MEMORIAL HOSPITAL

TITHING AND COMMUNITY BENEFIT INVESTMENT

PROPOSAL INTRODUCTION

Creating community health is at the core of Memorial Hospital and Beacon Health System's mission. We believe promoting community health is the right thing to do and a key to long-term cost-effectiveness. We believe improving the community's health status is a social, economic and environmental issue as well as a medical issue.

To improve our community's overall health status, Beacon Health System annually invests 10% of the previous year's net income from operations to fund future community health initiatives. We refer to this as our tithing fund.

Because hospitals and Health Systems are shifting from a "sick model" to a health model, we are continuing to move out of the hospital into the community with the goal of prevention, early intervention and keeping people healthier. The mandate set-forth by the federal government in the **Patient Protection and Affordable Care Act** now demands that such efforts by tax-exempt hospitals will be highly scrutinized to verify that these community benefit investments are improving the health status of our community and producing measurable outcomes and impacts.

We now conduct a **Community Health Needs Assessment** (CHNA) every three years to more directly focus on the most pressing needs within the community. This ultimately will improve the well-being of the residents of St. Joseph County, Indiana. By employing surveys, focus groups, key informant interviews, and a community advisory board, the CHNA process identifies **Health Priority Themes** our community desperately needs to address.

Since this CHNA process now directs Memorial Hospital's Tithing procedure and policy, the administration developed a streamlined process for gifting the hospital's tithing monies to community programs focused on CHNA-targeted areas. This will ultimately improve the long-term, comprehensive health of our community as a whole.

In addition to Community Benefit programs and services providing treatment and promoting health as a response to identified community need, they must also meet at least one of these community benefit objectives:

- Improve access to health services
- Enhance the health of the community
- Reduce the burden of government or other community efforts
- Advance medical or health care knowledge

BEACON HEALTH SYSTEM
615 N Michigan Street |South Bend, IN 46601
574-647-1350 · 574-647-1351 fax

Community Benefit programs are ultimately designed to primarily serve the indigent, at-risk, minority, medically under-served and most vulnerable populations of our communities.

In sum, Community Health Needs Assessment (CHNA), with specific representation from the community, provides a disciplined process for identifying health priorities. Annual reports detailing the Health System's charitable activities are also submitted for regular Congressional review.

Initially, a funding request must (a) evidence an organizational alignment with Beacon Health System's mission, vision, and values; (b) address one of the health priorities identified in the community needs assessment.

> **Mission**: To enhance the physical, mental and emotional well-being of the communities we serve as the community's provider of outstanding quality, superior value and comprehensive health care services.
>
> **Vision**: To be recognized as a model for the delivery of health and wellness by achieving the Top 10% in clinical quality, Top 10% in patient satisfaction and top tier in value per patient in the United States.

Second, proposals will be reviewed and evaluated on several criteria to insure alignment with the Patient Protection and Affordable Care Act's mandated implementation plan for producing accountability and measurable outcomes/impact in the community. These criteria are listed on pages 4-5 of the **Proposal Application Packet.**

Third, organizations with funded proposals are required to participate in a half day training session offered by CHE administrators. This session helps partner organizations understand how their project/program can achieve greater community impact, provides training in completing reports, and explores ways to sustain the project or program in the future.

Restrictions: Beacon Health System focuses on local nonprofit organizations. The System does not provide funding to political parties or organizations. Beacon does not contribute to capital campaigns and does not sponsor individuals.

**In the absence of a multi-year commitment in the initial award letter, Beacon Health System does not routinely award additional Community Benefit funds to programs in which the success of the project is contingent on future funding by the Health System.*

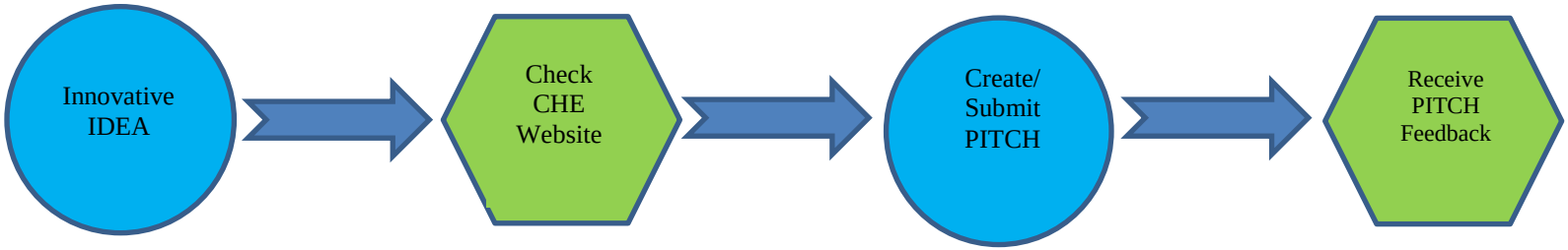
This is a list and short description of the illustrations and templates that appear in this word document. They can be edited and completed as needed during your tithing partnership with CHE.

