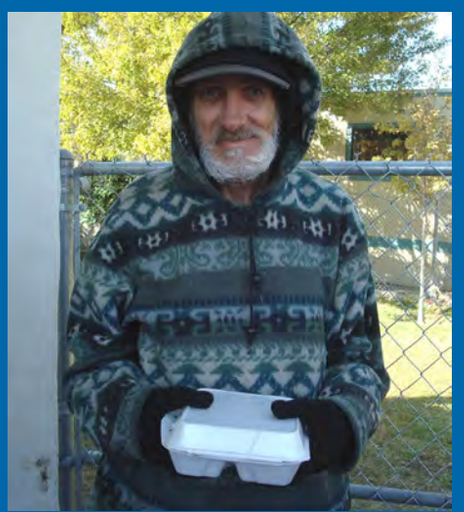
LEVERAGING YOUR STORY



applying business acumen to hospital charitable service

HOSPITAL
Charitable Service
AWARDS

Board of Advisors:

Charles R. Evans, *FACHE*, *Chair*
W. Daniel Barker, *MHA*, *LFACHE*
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Jackson HEALTHCARE®
We give healthcare life

Jackson Healthcare provides hospitals with physicians, nurses and allied health professionals to ensure the delivery of timely, high quality patient care. Founded by healthcare innovator Richard L. Jackson, Jackson Healthcare serves more than two million patients in nearly one thousand hospitals each year.

Introduction

Hospital charitable service programs make a remarkable contribution to communities. They fill gaps, bring together volunteers, create health and healing and serve their communities faithfully. Yet, their stories often are not told. Even on a hospital's tax return, charitable service programs are buried in obscure numbers on Schedule H of Form 990!

We at Jackson Healthcare believe there should be better ways to get the word out about the achievements of your outstanding programs. That's why we created the Hospital Charitable Service Awards. And that's why we have prepared this helpful booklet full of advice and best practices.

We have worked closely with Calvin Edwards & Company because of their long history of communicating the achievements of nonprofit organizations. They use an analytical, research-based approach, not one oriented around slick marketing techniques. That's of great importance to us. You will see that reflected in the following pages.

We want to motivate you to tackle the difficult task of conveying your achievements to the public and your supporters. Through this resource, we provide you with a framework for doing so. Plus, we illustrate how four hospitals created more compelling descriptions of their work. We want to convince you to try to assess the "return on invested giving" from your great efforts in the communities you serve.

All of us at Jackson Healthcare hope this resource starts a discussion at your hospital about the impact your charitable service programs are having in your community—and how you can capture and tell that story well. It deserves to be heard.

Yours sincerely,

Rick Jackson
Chief Executive Officer, Jackson Healthcare

Charles Evans
Chairman, Hospital Charitable Service Awards

About the Contributor

Calvin Edwards & Company is a consulting firm that creates investment-grade research, analysis, and evaluation of nonprofit organizations and provides counsel to charitable and faith-based entities and the foundations, high net worth families and government agencies that fund them. Using an extensive array of proprietary tools, it:

- Profiles organizations and nonprofit sectors, and identifies giving opportunities
- Analyzes organizations and evaluates programs and grants worldwide
- Designs business plans and venture philanthropy projects for nonprofits and donors
- Helps major donors formulate giving strategies and renders professional advice

This resource was authored by Calvin W. Edwards, founder and CEO and Amy Roush, senior research analyst/project manager.

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Telling Your Story Well

The story of your charitable service program achievements can be told in any number of ways.

You can use statistics, charts and graphs, stories, tables of diagnostic codes, details of service hours provided, number of patients seen, profiles of volunteer professionals, detailed descriptions of "what you do" and to whom, and any number of other particulars. You can do this in print, on video or in live presentations to community groups.

But if you were to cut through all the options and ask, "What is the most effective information to communicate?," we believe there is a single answer.

Now, more than ever, people are focused on the "outcomes" that nonprofit programs generate. Some push beyond outcomes to "return on invested giving". They want to know how much outcomes cost or which outcomes result from a donation of $XX.

These are legitimate inquiries. They make sense for today's serious donors and for others who analyze how nonprofits perform and how wisely dollars are used.

But this creates challenges for nonprofit executives, board members and staff, who find it difficult to get solid data that addresses such issues. Even understanding what they mean can be complex.

Metrics: What's What

Nonprofit programs, designed to help people deliver services of many kinds. Your program **does something** for **clients** who experience **a personal change** because of what you do. These three elements are key to telling your story.

Outputs are the services you provide to your clients. This might be a referral to a specialist, a health screening, a medical exam, a test or any number of other services you have devised to help meet needs in your community.

Clients are the patients or community members whom you treat, the people you serve when you provide outputs from your program.

Outcomes are the changes in your clients that are created by the outputs of your programs. They are changes in knowledge, behavior, attitude, skill, health or well-being. They are your program's mission distilled down to a person-by-person result. They are what you are working to achieve. Depending on your program, outcomes could be: a vaccinated child, a diagnosis and treatment plan, a commitment to act on test results or the adoption of a healthy diet.

Outcomes: The Statistic of Choice

Years ago everyone seemed satisfied when you reported, "We treated 500 uninsured, low-income patients." But today people want to know, "How much difference did you create in the health and well-being of your 500 uninsured, low-income patients? Did you do any good?"

This moves the focus from what **you did** to the **patient impact**. Obviously, the latter is more important. If people are not better off, then what is the point?

Donors, hospital and foundation management, clinic leadership, even volunteers and the public, want to know how much of your mission is being achieved. They know you try hard. But, how much does all that effort achieve? They want good news, a clear statement for a positive impact; but even if the news is not so good, they want you to know so you can improve.

There is a strong emphasis in the donor community, especially among large, sophisticated grantors such as foundations, on reporting outcomes. Over the last decade, this has become the metric of choice.

Bringing Business Principles to Nonprofits

Outcomes in the charitable world are like profits in the business world. Both are the "bottom line", or what you are trying achieve.

An even more sophisticated measurement is "return on investment". In business, this ratio calculates how much profit is generated for a particular investment. Stated another way, it is the benefit divided by the cost. Savvy donors are asking for a similar calculation for the nonprofits they support.

These questions are even tougher than ones about outcomes achieved: "What is the return on my investment of $10,000? How many patients did you treat, and how much difference did you create in their health and well-being with my donation?"

A Helpful Perspective

While these calculations (outcomes and return on investment) can be difficult for nonprofits, and especially difficult for healthcare service providers, they are helpful. It is fair for donors to ask for this information when they want to make their gifts count most.

Often donors will pay for such reporting because they know it takes focus and effort.

Donors are not the only ones who benefit from such information. It is valuable for program directors, hospital executive management and board members. Using clear data on the impact of their efforts, they can refine or expand programs, allocate resources, compare with other programs or strategies and celebrate successes.

Later in this booklet, we tell you how to determine and measure your program's impact and then report the results.

Creating a Road Map of Your Service Model

Outcomes are really a part of a bigger system of thinking about the services you provide. Social scientists and international development theorists have created standard ways of describing human service programs. Business people have then added their own financial metrics to the social measures and thus created various "return on investment" measures. This is new territory, and participating with these approaches enables you to distinguish yourself. We call it "Return on Invested Giving".

The different approaches and theories are called by various names: logic models, log frames (short for "logical framework") and program models. Textbooks describe some differences, but they all boil down to something like this:

For example, if your program provides mammograms to indigent women within your zip code, here's what a logic model might look like:

Inputs: Volunteer nurses, administrative support personnel, access to hospital equipment, advertising materials, informational literature

Activities: Promotion and advertising, scheduling patient appointments, scheduling staffing and access to equipment, administration and record keeping

Outputs: Mammograms performed, counseling provided, referrals made

Outcomes: Patients know the test results, patients make appropriate plans based on those results

Indicators: The number of patients who are successfully notified of test results, both positive and negative; the percentage of patients with positive results who make and keep follow-up appointments

These items are often laid out as a comprehensive matrix. But you don't need a full logic model to determine and measure outcomes.

Set Yourself Apart

Most organizations already have a pretty good informal idea of their outcomes. Taking time to define your outcomes formally and figuring out ways to measure them are exercises that have their own return on investment. Doing so will reap the following benefits:

Clarity: The exercise will bring precision and focus to your program. You will know **exactly** what you are trying to achieve.

Insight: Measurement will reveal the good, the bad and the ugly; or, hopefully, the good, the great and the fantastic! You'll know exactly what is being accomplished.

Common language: Outcomes will become the language you use to talk about your program, both internally and externally. The process forms a consistent vocabulary.

Differentiate: Communicating in terms of measured outcomes will set you apart in the community and especially with donors. They love to get reports about outcomes. Eventually, those will include trends of how outcomes are making changes in your community.

