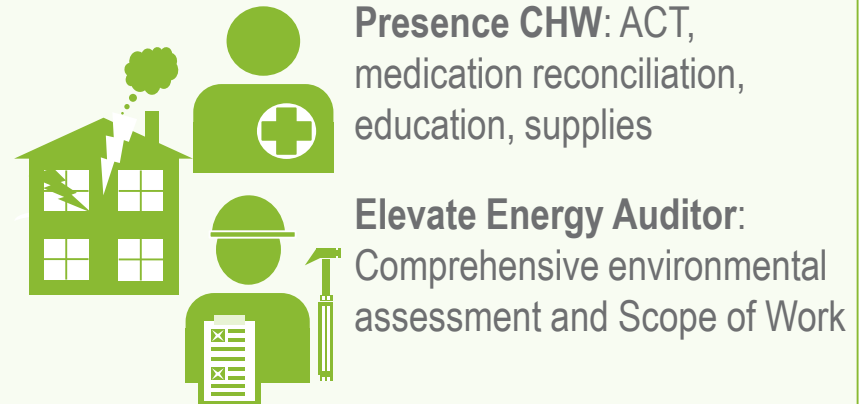
Environmental Provider of home-assessment and remediation services

In Brief, the program attempts enrollment for a coordinated asthma home-visiting program that involves intensive environmental remediation.

1 Intake and enrollment



2 Home-Based Needs-Assessment



3 Asthma education and home repairs



Fix asthma triggers:
Pests, moisture and mold, ventilation, carpet removal, etc.



Manage asthma:

- Additional visit
- Follow-up calls

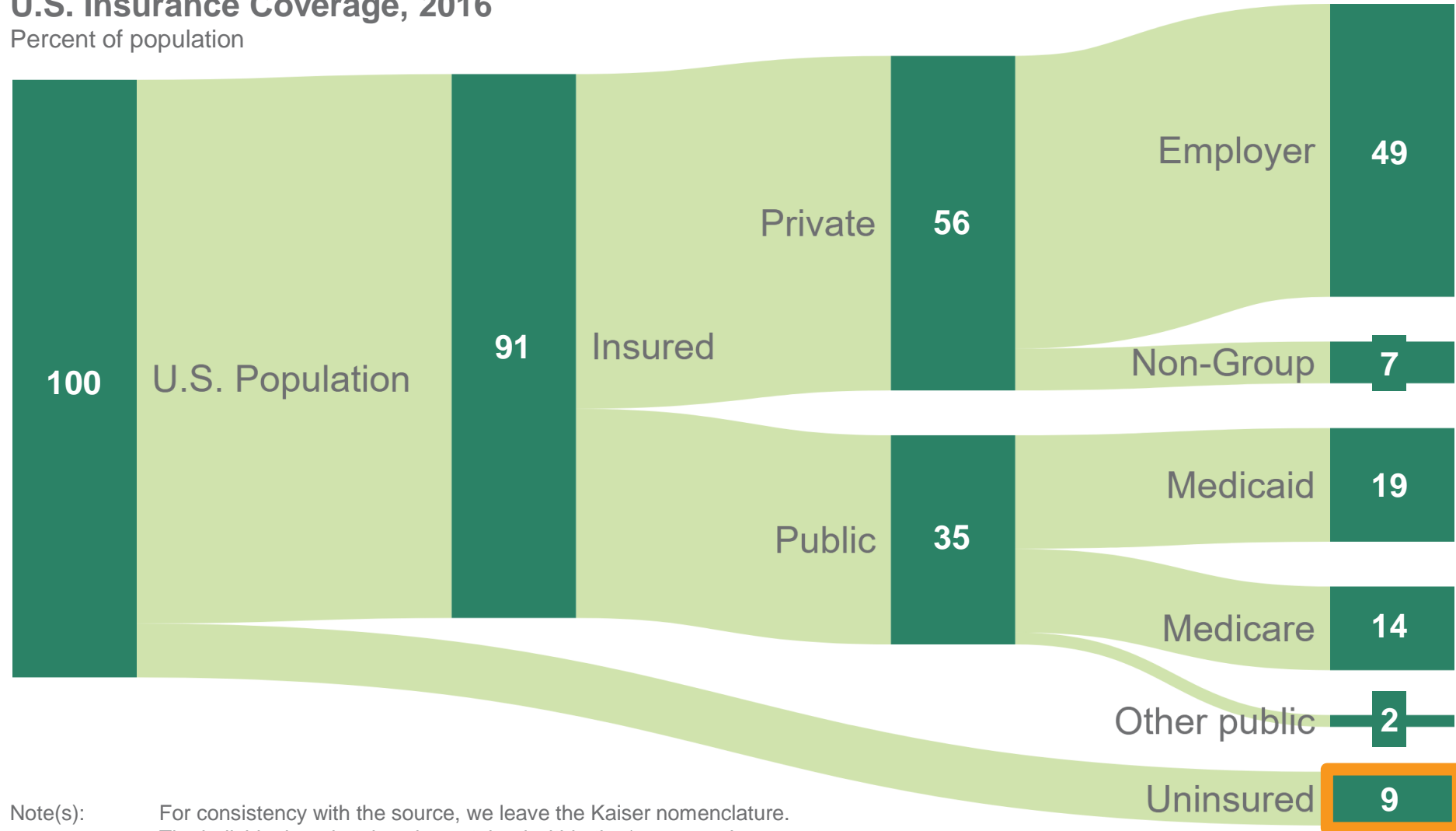
4 Evaluation of outcomes



Our focus for today will be on the uninsured population that currently receives community benefits, specifically uncompensated care dollars.