- PROCESS MAP=illustration of the steps for submission and implementation
- PITCH=brief overview of your intended project to introduce your idea/plan to CHE
- PROPOSAL=detailed application for tithing funds
- LOGIC CHAIN=1 page overview and illustration of your proposed plan to submit with the proposal; definitions of terms on the logic chain appear on the reverse side
- BUDGET (Excel file, download separately)=submit with your proposal
- INVOICE=after your proposal is approved, submit this invoice to receive a check
- MID-YEAR REPORT=a brief summary of your short-term progress after six months
- ANNUAL REPORT=detailed summary with data that highlights your work across one year; compares completed work with the original proposal, and highlights your achieved outcomes, impact

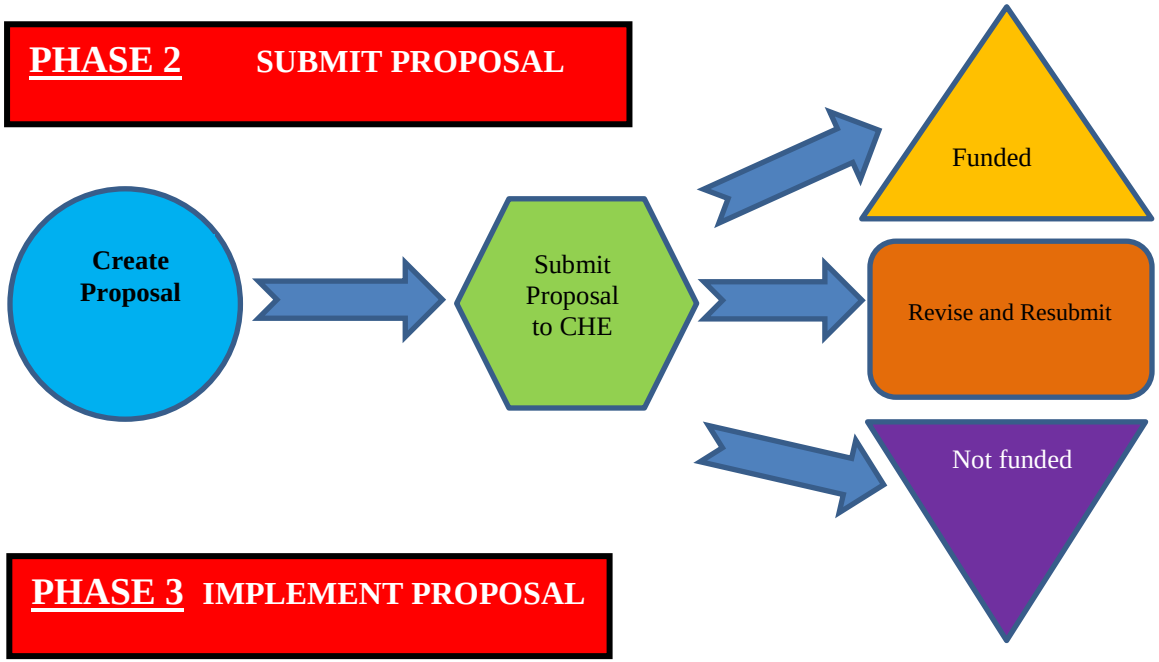
We hope you will find these useful in creating and reporting on your tithing-funded projects and programs.