Selecting Your Program

Which Program to Measure

If you operate more than one program, or a program with several parts, you face the important issues of whether to select and measure outcomes for all of them and if not all, then which ones.

The guideline here is practicality. Do what reasonably can be done. Avoid doing nothing or trying to do everything. Focus on doing whateveryou do well. Pick a starting point and execute well.

You might want to start with your "star" program, the one for which you are best known. Or you may want to start with the easiest one.

You will have to set up a measurement system for each program separately. So select carefully, and complete one before you move on to the next.

Setting Up & Reviewing Your Program

If you haven't already created your charitable service program, here are questions to ask as you initially select or design one:

- What are the key healthcare needs in our community?
- What are we uniquely positioned to provide?
- Where can we have a significant impact?
- What should be a priority? What logically comes first?
- What resources are available to support a community service program?
- What can we afford? What can we raise funds to do?

As you consider these issues, you will start to formulate the outcomes you want from your program.

Each year or two, it is good to revisit your program and ask these same questions, to ensure you're staying on point. When reviewing an existing program, you may also want to ask:

- What outcomes have we achieved? How much have we helped people? How much of the mission have we accomplished?
- What is the return on our investment?
- Are there ways to improve our performance?
- What should we focus on in the next year or two?
- Are there other services we can/should provide, or other populations to serve?

As you refine your approach, calculations such as "return on investment" will become even more reliable. Comparisons over time will help you track success and identify opportunities for improvement.

Setting Up & Reviewing Your Program

A retreat with a directed discussion is a good setting to tackle all of the issues we've mentioned here. Usually, a half- or full-day dedicated to discussion, along with some written conclusions, will help get key people on the same page regarding your program selection and future strategy and priorities.

Measuring Your Impact

Once you have selected your program and decided to measure its impact, the next steps are to:

- Choose your metrics (preferably outcomes)
- Determine how to measure them
- Report your results

Because hospital community service programs differ greatly in purpose and structure, it is impossible to define standard outputs, outcomes and indicators that apply to all programs. You will have to decide what is needed in your unique situation. This section provides high-level guidelines to assist you in the measurement and reporting process.

Choosing Your Metrics

Whether you are just starting your program or it is well-established, the process of choosing metrics should be a joint effort between program management and staff, board members, hospital staff (as appropriate, based on your program's structure) and other parties you deem beneficial to the process, such as a partner organization. It usually takes a team effort of several people and perhaps a professional facilitator.

Depending on your own level of expertise and the financial resources available, you may also choose to engage a third-party consultant with experience in outcome-based evaluation.

To begin the metrics selection process, organize a brainstorming session for your group. Go off-site for a day or at least a half day to avoid work distractions. Choose 1–2 people in advance to facilitate discussion and keep the process moving. Prioritize your issues for discussion. Remember, outcomes have become the metric of choice, so do your best to focus on this key topic. Issues not covered within the meeting's time limits can be revisited later.

This initial working session should provide a basic framework of your program's outcomes (how to measure them and how to report them). All this may not be perfectly defined, but you should have sufficient information to refine your work over the coming weeks. Stick to it! As we said before, taking time to specify your outcomes formally has its own return on investment, allowing you to bring clarity, insight and common language to your program. Best of all, it will set you apart in the community and with funders.

You Can Only Measure What You Can Measure

If you want a rug for your floor, a tape measure will help you. If you need to decide how to dress based on the weather, a thermometer can guide you. If you want to avoid a speeding ticket on the freeway, your speedometer will measure how fast you are going. Instruments make measurement easy. We barely think about it.

Once you determine the outcomes for your program, you will want to measure the degree to which those outcomes are achieved. Often they are hard to measure. The question arises: what instrument measures them?

This is where indicators are helpful. If you specify an outcome that is obviously measurable, the process is straightforward. But if you create an outcome that cannot be measured easily, as is often the case, then you can use indicators to estimate the extent of outcome that is achieved.

For example, if your outcome is “Clients who visit our clinic and need specialist services are referred to appropriate specialists” – that is measurable. The clients are identified as the patients in your clinic; the outcome is a referral, which a patient clearly got or did not get. But if your outcome is “People in our community receive the healthcare they need” – you may not be able to measure that directly because the clients are defined as the whole “community”. The “needed healthcare” may not always be clear; and you may not always know whether the community members received it.

The Mechanics of Measurement

After you have defined your outcomes and selected your indicators, the next step is to create a process to collect and aggregate the data to show your results. This process will depend on your outcomes and indicators. It is helpful if the data collection process is designed before program operations begin. The staff involved in the implementation of your program's measurement process should be included in all aspects of the data collection design process.

For some programs, a data collection instrument, such as a patient survey, may need to be developed and administered. After the survey results are collected, they will need to be aggregated to show overall program results.

Other programs may require the creation of reports that aggregate program statistical data to provide the information necessary for outcome measurement. You may be able to enlist hospital IT staff to assist with the creation of these reports.

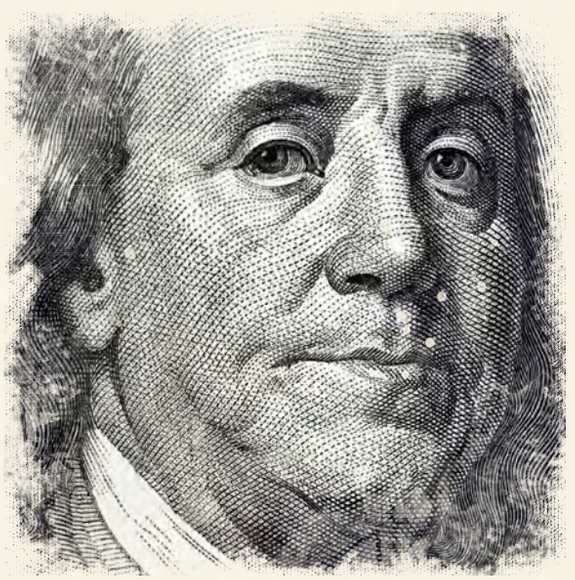
Other examples of data measurement techniques include keeping internal records of program results or using community health statistics (e.g., sick days off work) related to your outcomes.

Though it may be necessary to estimate data at times, try to measure, not estimate, as much as possible. Using estimates may be necessary for programs that are defining outcomes after the program has been in existence for some time. In these cases, existing data is most likely being used to "fit" with outcomes and show their results. If you must use estimates, always disclose it when communicating your program's impact.

Let's Talk Money

Measuring and reporting outcome data is very important to all your stakeholders; but if you can combine that information with financial data, it is even more valuable.

The concept of "return on invested giving" is a monetary reflection of your program's impact. It lets funders know what their investment helped accomplish. Savvy donors are increasingly assessing their charitable investments in this light.



There are several ways to reflect the return on a charitable investment. You may not have the data available for each calculation, but most programs will be able to reflect monetary impact with at least one or two of the following measures:

- **Program leverage:** The degree to which you are able to multiply a donor's investment with some other income, such as cash, donated services or something else of value.
- **Return on investment:** The value of services provided divided by the financial contributions made to provide them. It is the most recognized calculation of monetary impact. This measure brings together what was achieved, and how much it cost to achieve it.
- **Benefit of services provided:** A qualitative (not monetary) representation of the benefit of services provided. It typically involves a narrative of what was achieved, preferably in terms of outcomes.
- **Cost per outcome:** Reports the cost for a single outcome, not all the outcomes that were accomplished.

Calvin Edwards & Company has created a nonprofit resource, *Terminology of Charitable Investments*, that provides definitions of key terms relating to nonprofit investments. The four ROI measures listed above are described in detail. The resource is included as Appendix B of this booklet and will be useful in calculating your program's monetary impact.

QUICK START GUIDE

TO IMPACT MEASUREMENT & REPORTING

- ✓ If you have more than one, select a charitable service program with which to start.
- ✓ Create a logic model.
- ✓ Choose your metrics; focus on outcomes.
- ✓ Define your outcomes precisely.
- ✓ Create a process to measure your outcomes; use indicators if necessary.
- ✓ Develop any data collection instruments or reports needed for measurement.
- ✓ Collect data.
- ✓ Calculate output and outcome results.
- ✓ Calculate monetary impact (return on investment).
- ✓ Design a Statement of Impact or other communication tool to report your impact; consider different tools for various audiences.
- ✓ Populate the Statement of Impact with your information.
- ✓ Share your results!
- ✓ Execute your mission and be proud of your work!
- ✓ And finally, review the program every year to make sure it remains aligned with your mission.

Getting the Word Out

Using Your Numbers

The story of your impact is embedded in data representing many hours of planning, implementation and oversight. The information must be transformed into a compelling story that is easily comprehended by key stakeholders.

