Emerging Facilitators and Barriers: Perspectives from the Front Lines of Practice, Research and Innovation

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Disclosures

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Dr. Stacy Lindau is the founder and owner of a social impact company NowPow, LLC and president of MAPSCorps, 501(c)(3).

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Objectives

1. How can technology assist providers and communities to address “SDOH”?
2. How can these tools be integrated into the hospital community benefit process?
3. How might system reform policy be a barrier or facilitator to community benefit activities?
Basic Human Needs and the Community Resources to Fulfill Them

Notes: Adaptation of Maslow’s hierarchy of basic human needs (from Maslow, A. 1954. Motivation and Personality. Harper& Row) illustrating specific types of community-based resources (programs and services listed after bullet points) available in the study area to fulfill multi-level need types (bold and underlined) that motivate human behavior.
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By end of 2017, Surescripts connected:

- Health information for 233 million patients (71% of U.S. population)
- 98% of pharmacies
- 77% of all prescriptions
- 1.47M health care professionals
- ~14 billion “transactions”/year
- 1.74 billion electronic prescriptions

Features of technology solution that benefits community

Values
- Integrates with “caring community” workflows
- Uses are meaningful: transparency, quality, accessibility
- Promotes dignity, joy, reduces moral distress for users
- Locates in community where idea was created

Science
- Centers on whole people
- Community-engaged
- Dynamic data, systems science
- Returns data, analytics to end-users
- Generates metadata
Data-driven community-benefit investing

Maps from NowPow 2018
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Community Benefit Expenditures

$62.4B in US annually 2011\(^2\) (IRS Report to Congress – not publicly available)
$1.68B cash/in-kind to community
$3.31B community health improvement
No change 2010-2014\(^4\)

$5.8B in IL 2016\(^3\)
(pop. 12.8M)
$452/capita
$157M for CBOs, ~300M for CHI
35,473 NFPs\(^5\)

Using data from hospital reports filed with the Internal Revenue Service for FY2009

\(^1\)Young et al 2013 *NEJM*; \(^2\)Rosenbaum 2015 *Health Affairs*; \(^3\)Illinois Health and Hospital Association 2018 Economic Impact Report; \(^4\)Young 2018 *Health Affairs* (Note – Young et al 2018 report $24.6B versus Rosenbaum et al $62.4B) \(^5\)Crain’s Chicago 2017
Thank you

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