TITHING FUND PROCESS MAP

PHASE 1 SUBMIT PITCH



PHASE 2 SUBMIT PROPOSAL



PHASE 3 IMPLEMENT PROPOSAL

TITHING PITCH

DATE OF PITCH
ORGANIZATION NAME
ADDRESS
CITY, STATE, ZIP
PHONE NUMBER
EMAIL ADDRESS
CONTACT PERSON / TITLE
PROJECT TITLE
CHNA PRIORITY THEME

BRIEFLY DESCRIBE YOUR PROJECT PITCH BY ANSWERING ALL OF THE FOLLOWING QUESTIONS:

As all CHE-funded projects MUST align with Community Health Needs Assessment (CHNA) priorities for community health improvement, what CHNA Priority Theme does this project best address? Please refer to Memorial's CHNA website for a complete listing of priority themes: http://www.qualityoflife.org/chna and choose a health priority that your program will address. Also, select an indicator or set of indicators that will best track your project's progress.

- What service/product do you want to provide?
- Who will receive your service/product?
- How many will receive your service/product?
- Who else will benefit from your project?
- What will change because of your project?
- Why is your project needed in our region?
- What Community Health Needs Assessment (CHNA) Priority Theme does this project best address?
- What do you estimate this project will cost?
- What other sources of funding could you apply for/have you applied for?
- How will you sustain program funding in the future?
- What In-kind support will your organization provide?

eMail completed questionnaire to: jlong2@beaconhealthsystem.org

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TITHING PROPOSAL

DATE OF PROPOSAL
ORGANIZATION NAME
ADDRESS
CITY, STATE, ZIP
PHONE NUMBER
EMAIL ADDRESS
CONTACT PERSON / TITLE
PROJECT TITLE
CHNA PRIORITY THEME
AMOUNT REQUESTED

Criteria must evidence an organizational alignment with Beacon Health System's mission, vision, and values.

The mandated implementation plan requires projects be accountable and include specific steps for achieving measurable outcomes and impact in the community. Beacon's development and implementation of collaborative projects incorporates the following five POWER model elements for impact-oriented partnerships (Pigza, 2016).

Create your proposal by addressing all items below. Please use your letterhead as (or logo on) the initial face page. Your final submission, if electronically submitted, should be saved or printed and sent as a PDF file.

- ✓ PARTNERSHIP- The proposal includes at least two partners with clearly defined and substantial roles in the success of the project. Convincingly describe the applicant organization's capacity to accomplish this project, and any additional training and support needed to meet the identified goals and objectives.

- ✓ OBJECTIVES- The project meets at least one of the established CHNA priorities and clearly identifies one or more target health population audiences with descriptive details such as age, gender, ethnic or racial group, disease or other pertinent determinant. The project also advances Beacon's goal of developing innovative approaches to problem solving, targeting at least one achievable behavioral change on the part of its participants that will positively influence the future well-being of individuals, families or community.

- ✓ WORKING- The planned work is explicitly tied to existing research or evidence-based outcomes that are cited and briefly described. If a new effort, the project must show data collection plans that meet acceptable scientific standards. The project also details actionable benchmarks that can be achieved within one year, accompanied by an outline with proposed dates for full implementation. Attach a budget statement listing all expected expenses, additional revenue, and in-kind contributions.

- ✓ EVALUATION- Describe the data you will collect and measure to determine if the program has achieved its projected outputs, outcomes and/or impact. Include numbers of individuals who will be served, and complete some type of logic model.

- ✓ REFLECTION-Finally, the proposal suggests how the project can be replicated in other settings and be sustained after Beacon's initial funding commitment is completed. For example, future funding could come through the development of fee-based services, post-start up revenues, or

melding the project into regular agency programming. The proposal likewise addresses potential concerns and strategies for solving those challenges.

Pigza, J. (2016). The POWER model: Five core elements for teaching community-based research. In M. Beckman & J. F. Long (Eds.), Community-based research: Teaching for community impact (pp. 93-107). Sterling, VA: Stylus.

- ✓ **Budget:** Attach a budget statement listing all expected expenses. Include any existing or potential sources and amounts of additional revenue streams as well as in-kind contributions. Be as specific and detailed as possible. See format example in the Budget link.

- ✓ **Organizational capacity:** Convincingly describe the applicant organization's capacity to accomplish this project. Does it need additional training and support to meet the goals and objectives?

- Identify any potential concerns and outline a brief strategy for addressing them.