Deciding the exact format in which to report your program's impact is a matter of preference. However, clearly communicating your results is essential. You will need to determine the best way to convey your message to a variety of audiences, such as:

- Hospital executives and board members
- Existing and potential program funders
- Patients and prospective patients
- Community
- Media
- Internal Revenue Service
- Other stakeholders whom your program touches

You want to convey your results to each audience in the most effective ways. Consider each audience's background and technical expertise. After all, there are "numbers people" out there, and there are, well, "non-numbers people"!

Some audiences will relate well to output and outcome results, while others will understand business terminology such as return on investment. Another option is to report outcomes in an index, like stock prices are reported in the Dow Jones Industrial Average. You could "blend" multiple outcome measures into a "health index", "service index" or some other listing that works for your program. If you have more than one year's data, you may be able to show a trend graph.

Regardless of the way you present your numbers, you can count on people being impressed if you are able to reliably report "return on investment", because it joins money and results.

A Statement of Impact

Once you decide on a framework to report your results, organize them into a concise document. We call this a "Statement of Impact" (SOI), but other names are acceptable. Again flexibility is important; your communication tool may need to be adjusted for different audiences. For some, an overview is appropriate; for others, more detail could be beneficial.

A SOI differs from an Annual Report, which is typically lengthier and includes items such as a list of board members and program staff, financial disclosures, patient endorsements, a letter from the board's chair, etc. Depending on your program's legal structure, both a SOI and an Annual Report may be appropriate and complementary.

If your program is not a stand-alone entity (i.e., a separate 501(c)(3) organization), parts of your SOI could be incorporated into your sponsoring hospital's Annual Report, or other documents the program or hospital uses to convey the benefits of its community outreach. You can also provide the SOI on program and hospital websites to help spread the story of the good work you are doing.

The format and layout of your SOI should highlight the program and the hospital's brand and image. The form may be refined over time based on feedback and program changes, but to enhance effective communication, the basic layout should remain recognizably similar.

We have created an SOI template to help you design your impact communication document. The template can be found later in this Booklet. It is presented from the sponsoring hospital's perspective. The template can, and should, be modified to tell your program's story. It logically outlines potential types of impact and return on invested giving. However, not all will apply to your program, so modification will be necessary.

Later in the booklet, actual SOIs for four hospital programs for 2011 are presented for your reference. Scrutinize these and learn from them. Each hospital spent significant time and effort to generate a precise SOI for its program. Because each program has a different structure, each SOI reflects the content and format modifications needed to effectively communicate impact for that program's specific circumstances.

It's Time to Jump In

Are you ready to begin? Make plans today to do what you can to measure, calculate and report your program's impact. **Start small. Make it work. Build it out over time. You can do it!**

REMEMBER!

- Outcomes are always expressed in terms of patient experience (not what you do).
- If your outcome is not measurable (it is too general or calls for information that cannot be measured directly), design measurable indicators that point to how much of the outcome is achieved.
- When you plan to calculate a percentage, be very precise: a percentage of what?
- Think through which type of statistic your outcomes and indicators will use (a "head count," percentage, average).
- What you measure may be available within your records or you may have to administer a survey to obtain information.
- Surveys require sound methodology to be statistically valid and provide meaningful information.

Hospital Consulting Methodology

To examine the concept of impact measurement for hospital charitable service programs, Jackson Healthcare engaged Calvin Edwards & Company (CEC) to spend one day on-site with representatives from four hospital charitable service programs and then work with them to create a Statement of Impact.

Each program was named a Program of Excellence in 2010:

1. **Health Access Initiative** – ***Northeast Georgia Medical Center***, Gainesville, GA
2. **Huntington's Kitchen** – ***Cabell Huntington Hospital***, Huntington, WV
3. **Healthy Community Initiative** – ***Bon Secours St. Francis Health System***, Greenville, SC
4. **Toledo/Lucas County CareNet** – ***Mercy Health Partners & ProMedica Health System***, Toledo, OH

The on-site meetings allowed CEC to learn the history and purpose of each charitable project, review any previous impact measurement results, understand data collection protocols and work toward the creation of a Statement of Impact. That Statement would include performance results involving outputs and outcomes, as well as a discussion of the return on invested giving from the point of view of the hospital as the "donor." Subsequent to each on-site visit, several follow-up calls ensued, allowing CEC and program and hospital management to jointly create a Statement of Impact for each charitable service program.

The resulting Statement of Impact for each charitable service program was truly a joint effort.

The four hospital Statements of Impact are included in the next section.

2011 Statement of Impact

Health Access Initiative

Sponsored by

Northeast Georgia Medical Center, Inc.

Health Access Initiative (HAI) is a 501(c)(3) organization formed in 2003. It seeks to expand access to specialty medical care for low-income, uninsured adults living in Hall County, Georgia. It enrolls qualified patients into its case management system and provides them with referrals to specialty care physicians, assistance with prescription fills, coordination of ancillary medical services and other support. HAI also supports the primary care physicians of the health department and free clinics in Hall County that serve the uninsured population by providing them with a referral source for their patients' specialty care and hospital services.

Through its hospital foundation, Northeast Georgia Medical Center, Inc. invests in HAI by providing cash contributions, free rent and utilities, and IT services. The hospital also provides free diagnostic testing and other hospital services to HAI patients.

Kim Smith is HAI's Executive Director.

Health Access Initiative

A Community Benefit Program Supported by

Northeast Georgia Medical Center, Inc.

Hospital Sponsor

ADDRESS

743 Spring Street
Gainesville, GA 30501

TELEPHONE

770.219.3562

WEBSITE

www.nghs.com

PRIMARY HOSPITAL CONTACT

Christy Moore
Manager, Community Health Improvement, The Medical Center Foundation

EMAIL

christy.moore@nghs.com

SPONSORSHIP TYPE

The Medical Center Foundation, the philanthropic arm of Northeast Georgia Medical Center (NGMC), provides direct financial support to Health Access Initiative's operating budget. NGMC provides in-kind contributions of office space, utilities, and IT services.

Program

PROGRAM NAME

Health Access Initiative (HAI)

ADDRESS

Post Office Box 2683
Gainesville, GA 30501

TELEPHONE

770.287.0785

WEBSITE

www.healthaccessinitiative.com

PRIMARY PROGRAM CONTACT

Cheryl Christian
Executive Director of Good News Clinics (see "Program Legal Structure")

EMAIL

cheryl@goodnewsclinics.org

PROGRAM LEGAL STRUCTURE

Health Access Initiative, Inc. (HAI) is a 501(c)(3) nonprofit, separate from NGMC. HAI merged with Good News Clinics, another 501(c)(3) nonprofit supported by NGMC, in January 2012.

FOUNDED

March, 2003

MISSION STATEMENT

"Health Access Initiative seeks to expand access to medical care for low-income, uninsured adults."

PROGRAM PURPOSE

To facilitate access to comprehensive specialty care, including diagnostic testing and treatment services, for qualifying patients.

STRATEGY

HAI expands access to medical care for qualified patients by enrolling patients for a specific medical problem. Patients are referred from a physician currently treating or evaluating the patient; no self-referrals are accepted. Enrolled patients receive coordinated services to meet their healthcare needs. These services include a referral to a HAI volunteer specialty physician or a referral to NGMC for diagnostic testing or treatment services. The availability of, and access to, NGMC hospital services allows HAI to recruit specialty physicians into its volunteer pool. Patients are disenrolled and returned to their primary care medical home after a treatment plan is completed.

PROGRAM DESCRIPTION

HAI assists qualifying patients to obtain the following healthcare services: specialty referrals and treatment; access to and coordination of diagnostic testing including laboratory, imaging, sleep studies, and echo cardiology; physical and occupational therapy; diabetic education; individualized care management services; prescription assistance; and translation for improved services.

HAI also provides an efficient way for primary care physicians in Northeast Georgia Physicians Group's (NGPG) clinic at the Hall County Health Department, volunteer physicians at Good News Clinics, and other community primary care and specialty physicians to access specialty care, diagnostic testing and other NGMC services.

CLIENTS SERVED

Uninsured Hall County residents, aged 18-64, without access to public or private health insurance and whose total household income is at or below 150% of the federal poverty level; primary care physicians and specialists who treat the indigent uninsured in Hall County.

Hospital's Proportion of Total Program Impact

Hospital Investment

Financial contributions	$225,000
Gifts in-kind: occupancy	$33,118
Gifts in-kind: IT services	$4,800
Professional services	$0
Total investment	**$262,918**

Total Program Contribution Income

Financial contributions	$231,734
Gifts in-kind: occupancy	$33,118
Gifts in-kind: IT services	$4,800
Professional services	$0
Total contribution income	**$269,652**

PROPORTION

To calculate the percentage of impact that is attributable to NGMC, the Hospital Investment is divided by the Total Program Contribution Income. This calculation indicates that 97.5% of Health Access Initiative's impact is attributed to NGMC's investment.