U.S. Insurance Coverage, 2016

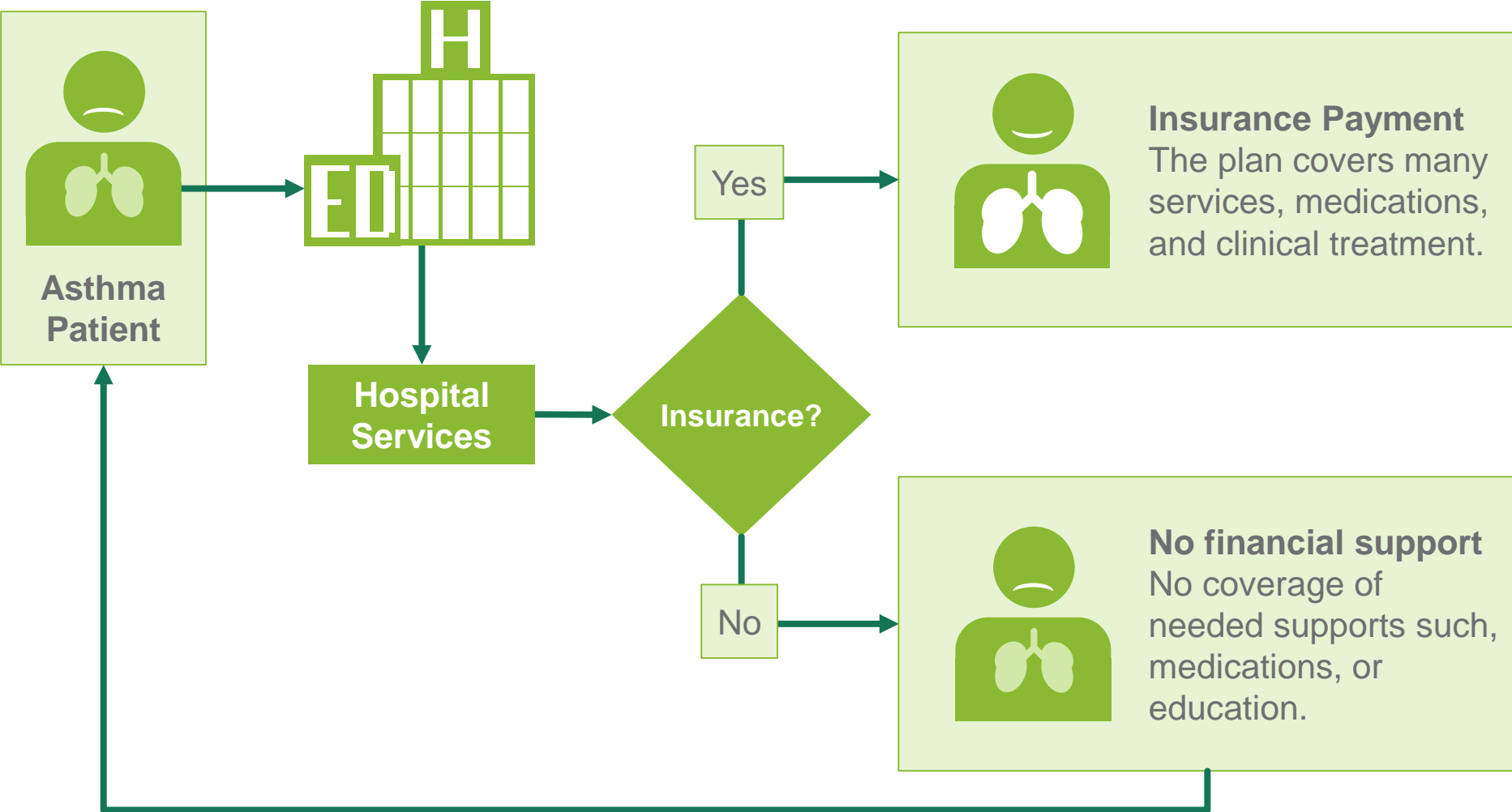
Percent of population



Note(s): For consistency with the source, we leave the Kaiser nomenclature. The individual marketplace is contained within the 'non-group' segment.

Source(s): Kaiser Family Foundation (2017)

Without funding, Hospitals few options of breaking the cycle of high-utilizers that consume Community Benefit dollars in uncompensated care.



Hospital's Community Benefit funds can invest in breaking cycles to free capital for operate existing and investing in building new programs.

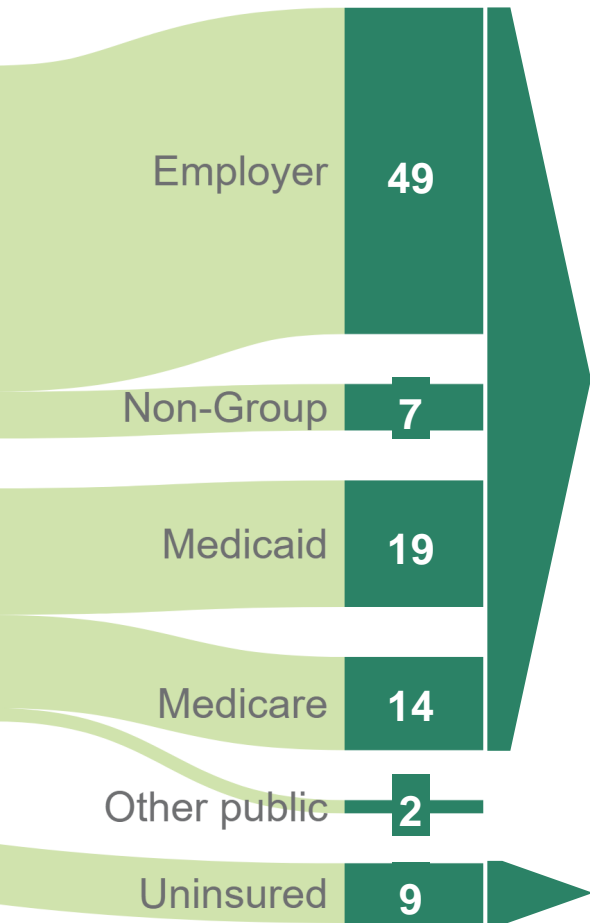
Investment Cycle for Community Benefits Fund



The program established by the community development investment fund can then be sold to public and private insurers through value-based care.

U.S. Insurance Coverage, 2016

Percent of population



Value-Based Care

Using managed-care contracts to secure sustainable funding from preventive programs.

Community Benefit Investment Funds

The Community Benefit Investment Fund can invest in other programs:

- Asthma,
- Household Injury (slip and fall),
- Lead-poisoning,
- Opioid-Affected Pregnancy,
- Supportive Housing.

... and start building the business-case for prevention.

Note(s): For consistency with the source, we leave the Kaiser nomenclature. The individual marketplace is contained within the 'non-group' segment.

Thanks for your time, please feel free to reach out to us.



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