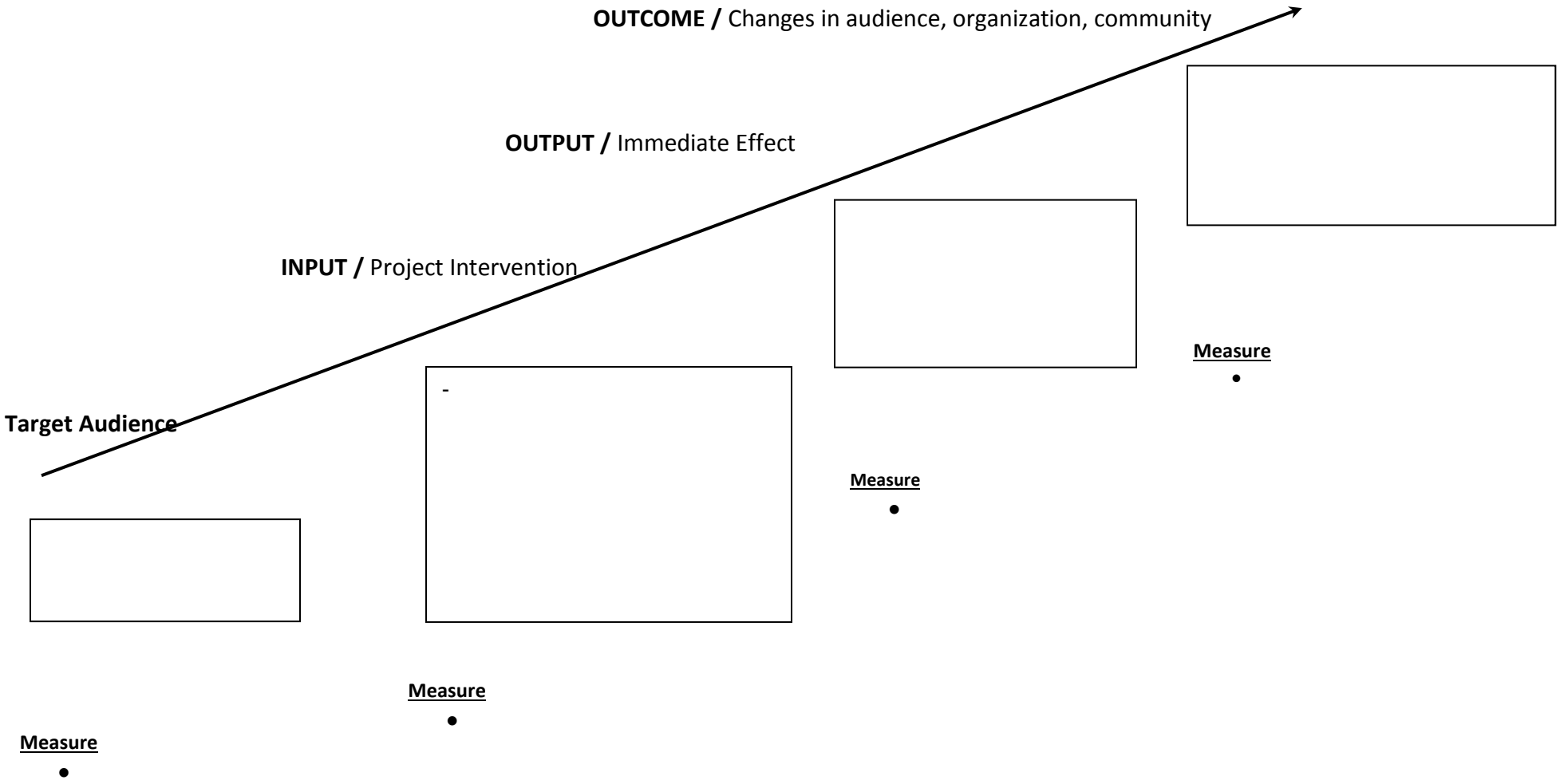
- NOTE: if the proposal is approved, the organization will need to submit an invoice to CHE in order to receive the allocation. See sample invoice in this packet.

Mail completed proposal to:

Community Health Enhancement
c/o Joyce Long
615 N Michigan Street
South Bend, IN 46601

or email to jlong2@beaconhealthsystem.org

PROJECT TITLE:
PROJECT ORGANIZATION:
CHNA Priority Theme-



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DEFINITIONS OF TERMS IN THE LOGIC CHAIN

INPUT-What your program is doing to create a change; EXAMPLE-a program intends to help clients find a primary care physician

OUTPUT- immediate effect of the action taken as an INPUT; outputs occur in the short-term and can be considered the first stage in moving toward community improvement. EXAMPLE-more diabetic clients have a primary care physician

OUTCOME-medium term result of INPUT; what is your audience doing differently that shows your program caused a change? EXAMPLE-more clients are attending regular wellness visits and reporting improvements in physical health.