Elements of Impact

OUTPUTS: PROGRAM SERVICES PROVIDED

HAI created the following outputs during the fiscal year ending September 30, 2011:

- ✓ Enrolled 699 new patients into the HAI program
- ✓ Coordinated 8,341 appointments for consultation with specialists for 1,872 unduplicated patients
- ✓ Coordinated 1,121 appointments for diagnostic imaging for 720 unduplicated patients
- ✓ Coordinated 885 appointments for outpatient laboratory services for 542 unduplicated patients
- ✓ Provided diabetic education for 64 unduplicated patients
- ✓ Provided care management services and coordination for 1,559 unduplicated patients with an average of 7.6 care management encounters per patient (11,848 total encounters)
- ✓ Enabled 65 unduplicated cancer patients to have timely access to comprehensive care (chemotherapy, radiation therapy, surgery, and other necessary services)
- ✓ Supported a network of 218 volunteer physicians representing 25 specialties
- ✓ Received and processed 2,906 referrals from community partners
- ✓ Recruited 20 new specialty physicians into the volunteer physician pool
- ✓ Made specialty care referrals to 177 volunteer physicians participating in HAI's physician pool

OUTCOMES: IMPACT, BENEFIT & CHANGE TO CLIENTS

HAI achieved the following outcomes during the fiscal year ending September 30, 2011:

Outcome 1: Enrolled patients obtain evaluation and treatment for a specific health problem.

Indicator: 1,872 patients received healthcare services through HAI.

Comments: Patient referrals to HAI are typically made for a single specific condition that requires further evaluation by diagnostic testing or specific treatment by a specialist.

Outcome 2: Enrolled patients receive coordinated services to meet their healthcare needs.

Indicators: 1,559 patients received care management services with an average of 7.6 care management encounters per patient.

Patients kept 91% of appointments coordinated by HAI's care manager.

Comments: HAI serves as the clearinghouse for medical information related to a patient's evaluation and treatment. This information is generated at different locations and times and is aggregated and delivered to the specialist in a timely manner to ensure the development of an effective and efficient treatment plan. Service coordination reduces unnecessary or duplicate testing, resulting in cost savings. HAI attributes excellent appointment compliance to frequent patient communication, which is an important component of service coordination.

HAI PATIENTS EXPERIENCE IMPROVED HEALTH

THE FOLLOWING FOUR STORIES ILLUSTRATE HAI'S POSITIVE IMPACT

E.K., a 55 year-old woman, was left without health insurance when she lost her job. After seeking medical care for abdominal pain at a local clinic serving the uninsured, E.K. was diagnosed with gallstones and chronic cholecystitis. HAI assisted E.K. in scheduling a successful gallbladder surgery. She is now volunteering in a primary care clinic for the uninsured.

E.W., a 58 year-old HAI patient, has been a diabetic for years. Her disease has gradually progressed to the point where she has significant loss of kidney function that requires monitoring by a nephrologist. Recently, E.W. complained of diminishing vision and feared she might be developing diabetic retinopathy, one of the leading causes of blindness. Through HAI, she was referred to an ophthalmologist for an eye exam and was found to have bilateral cataracts. Her vision has been restored after successful cataract surgery on both eyes.

C.L., a 48 year-old HAI patient, is employed, married, and the father of two. He was healthy until he developed abdominal pain and iron deficiency anemia. Additional studies demonstrated a colon cancer. At surgery, he was found to have Stage 2 colon cancer. HAI assisted C.L. in obtaining cancer treatment. He is currently disease free and is being monitored by his surgeon and oncologist.

J.J. is a 51 year-old woman referred to HAI for a vascular surgery consultation. She had high blood pressure which could not be controlled by medication. It was determined that J.J.'s high blood pressure was caused by a partially occluded artery to her kidney. Following surgical correction, J.J.'s blood pressure is currently under control.

Outcome 3: Enrolled patients with complex health conditions are provided coordinated, comprehensive treatment.

Indicator: 65 unduplicated patients diagnosed with more than 15 types of cancer were provided with multimodality cancer therapy.

Comments: The value of healthcare services provided to HAI cancer patients by NGMC was 36% of the value of all inpatient and outpatient services provided to HAI patients. In addition, hospital admissions for HAI cancer patients accounted for 29% of all hospital admissions for HAI patients.

Outcome 4: Emergency department (ED) utilization is reduced by providing HAI enrolled patients with alternative sources of healthcare.

Indicators: Of all HAI patient encounters with NGMC hospital services, only 0.6% were with the ED while 97.4% were with lower-cost hospital outpatient services. In comparison, of all non-HAI uninsured patient encounters with NGMC hospital services, 67.7% were with the ED while 24.5% were with hospital outpatient services.

Comments: NGMC generates data on HAI and non-HAI ED utilization. Over the past three years, HAI patients have shown a consistent pattern of utilizing lower-cost hospital outpatient services over ED services. Utilization of ED services by HAI patients has been dramatically less than the utilization of ED services by the non-HAI uninsured group.

Outcome 5: Primary care physicians at the two clinics serving uninsured patients in Hall County obtain access to specialty physicians and NGMC diagnostic services.

Indicators: 81% of HAI's total referrals come from the NGPG clinic and Good News Clinics.

99% of NGPG clinic referrals pass through HAI; also, nearly all of Good News Clinics referrals pass through HAI.

Comments: The lack of resources to complete a treatment plan is a widely-recognized disincentive to physician volunteerism to treat indigent uninsured patients. Physician volunteers at the NGPG clinic and Good News Clinics are able to serve their patients with the support of the HAI network even if the patients have costly, complex diseases such as cancer.

RETURN ON INVESTED GIVING: MONETARY IMPACT OF CHARITABLE FUNDS

Program Leverage

HAI does not generate traditional, internal leverage; to date, it has not created substantial additional income (financial or in-kind) over and above NGMC's investment. However, HAI leverages its reputation in the medical community to enable its enrolled patients to receive millions of dollars worth of medical services through a network of physicians, who provide volunteer services, and through NGMC, which provides diagnostic testing and hospital treatment services. Thus, HAI creates external leverage for its enrolled patients. While the value provided does not appear in any form on its financial statements, because the value is provided through other agencies, nevertheless, the services that HAI leverages have a very substantial impact on patients served.

Value of Services Provided

It is difficult to provide a direct monetary value on the coordination of services that HAI provides enrolled patients. However, the services that patients receive, through its leveraged model, may be valued. HAI volunteer physicians provided HAI patients with $2,427,158 in specialty care while NGMC provided $14,700,553 in diagnostic testing and hospital treatment services, for a total of $17,127,711 in medical care to HAI patients in 2011. The value of these services is based on hospital and specialty care charges at rates for uninsured patients and is derived from forms submitted to HAI by the various service providers. Though HAI is not the direct provider of the hospital and physician services, HAI enables the provision of these services to enrolled patients. NGMC's investment into HAI comprised 97.5% of the organization's total 2011 contribution income (both financial and in-kind); therefore, its proportion of the value of services provided to HAI patients is $16,699,518.

Return on Investment

A strict calculation of ROI would calculate the value of services provided by HAI as a ratio of the financial cost to deliver them ($231,734); however, as stated above, determining the value of service coordination is difficult. Alternatively, the return on the $231,734 investment was $17,127,711 in specialty care, diagnostic testing, and hospital treatment services for HAI patients (a 73.9 multiple). Put another way, for each dollar invested by NGMC in 2011, HAI enabled $74 in services to low-income, uninsured patients. And further, NGMC invested 97.5% of the capital required to achieve this result.

2011 Statement of Impact

Huntington's Kitchen

Sponsored by

Cabell Huntington Hospital

Huntington's Kitchen is a community benefit program supported by Cabell Huntington Hospital (CHH) with a purpose of improving the eating habits and overall health of Huntington, West Virginia residents. The Kitchen is a community food center that provides nutrition education and free and low-cost cooking classes, as well as a fresh market where seasonal produce is sold twice weekly. It is operated by Ebenezer Medical Outreach (EMO), a nonprofit, full-service medical clinic serving the uninsured.

Doug Sheils is the Director of Marketing and Public Relations of Cabell Huntington Hospital.

Cabell Huntington Hospital provides direct financial support to Huntington's Kitchen, as well as in-kind professional services through its marketing and food services departments. In addition to its support of Huntington's Kitchen, CHH has also been active in the School Menu Initiative, which, in 2010, helped 26 Cabell County schools to improve their menus. This project aligns with Huntington's Kitchen as both programs enable healthy eating habits.

CHH refers to the two programs as Food Revolution. The name was adapted from the popular television program, Jamie Oliver's *Food Revolution*, which featured the eating habits and health of citizens of Huntington, West Virginia. Both programs originated in 2009 when international celebrity chef Jamie Oliver approached the hospital to support both the school menu and nutrition education initiatives.

