The Hospital’s Role In Building Healthy Communities

Farms, Food & Health: 2016

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Regional Chief Mission Officer
Saint Joseph Mercy Health System
Today

1. Brief look at healthcare trends
2. Explore social determinates of health
3. One hospital’s experience collaborating with food systems
Disclosure
Disclosures

I, Michael Miller, do not have a financial interest, arrangement or affiliation with any organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation.

I do not anticipate discussing the unapproved/investigative use of a commercial product/device during this presentation.
We bring leading-edge technology and compassionate care close to home for southeast Michigan patients and their families.

- 5 Hospitals
- 5 Outpatient Centers
- 6 Emergency Rooms
- 6 Urgent Cares
- 25+ Specialty Centers
- 13,400 employees
- 2,700 physicians.
We, Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.
Healthcare Trends
A Problem With U.S. Healthcare

![Graph showing life expectancy vs. health spending per capita for various countries, with the USA being an outlier.](source)
Healthcare (Payment) Reform

Fee For Service → Pay For Performance
The Triple Aim

- Better Health
- Better Care
- Lower Costs
“…Tax-exempt status is a privilege. Unfortunately some charities abuse that privilege. By gathering information from non-profit hospitals, I hope to learn whether the benefits they provide to the needy justify the tax breaks they receive.”

Chuck Grassley
Charles E. Grassley
U.S. Senator
IRS 990 Schedule H

<table>
<thead>
<tr>
<th>Part I</th>
<th>Financial Assistance and Certain Other Community Benefits at Cost</th>
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<tbody>
<tr>
<td>1a</td>
<td>Did the organization have a financial assistance policy during the tax year? If “No,” skip to question 6a.</td>
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<tr>
<td>1b</td>
<td>If “Yes,” was it a written policy?</td>
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<tr>
<td>2</td>
<td>If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year.</td>
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<tr>
<td>3</td>
<td>Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization’s patients during the tax year.</td>
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<tr>
<td>3a</td>
<td>Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If “Yes,” indicate which of the following was the FPG family income limit for eligibility for free care:</td>
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<tr>
<td>3b</td>
<td>Did the organization use FPG as a factor in determining eligibility for providing discounted care? If “Yes,” indicate which of the following was the family income limit for eligibility for discounted care:</td>
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<td>3c</td>
<td>If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.</td>
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<tr>
<td>4</td>
<td>Did the organization’s financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the “medically indigent”?</td>
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<tr>
<td>5a</td>
<td>Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?</td>
</tr>
<tr>
<td>5b</td>
<td>If “Yes,” did the organization’s financial assistance expenses exceed the budgeted amount?</td>
</tr>
<tr>
<td>5c</td>
<td>If “Yes” to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?</td>
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<tr>
<td>6a</td>
<td>Did the organization prepare a community benefit report during the tax year?</td>
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<tr>
<td>6b</td>
<td>If “Yes,” did the organization make it available to the public? Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.</td>
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<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>1a</th>
<th>1b</th>
<th>2</th>
<th>3a</th>
<th>3b</th>
<th>3c</th>
<th>4</th>
<th>5a</th>
<th>5b</th>
<th>5c</th>
<th>6a</th>
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Saint Joseph Mercy Health System
Community Benefit Strategy

Random Acts of Kindness → Strategic Response to Community Need
Community Health & Well-Being

Clinical Services
Efficient & Effective Care Delivery through Trinity’s Safety Net System

Community Engagement
Efficient & Effective Wrap Around Services Focusing on the Vulnerable & those who are Poor

Community Transformation
Community Building Focusing on Built-Environment Economic Revitalization, Housing, & other Social Determinants of Health

Better Health • Better Care • Lower Costs
Social Determinants of Health
Social Determinants of Health

The circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics.

Examples:
poverty, income, education, housing

Source: World Health Organization
FUSE Project: Housing Intervention

**Frequent Users**

**Systems**

**Engagement**

**Total health care costs**, [top 10% homeless utilizers] including jail medical and mental health care, are estimated to have **declined an average of 72%**, from $58,962 to $16,474 per person.

*Source: CSH -- 10th Decile Project, Los Angeles:*
FUSE Project: Housing Intervention

Frequent Users
Systems Engagement

Total health care costs, [top 10% homeless utilizers] including jail medical and mental health care, are estimated to have declined an average of 72%, from $58,962 to $16,474 per person.

Source: CSH -- 10th Decile Project, Los Angeles:
Hospital & Food Systems Collaboration
Other Hospital Farms

Henry Ford West Bloomfield Greenhouse

St. Luke’s Rodale Institute Organic Farm

Stony Brook University Hospital Rooftop Farm
PRESCRIPTION for HEALTH

today at the farmers market
Participant consumption of fruits and vegetables increased by nearly one cup per day from pre- to post-program (n=135; mean=0.7; p<.001).

Participants showed an increase in self-reported health, with the average changing from “fair” pre-program to “good” post-program (n=138; p<.001).

81% reported that the program helped them manage a health condition.

92% of participants reported knowing that a Bridge/EBT card (formerly food stamps) could be used at the farmers market post-program, compared with only 60% pre-program.

93% of participants found it “very helpful” or “helpful” to have Community Health Workers at the market each week to greet them and talk about their experience, goals and progress (n=28).
Support Administrative Costs of Farmers Markets

Ypsilanti Farmers Markets
2013 Season

Total spent in Food Assistance $58,204
• 19% of total sales

Cost to operate Food Assistance $10,069

THANK YOU
Let’s Stay In Touch!
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