IMPACT-accumulation of outcomes over time has an effect in changing the bigger issue and the community as a whole; changes unfold over time. EXAMPLE-fewer residents are being hospitalized for complications related to diabetes; lower rates of obesity in a community; health rating of our city improves.

Reference: Beckman, M. & Woods, D. (2016). The role of community-based research in achieving community impact. In M. Beckman & J. F. Long (Eds.) *Community-Based Research: Teaching for Community Impact.* Sterling, VA: Stylus.

MID-YEAR TITHING REPORT

DATE OF REPORT
ORGANIZATION NAME
ADDRESS
CITY, STATE, ZIP
PHONE NUMBER
EMAIL ADDRESS
CONTACT PERSON / TITLE
PROJECT TITLE
CHNA PRIORITY THEME
AMOUNT AWARDED
AMOUNT SPENT (TO DATE)

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Complete your Mid-Year Report by answering all questions below. Please note that a site visit may be requested.

- Briefly summarize the project / program purpose, as stated in your proposal and how you expected to address the CHNA priority theme listed above.
- Summarize progress. What have you accomplished? Describe progress toward goals / outcomes. Include data you have already measured. Is the project / program on track to be completed by the end of the reporting period?
- Have any concerns or problems emerged during the project / program? What has been done to address those concerns? Describe lessons learned, challenges met and / or overcome thus far.
- How is your collaboration with other partner organizations progressing? Describe each organization's role in the project.
- Attach a financial statement comparing proposed and actual revenues and expenses accrued to date. Include any additional sources and amounts of revenues.

Mail completed report to:

Community Health Enhancement
c/o Joyce Long
615 N Michigan Street
South Bend, IN 46601

or email to expected jlong2@beaconhealthsystem.org

Memorial Hospital of South Bend and/or Beacon Health System may use excerpts from this report in other documents or publications; however, all such uses of this information will be made without reference to specific individuals or organizations.

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ANNUAL TITHING REPORT

DATE OF REPORT
ORGANIZATION NAME
ADDRESS
CITY, STATE, ZIP
PHONE NUMBER
EMAIL ADDRESS
CONTACT PERSON / TITLE
PROJECT TITLE
CHNA PRIORITY THEME
AMOUNT AWARDED
AMOUNT SPENT (TOTAL)

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Complete your Annual Report by answering all questions below. Please note that a site visit may be requested.

- PROJECT PURPOSE: Briefly summarize the project / program purpose stated in your proposal and how it addressed the CHNA priority theme you chose.
- OUTCOME SUMMARY: What goals and outcomes have you accomplished? Describe your measurable outputs and outcomes with supporting data. Did the project/program meet anticipated outcomes? Why or why not? Please attach your data measurement update.
- TARGET AUDIENCE: Describe the demographics and total number of individuals served.
- COLLABORATION: Describe your collaboration with other organizations and list each organization's role in the project. Were collaborations effective? Did all organizations meet their responsibilities? Why or why not?
- FINANCES: Provide an itemized report of your proposed budget compared with actual expenses that demonstrates how the funds were used. Was the funding completely spent? Please explain.
- Please attach or email any pictures or publications derived from the project / program.

Mail completed report to:

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South Bend, IN 46601

or email to jlong2@beaconhealthsystem.org

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Organization Name

INVOICE

[Street Address]
[City, ST ZIP Code]
Phone [phone] Fax [fax]

INVOICE: _OF_
DATE: [CLICK TO SELECT A DATE]

TO:
Community Health Enhancement
Memorial Hospital of South Bend
615 N Michigan St
South Bend, IN 46601
Phone 574-647-1350

REQUEST: MAIL / PICK UP / DROP OFF

QUANTITY	DESCRIPTION	BUDGETED REQUEST	APPROVED
1	(Approved Proposal Title)	$24,013	$22,561·32
		TOTAL REQUESTED	

CC	PRIORITY	YEAR	PROGRAM CONTACT
8480		2015	

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