Huntington's Kitchen

A Community Benefit Program Supported by

Cabell Huntington Hospital

Hospital Sponsor

ADDRESS

1340 Hal Greer Boulevard
Huntington, WV 25701

TELEPHONE

304.526.2000

WEBSITE

www.cabellhuntington.org

PRIMARY HOSPITAL CONTACT

Doug Sheils
Director of Marketing & Public Relations

EMAIL

doug.sheils@chhi.org

SPONSORSHIP TYPE

Cabell Huntington Hospital (CHH) provides direct financial support to the Food Revolution program. It also provides professional services through its marketing and food services departments.

FOOD REVOLUTION

CHH has titled its over arching community benefit program, Food Revolution, a name it adapted from the popular television program, Jamie Oliver's *Food Revolution*, which featured the eating habits and health of citizens of Huntington, West Virginia. Food Revolution refers to the hospital's work with Huntington's Kitchen and with the Cabell County School System.

Program

PROGRAM NAME

Huntington's Kitchen

ADDRESS

911 3rd Avenue
Huntington, WV 25701

TELEPHONE

304.522.0887

WEBSITE

www.huntingtons-kitchen.org

PRIMARY PROGRAM CONTACT

Andie Leffingwell
Director, Huntington's Kitchen

EMAIL

andieleffingwell@emohealth.org

PROGRAM LEGAL STRUCTURE

Huntington's Kitchen is a program of Ebenezer Medical Outreach (EMO). EMO is a nonprofit, full-service medical clinic serving the uninsured, and operates several programs, including Huntington's Kitchen.

FOUNDED

November, 2009

PROGRAM PURPOSE

To improve the eating habits and overall health of the Huntington community.

STRATEGY

To improve the overall health of community residents, Huntington's Kitchen, a community food center, educates people who are interested in healthy food preparation by instruction and demonstration of healthy cooking practices. Also, the Kitchen creates enthusiasm for healthy eating.

PROGRAM DESCRIPTION

Huntington's Kitchen provides nutrition education and free and low-cost cooking classes six days per week; it also operates a "Fresh Market", where seasonal produce is sold twice weekly, and engages in community outreach through special events.

CLIENTS SERVED

Community residents interested in learning about healthy eating, with a focus on low-income and/or poor health populations.

SUPPLEMENTAL PROGRAM

In addition to its support of Huntington's Kitchen, CHH has been active in the School Menu Initiative, which, in 2010, helped 26 Cabell County schools to improve their menus. This project aligns with Huntington's Kitchen as both pro-grams enable healthy eating habits. CHH refers to the two as Food Revolution.

The School Menu Initiative trained 99 school cooks in fresh food preparation and eliminated processed foods from the schools' breakfast and lunch menus.

Hospital's Proportion of Total Program Impact

Hospital Investment

Financial contributions	$60,000
Gifts in-kind: website design	$4,500
Professional services	$1,500
Total investment	**$66,000**

Total Program Contribution Income

Financial contributions	$175,900
Gifts in-kind	$12,000
Gifts in-kind	$4,500
Professional services	$1,500
Total contribution income	**$193,900**

PROPORTION

To calculate the percentage of impact that is attributable to CHH, the Hospital Investment is divided by the Total Program Contribution Income. This calculation indicates that 34% of Huntington's Kitchen impact is attributed to CHH's investment.

Elements of Impact

OUTPUTS: PROGRAM SERVICES PROVIDED

Huntington's Kitchen created the following outputs for 2011; results are based on its fiscal year ending June 30, 2011.

- ✓ Conducted 14 Cooking Matters 6-week courses, serving 113 participants and 82 graduates
- ✓ Conducted 26 "Basic Steps to Healthy Cooking" adult 8-week courses and 6 "Children's Curriculum" 6-week courses, serving 338 participants
- ✓ Conducted 18 2-hour specialty cooking courses, serving 440 participants
- ✓ Conducted 90 community outreach events to promote the Kitchen
- ✓ Served an average of 150 customers weekly at the Fresh Market (for period from April to October 2011)
- ✓ Served 40+ farming partners annually through the purchase of produce for the "Fresh Market"

Cooking Matters is a nutrition education course nationally sponsored by the ConAgra Foods Foundation and Walmart; Huntington's Kitchen receives a grant from Walmart and Share Our Strength, a nonprofit, to run this program free of charge to individuals who participate in nutrition assistance programs (e.g., WIC, food stamps, food pantries) and are at risk of hunger.

OUTCOMES: IMPACT, BENEFIT & CHANGE TO CLIENTS

Cooking Matters graduates obtain the skills and knowledge necessary to prepare healthy, delicious and affordable meals.

Outcome 1: *Cooking Matters* graduates obtain the skills and knowledge necessary to prepare healthy, delicious and affordable meals.

Indicators: 89% of graduates reported having improved cooking skills.

On average, all graduates reported that the frequency with which they plan meals ahead increased by 46%.

On average, all graduates reported that the frequency with which they compare prices before buying food increased by 21%.

Comments: Data is based on self-reported answers to pre- and post-test surveys taken by "Cooking Matters for Adults" graduates.

GLORIA LEARNS HEALTHY FOOD PREPARATION

Gloria, a Huntington resident, was referred to Huntington's Kitchen by Ebenezer Medical Outreach. As a stipulation of providing Gloria with medical services, EMO required her to take the 6-week Cooking Matters course which teaches healthy food preparation skills. Initially, Gloria was not at all enthusiastic about taking the course. She did not believe healthy cooking was a necessary skill and was skeptical whether the healthy recipes taught in the class would taste good. Gloria's negative attitude quickly changed as the weekly classes progressed. Gloria never missed a class and is grateful to the staff at Huntington's Kitchen for teaching her to cook healthy, tasteful and affordable meals. Gloria has shared the knowledge she gained with her family and has lost weight as a result of her improved eating habits.

Outcome 2: *Cooking Matters* graduates make healthier food and nutrition choices.

Indicators: 57% of graduates eat more fruits, 55% eat more vegetables, 63% eat more whole grains, and 39% eat more low-fat or fat-free dairy products.

On average, all graduates reported that the frequency with which they use the "Nutrition Facts" label when making food choices increased by 81%.

On average, all graduates reported that the frequency with which they make meals that include at least three food groups increased by 44%.

Comments: Data is based on self-reported answers to pre- and post-test surveys taken by "Cooking Matters for Adults" graduates.

**Note: In February 2012, Huntington's Kitchen will begin measuring the impact to participants of its "Basic Steps to Healthy Cooking" classes. Currently, this is only done for its grant-funded program, Cooking Matters. Future reports will reflect this additional data.*

RETURN ON INVESTED GIVING: MONETARY IMPACT OF CHARITABLE FUNDS

Program Leverage

CHH has invested at least $50,000 annually in Huntington's Kitchen since its inception in 2009 (an additional $10,000 was invested in 2011 as a result of an award received from Jackson Healthcare). CHH's initial investment helped the Kitchen to secure a $25,000 grant from Share Our Strength for the Cooking Matters program. Huntington's Kitchen is in the second year of its grant program and has been approved for a third year. The grant amount increased to $35,000 in 2011 and is $30,000 for 2012.

In addition to the grant, the Kitchen's director has been successful at leveraging the hospital's investment with private donors. The hospital's investment of $50,000 funds the lease on the Kitchen's space plus some utilities; this fact is conveyed in all fund raising strategies and has enabled the Kitchen to acquire more than $85,000 in private contributions annually for its budget.

Value of Services Provided

The primary service offered by Huntington's Kitchen is the provision of nutrition education and free and low-cost cooking classes for Huntington residents. According to the executive chef at CHH, an estimated commercial rate for a class that teaches healthy cooking skills in the Huntington area is $50 per 2-hour class ($25 per hour of instruction). Based on this rate and the hours of cooking instruction provided by the Kitchen in 2011, the total value of healthy cooking instruction for 2011 was $123,500. The director at Huntington's Kitchen estimates that 70% of the Kitchen's time and budget are dedicated to providing cooking instruction. In addition, value is created through the Kitchen's operation of the "Fresh Market" and its community outreach events. However, valuing these program components is difficult and that calculation has not been done.

Benefit of Services Provided

Huntington's Kitchen provided a total of 4,940 participant hours of cooking instruction to community residents in 2011.

Return on Investment

A strict calculation of ROI would compute the value of services provided by Huntington's Kitchen as a ratio of the financial cost to deliver them ($187,900); however, as stated above, not all of the Kitchen's program components could be valued. Alternatively, the value of the cooking instruction provided is calculated. Assuming an investment of $128,130 solely for the provision of healthy cooking instruction[1], a return of

[1] ROI is a ratio of the value of services provided divided by the financial contributions made. For the Kitchen, this would include charitable contributions and class fees. To calculate the investment for the provision of healthy cooking instruction, total financial contributions of $175,900 are reduced by $10,000, which was a one-time contribution received in 2011 specifically for expansion of the Fresh Market. The net amount of $165,900 is multiplied by 70% (the portion of the budget estimated for cooking instruction) resulting in a financial contribution investment of $116,130. 100% of the class fees ($12,000) are added to this amount, resulting in a total financial investment attributed to cooking instruction of $128,130.

$123,500 was provided for Huntington's Kitchen clients, many of which participate in nutrition assistance programs and are at-risk for poor nutrition and health complications. This return represents a 0.96 multiple, just less than $1 of service for each dollar invested. As the Kitchen serves more participants, assuming costs do not increase proportionally, the ROI will increase. CHH invested 34% of the capital required to achieve this result.

SUPPLEMENTAL PROGRAM IMPACT

In addition to the impact created by Huntington's Kitchen, CHH has also generated community impact through its support of the School Menu Initiative.

Outputs

The following outputs were created for the 2010-2011 school year.

- ✓ Served a total 2,014,231 meals (breakfast and lunch) consisting of nearly 100% fresh ingredients to students of 26 Cabell County schools; 12,566 students participated in the school lunch program
- ✓ Trained 78 school cooks in 78 other West Virginia schools in fresh food preparation; in turn, each of the 78 cooks trained the remainder of the cooking staffs at their respective schools.

Leverage

In 2010, CHH provided Cabell County Schools with a one-time $100,000 investment which funded the training of 99 school cooks in fresh food preparation. The total cost to train the Cabell County cooks was approximately $120,000, funded by $100,000 from CHH and approximately $20,000 from the state of West Virginia. Thus, on average, it cost $1,200 to train each cook. The Cabell County School System has leveraged the training it received by conducting training of school cooks in other West Virginia communities; to date, 78 cooks in other counties have been trained. In turn, each of these 78 cooks trained the remainder of the cooking staffs at their respective schools. Assuming a cost of $1,200 to train one cook, the Cabell County School System has, so far, provided an additional $93,600 in training value to school cooks in other West Virginia communities.

2011 Statement of Impact

Healthy Community Initiative

Sponsored by

Bon Secours St. Francis Health System

The Healthy Community Initiative is a community benefit program of Bon Secours St. Francis Health System (Bon Secours) that began in 2008. The program's purpose is to improve the health and wellness of the 900+ residents of the Sterling neighborhood, one of the most economically challenged communities in Greenville, South Carolina. The program implements community development strategies by engaging and uniting the community as essential partners. The ultimate goal is to create a sustainable, vibrant and healthy environment for residents of Sterling. The program is long-term in its focus and includes community revitalization and capacity-building initiatives in categories such as health and wellness, peace and safety, planning and land use, senior advocacy and others. Bon Secours provides direct financial support to the program by funding its annual operating budget plus some special projects.

Maxim Williams is the Director of Community Relationship Building for Bon Secours and has been the Healthy Community Initiative Program Director since its inception.

Healthy Community Initiative

A Community Benefit Program Supported by

Bon Secours St. Francis Health System

Hospital Sponsor

ADDRESS

One St. Francis Drive
Greenville, SC 29601

TELEPHONE

864.255.1096, ext. 1

WEBSITE

www.stfrancishealth.org

PRIMARY HOSPITAL CONTACT

Liz Keith
Senior Vice President, Mission

EMAIL

liz_keith@bshsi.org

SPONSORSHIP TYPE

Bon Secours St. Francis Health System (BSSFHS) provides direct financial support to the Healthy Community Initiative by funding the salary and benefits of a full-time director and a community nurse. It also occasionally funds specific program grant requests, in-kind occupancy costs and professional services from the hospital's marketing department.

Program

PROGRAM NAME

Healthy Community Initiative (HCI)

ADDRESS

One St. Francis Drive
Greenville, SC 29601

TELEPHONE

864.255.1096, ext. 1

WEBSITE

www.bshsi.org/hci.sc

PRIMARY PROGRAM CONTACT

Maxim A. Williams
Director, Community Relationship Building

EMAIL

maxim_williams@bshsi.org

PROGRAM LEGAL STRUCTURE

HCI is a community benefit program of BSSFHS; it is not a separate legal entity.

FOUNDED

July, 2008

PROGRAM PURPOSE

The purpose of the HCI is to improve the health and wellness of economically challenged neighborhoods, focusing first on the Sterling neighborhood of Greenville, but also building a model that can be replicated in other upstate South Carolina communities. The ultimate goal is to create a sustainable, vibrant and healthy environment for residents of the Sterling neighborhood. The initiative is long-term in its focus in that it involves community integration, immersion and relationship building.

STRATEGY

To create a sustainable and healthy environment for Sterling residents, HCI facilitates community revitalization and capacity building projects for the Sterling neighborhood, at all times engaging and uniting residents as essential project partners. Teams of residents, volunteers, BSSFHS employees, and outside stakeholders (e.g., businesses, churches, nonprofits, etc.) implement programs based on an assessment of community needs and assets.

PROGRAM DESCRIPTION

HCI's projects are segregated in the following categories: community spirit/engagement, health and wellness, peace and safety, planning and land use, prosperity/economic development, senior advocacy, sustainability, and youth empowerment.

CLIENTS SERVED

The 900+residents of Sterling, a neighborhood bordering the central Greenville business district; nearly 40% of Sterling's residents make $15,000 or less in annual income and are roughly 60-70% African American.

Hospital's Proportion of Total Program Impact

Hospital Investment

Financial contributions	$324,000
Gifts in-kind	$11,000
Professional service: Marketing	$7,000
Total investment	**$342,000**

Total Program Contribution Income

Financial contributions	$650,000
Gifts in-kind	$276,000
Professional services	$50,625
Total contribution income	**$976,625**

PROPORTION

To calculate the percentage of impact that is attributable to BSSFHS, the Hospital Investment is divided by the Total Program Contribution Income. This calculation indicates that 35.0% of Healthy Community Initiative's impact is attributed to BSSFHS's investment.

Elements of Impact

OUTPUTS: PROGRAM SERVICES PROVIDED

HCI achieved the following outputs for the program's fiscal year ending July 31, 2011:

- ✓ Community Spirit/Engagement: Reorganized a 30-member neighborhood association and documented a process for doing business and development in Sterling
- ✓ Health & Wellness: Completed paving of 1/3-mile of a walking trail (Phase I)
- ✓ Health & Wellness: Presented the results of the 2010 health assessment study to neighborhood residents
- ✓ Health & Wellness: Administered 30 flu shots; conducted educational events and activities in the areas of nutrition, physical fitness, music therapy and chronic disease education; and provided access to food, transportation and medication
- ✓ Planning & Land Use: Obtained final approval of the Sterling Master Plan, a comprehensive revitalization plan for the Sterling neighborhood, from the City of Greenville and Greenville County
- ✓ Planning & Land Use: Formed the Sterling Community Land Trust, the first community-based land trust in South Carolina; formed a 13-member board to guide the Land Trust's operations
- ✓ Planning & Land Use: Negotiated an option for the Sterling Community Land Trust to purchase a 3-acre mill site adjacent to BSSFHS for future hospital expansion
- ✓ Senior Advocacy: Increased attendance for the "Seniors on the Go!" program, a 5-day per week, year-round community program for senior residents of Sterling, by 15+ individuals per day
- ✓ Sustainability: Created the organic "Odessa Street Garden", which provides fresh, local produce to the neighborhood
- ✓ Sustainability: Completed architectural redesign of the "Odessa Street Garden" to improve its accessibility
- ✓ Sustainability: Established an agreement between the Sterling Land Trust and two other partners to allow Sterling to house an Urban Farm & Innovators Market; completed design of the market
- ✓ Youth Empowerment: Increased attendance in the after-school program by 10+ youth per day; reorganized the after-school collaborative to increase access and assets for the program

OUTCOMES: IMPACT, BENEFIT & CHANGE TO CLIENTS

HCI achieved the following outcomes for the program's fiscal year ending July 31, 2011:

Outcome 1: ***Sterling community residents experience improved health and wellness.***

Indicators: Sterling residents "own" the results of the 2010 health assessment and can implement programs to improve community members' health as they see fit. The presentation of the health assessment raised awareness of the current state of health of the community as a whole.

Sterling residents engaged in physical activity using the walking trail.

Sterling residents used organic produce from the community garden as a source of healthy eating.

Sterling residents obtained food, transportation, medication, and health education from a hospital nurse allocated to HCI.

WHEN PASSION FLOURISHES

Maxine, a wife and mother of two autistic children, lived with her family in the Sterling neighborhood when the HCI initiative began in 2008. HCI's director initially met Maxine at her home during a day of walking the neighborhood to get to know its residents. The director immediately noticed something unique about Maxine—she was an artist. Maxine admitted that life was a constant financial struggle for her and her family, and that while painting was an "escape," she didn't know how to make money from her talent.

Maxine had been a Head Start teacher until she quit her job to make an attempt at painting full-time. Unfortunately, her husband, who had a steady job and reasonable salary at a local manufacturing company, was laid off unexpectedly shortly after she made this decision. These circumstances thrust the family squarely into poverty. With mounting costs of childcare, food, healthcare and living expenses, the family lost their home. Their circumstances were dim.

It was at this time that HCI's director met Maxine and felt that, through the power of relationships, he could help elevate her potential to make a living off of her passion for art. Maxine had little to no business or entrepreneurial expertise. She didn't have a business plan. She would only sell to her immediate network, whom were in similar or poorer financial situations than she. And her humility, although a virtue, was her biggest barrier. She needed to have a business plan, a website and a way to market and raise awareness of her paintings.

Through introductions by HCI's director to individuals who could provide Maxine with the resources she needed, her business flourished. Maxine became the primary financial support for her family. Her husband eventually got his job back which allowed the family to relocate and become homeowners again. Today, Maxine is regularly sought after for her talent, has been the guest of the Governor of South Carolina, has exhibited for museums, and is called upon frequently to share her passion with others.

Outcome 2: Sterling community residents are empowered and engaged to implement community revitalization projects in the neighborhood.

Indicators: 8 residents are members of the Sterling Community Land Trust.

30 residents are members of the neighborhood association.

200+ residents had a voice in the creation of the approved Sterling Master Plan.

Comments: Requires that at least one community resident agree to take on a leadership/decision-making role for each of HCI's community projects; additional residents are recruited depending on program needs.

Outcome 3: Intentional relationships are built between Sterling community residents and stakeholders that build trust and allow for collaboration in neighborhood initiatives.

Indicators: Sterling residents have leveraged personal relationships to secure land donations for the Urban Farm & Innovators Market.

A potential long-term working relationship between the Sterling community and BSSFHS has been created through the Sterling Community Land Trust's purchase option on a 3-acre mill site adjacent to the hospital.

Community residents were an integral part of numerous relationships between HCI and public and private partners, all of whom are active in an HCI project. Partners include: the Greenville Chamber of Commerce, the City of Greenville, various Greenville County departments, Greenville County Recreation District, Greenville County Redevelopment Authority, Clemson University, Furman University, the United Way, Christ Church, Fourth Presbyterian Church.

RETURN ON INVESTED GIVING: MONETARY IMPACT OF CHARITABLE FUNDS

Program Leverage

BSSFSH has successfully leveraged its investment in HCI by securing financial and non-financial (in-kind or professional services) support for various HCI projects. This includes:

- ✓ $265,000 in annual occupancy and food for the youth after-school and "Seniors on the Go!" programs by the Greenville County Recreation District
- ✓ $100,000 land acquisition for the Sterling walking trail by the Greenville County Redevelopment Authority
- ✓ $75,000 contributed by various partners to fund portions of the youth after-school program
- ✓ $65,000 infrastructure study of the Sterling Community by the Greenville County Redevelopment Authority
- ✓ $38,000 in project management, engineering, architectural and other professional service fees donated to construct and provide upkeep to the walking trail
- ✓ $31,000 contributed by various partners to fund portions of the "Seniors on the Go!" program
- ✓ $3,750 in architectural fees donated to redesign the "Odessa Street Garden"

The leverage realized in 2011 resulted in BSSFSH's investment comprising 35% of the capital required to achieve HCI's total program impact.

Value of Services Provided

It is nearly impossible to put a monetary value on the full array of services provided to the Sterling community through HCI. Though it may be possible to value some individual pieces of HCI, the majority of what the initiative provides to the Sterling residents cannot be valued using recognized commercial rates. Empowerment, pride, hope, motivation for the future, and relationship building, for example, are difficult to value.

Benefit of Services Provided

Though not a monetary representation of value, the benefit of services provided (a qualitative depiction) allows for an alternative representation of return on invested giving. With a total investment of $342,000 for the fiscal year ending July 31, 2011, HCI contributed to improving the health of the Sterling community through initiatives that promoted health and wellness, by continuing to engage residents in community initiatives, and by building intentional relationships that enable the implementation of current initiatives as well as help to ensure the long-term viability of the neighborhood. Today's investment is contributing to the healthy transformation of Sterling as a community in which residents are empowered to improve their quality of life and holistic health.

Return on Investment

The difficulty in placing a monetary value on the services provided by HCI inhibits the calculation of a return on BSSFSH's investment in HCI. In the future, BSSFSH may be able to put a value on certain pieces of the program, such as the health and wellness services provided by the community nurse, the health improvement realized as a result of the walking trail, the value of providing a youth after-school program, and others. These calculations could be difficult and costly to perform on an ongoing basis; however, if accomplished, would enable the calculation of the return on investment on a portion of the program.

2011 Statement of Impact

Toledo/Lucas County CareNet

Sponsored by

Mercy Health Partners & ProMedica Health System

Toledo/Lucas County CareNet is a 501(c)(3) organization founded in 2002 to increase access to coordinated healthcare services for low-income uninsured residents of Lucas County, Ohio. It targets people who are not eligible for public or private healthcare coverage. As a "virtual" free clinic, patients can enroll as members in CareNet and receive access to primary, emergency, outpatient, inpatient and specialty healthcare, as well as pharmacy and transportation services.

Jan Ruma is CareNet's Executive Director.

CareNet was formed when the Mayor of Toledo called upon local hospitals to help the growing number of the uninsured people within Lucas County. The City of Toledo, Mercy Health Partners and ProMedica Health System provided - in equal amounts - the initial core funding for CareNet. Mercy and ProMedica have remained major financial supporters. The University of Toledo Medical Center, St. Luke's Hospital, Lucas County Commissioners and the Academy of Medicine of Toledo Lucas County also have been financial contributors since inception. CareNet's uniqueness is that three health systems, the local health department and federally qualified health centers are collaborating for a common purpose to serve the same community. Hospital executives say the collaboration has leveraged each partner's individual ability to serve uninsured patients, providing a more comprehensive level of service to the community as a whole.

Toledo/Lucas County CareNet

A Community Benefit Program Serving

Lucas County, Ohio

Program

PROGRAM NAME

Toledo/Lucas County CareNet, Inc. ("CareNet")

ADDRESS

3231 Central Park West Drive, #200
Toledo, OH 43617

TELEPHONE

419.842.0800

WEBSITE

www.toledocarenet.org

PRIMARY PROGRAM CONTACT

Jan Ruma
Executive Director

EMAIL

jruma@hcno.org

PROGRAM LEGAL STRUCTURE

CareNet is a 501(c)(3) nonprofit

FOUNDED

December 2002; began operations January 2003

MISSION STATEMENT

"To increase access to coordinated healthcare services for low income uninsured residents of Lucas County who are not eligible for public or private healthcare coverage."

PROGRAM PURPOSE

To improve health by facilitating access to comprehensive healthcare for qualifying Lucas County residents.

STRATEGY

As a "virtual" free clinic, CareNet provides enrolled members with access to comprehensive healthcare services, plus pharmacy and transportation services. Upon enrollment into the program, members are connected to a primary care physician and referrals to volunteer specialists are coordinated by CareNet. Patients are re-enrolled annually if they continue to meet program requirements.

PROGRAM DESCRIPTION

CareNet has assembled a network of three Lucas County health systems (representing 8 hospitals), 16 primary care clinics, 30+ volunteer primary care physicians, 200+ volunteer specialty care physicians and 3 pharmacies to work in partnership to provide primary, emergency, outpatient, inpatient, and specialty healthcare to low income uninsured residents of Lucas County. CareNet members also receive complimentary TARTA Bus passes and can arrange for special transportation through the CareNet office.

CLIENTS SERVED

Lucas County residents, who are not eligible for or do not have any form of private or public health insurance coverage and whose total household income is at or below 200% of the federal poverty level, are eligible for CareNet.

Organizations Represented on the CareNet Board

The following ten organizations are represented on CareNet's board. Each organization supports CareNet in one or more of the following ways: direct financial support, healthcare services for CareNet members, leadership and guidance through board membership.

Founding Level Annual Funding Members

Mercy Health Partners ("Mercy")*

ProMedica Health System ("ProMedica")*

United Way of Greater Toledo

Annual Funding Members

Academy of Medicine of Toledo/Lucas County*

Lucas County Commissioners/Health Department*

St. Luke's Hospital*

University of Toledo*

Members

City of Toledo

Dental Center of Northwest Ohio*

Neighborhood Health Association* (federally qualified health center)

**Healthcare providers*

Total Program Income

CareNet received the following income in 2011:

Healthcare contributions	$168,500
Grant income	$155,250
Government contributions	$20,000
Other contributions	$71,039
Other contributions	$739
Total income	**$415,528**

Elements of Impact

OUTPUTS: PROGRAM SERVICES PROVIDED

CareNet created the following outputs during the 2011 calendar year; results since operations began in January 2003 are included parenthetically:

- ✓ Enrolled 7,319 members into the network (22,268 members since 2003)
- ✓ Completed 15,467 primary care appointments for CareNet members (119,174 appointments since 2003)
- ✓ Completed 3,336 specialty care appointments for CareNet members (23,958 appointments since 2003)
- ✓ Enabled CareNet members to receive 25,709 hospital services, e.g., radiology procedures, lab procedures, surgical procedures, and other services (147,207 hospital services since 2003)
- ✓ Enabled CareNet members to fill 15,419 prescriptions at The Pharmacy Counter, at low "We Care" pricing (38,517 prescriptions since 2008)
- ✓ Determined that 355 applicants were eligible for a public/private health insurance program (3,582 applicants since 2003)
- ✓ Supported a network of 230 volunteer primary and specialty care physicians

A FAMILY RECEIVES NEEDED HEALTHCARE

Janet Kane works as a home-health aid, but like so many other employed CareNet members, her job does not provide healthcare insurance. Rather than incur medical debts she could not pay, Janet's concern about the possibility of losing her house forced her to ignore a painful medical condition for over five years. Though she searched for a physician who would treat her, no one would take Janet's case because she was uninsured.

In 2004 Janet learned about CareNet and successfully enrolled. She had surgery at St. Vincent Medical Center and she has done well ever since. As a CareNet member, Janet now receives primary care services at the Cordelia Martin Center, a Neighborhood Health Association clinic. She is grateful to Dr. Uche and his staff for providing wonderful care.

Janet's husband, Kenneth, also received help through CareNet. Because of a heart condition, Kenneth is unable to work. Without insurance he relied on emergency room treatment. After becoming a CareNet member, Kenneth underwent cardiac stent surgery. "Without CareNet's help," says Janet, "my husband might not be alive today." She adds, "I am extremely grateful for CareNet and the help it has given my husband and me. With the CareNet program, we have the healthcare we need and no longer worry about losing our home."

OUTCOMES: IMPACT, BENEFIT & CHANGE TO CLIENTS

CareNet achieved the following outcomes in 2011.

Outcome 1: CareNet members have access to a primary care physician, allowing them to better manage their health.

Indicator: 7,319 members were connected with a primary care physician.

Comments: Data is reported to CareNet from partner healthcare providers. Fourth quarter data from one provider was estimated based on an average of the last four quarters of data submitted.

Outcome 2: CareNet members receive coordinated specialty care in 33 distinct areas to meet their healthcare needs.

Indicator: 72% of specialty referrals submitted to the CareNet office were filled.

Comments: Data is aggregated by the CareNet office through the Specialty Network data base.

Outcome 3: CareNet members are provided with preventive healthcare options as an alternative to the use of the emergency department (ED) and inpatient hospital stays; ED utilization and inpatient hospital stays are reduced.

Indicators: 15,467 primary care visits were provided to members.

20,700 outpatient hospital services were provided to members.

15,419 prescription medications were provided to members.

7% decrease in ED visits by CareNet members from 2010 to 2011 (25% decrease from 2007 to 2011).

28% decrease in inpatient hospital days by CareNet members from 2010 to 2011 (22% decrease from 2007 to 2011).

Comments: Data is reported to CareNet from partner healthcare providers. Fourth quarter primary care visit data from one provider was estimated based on the last four quarters of data submitted.

Outcome 4: CareNet members' health improves as a result of the care they receive.

Indicators: 62% of diabetic patients' blood sugar was in the normal range.

60% of hypertensive patients' blood pressure was in the normal range.

78% of women over 40 years of age received a mammogram in the past two years.

Comments: Based on a 2010 research study conducted by the University of Toledo College of Pharmacy (a similar study is being planned for 2013), the results for CareNet patients exceeded the national averages of many insured populations.

RETURN ON INVESTED GIVING: MONETARY IMPACT OF CHARITABLE FUNDS

Program Leverage

CareNet exists largely as a result of the ongoing contributions and collaboration of the healthcare safety net, those providers that deliver a significant level of healthcare and health-related services to uninsured, Medicaid and other vulnerable patients. CareNet's two healthcare founders, Mercy and ProMedica, currently provide approximately 34% of CareNet's total contribution income and millions of dollars of healthcare services to CareNet members annually. CareNet has been successful at leveraging the contributions and involvement of the health systems into funding from private donors. Since its founding in 2003, the percentage of CareNet's total income derived from the founding healthcare partners has declined from 45% to approximately 34%. During this period CareNet's budget increased from $220,000 to more than $415,000.

In addition to leveraging the financial investment of its healthcare sponsors, the internal leverage, CareNet leverages its reputation in the medical community to enable its enrolled members to receive mil-lions of dollars worth of medical services through its network of hospitals, primary care clinics, volunteer primary and specialty care physicians, and pharmacies. Thus, CareNet also creates external leverage for its enrolled members. The value provided does not appear in any form on its financial statements because the value is provided through other agencies. Nevertheless, the services that CareNet leverages have a very substantial impact on patients served.

Lastly, by creating a network of healthcare providers who work in partnership, CareNet allows participating health systems to leverage the care they provide their respective patient populations. The cooperation of multiple health systems for a common purpose is CareNet's distinctive advantage. For example, if a healthcare partner does not offer a certain specialty, a referral can be made to the CareNet Voluntary Specialty Care Network, which allows for more comprehensive healthcare offerings to enrolled members.

Value of Services Provided

It is difficult to provide a direct monetary value on the facilitation of medical services that CareNet provides its members. However, the services that members receive, through its leveraged model, may be valued. CareNet's healthcare partners provided a total of $15,163,889 in primary, emergency, outpatient, inpatient and specialty healthcare, plus pharmacy services, for its members in 2011. The value of these services is based on Medicaid rates. Though CareNet is not the direct provider of the healthcare services, CareNet enables the provision of these services to its members.

A breakdown by type of care is:

Primary Care	$958,954
Outpatient Services	$5,617,604
Surgeries	$4,846,199
Inpatient Days	$2,693,412
Emergency Department Visits	$625,683
Specialty Consults	$200,456
Dental	$77,513
The Pharmacy Counter	$139,528
Hospice of Northwest Ohio	$4,540
Total	**$15,163,889**

Return on Investment

Total financial contributions from all investors to CareNet were $414,789 in 2011 (total income net of interest income). A strict calculation of ROI would calculate the value of services provided by CareNet as a ratio of the financial cost to deliver them; however, as stated above, determining the value of service facilitation is difficult. Alternatively, the return on the $414,789 investment was $15,163,889 in primary, emergency, outpatient, inpatient and specialty healthcare, plus pharmacy services for CareNet patients (a 36.6 multiple). Put another way, for each dollar invested in 2011, CareNet enabled $37 in services to low-income, uninsured patients.

Appendix A: Statement of Impact Template

Program/Organization Name

A Community Benefit Program Supported by

Hospital/Facility

Hospital Sponsor

ADDRESS

Street Address
City, State Zip

TELEPHONE

XXX.XXX.XXXX

WEBSITE

www.websiteaddress.com

PRIMARY HOSPITAL CONTACT

Individual's name, title (e.g., CEO)

EMAIL

Use email of your main contact

SPONSORSHIP TYPE

Describe how the hospital supports the program; state this in terms of financial and non-financial contributions. (e.g., "XYZ hospital" provides cash contributions and in-kind IT services to "ABC program"; "XYZ hospital" provides cash contributions to "ABC program" and free mammograms to the program's patients)

Program

PROGRAM NAME

Name of Program

ADDRESS

Street Address
City, State Zip

TELEPHONE

XXX.XXX.XXXX

WEBSITE

www.websiteaddress.com

PRIMARY PROGRAM CONTACT

Individual's name, title (e.g., CEO)

EMAIL

Use email of your main contact

PROGRAM LEGAL STRUCTURE

Describe the program's legal structure. (e.g., "ABC program" is a 501(c)(3) nonprofit; "ABC program" is a community benefit program of XYZ Hospital; "ABC program" is a partnership of Entity 1 and Entity 2)

FOUNDED

Month, Year

MISSION STATEMENT

"Type the most current program mission statement here. Quote it exactly. If a program mission statement does not exist, don't create one and delete this section."

PROGRAM PURPOSE

State the purpose of the program and how it relates to the mission

STRATEGY

High level explanation of how the program addresses a healthcare problem. List elements of the strategy but avoid making this a product/service list, which would be included in the next section, Program Description.

PROGRAM DESCRIPTION

Brief description of the program and the components that make it up.

CLIENTS SERVED

The program's target market (defined as tightly as possible by their need/plight, gender, age, religion, occupation, social status, interest(s), and/or geography). Could have some demographic graphs here: gender, age, ethnicity, etc.

Hospital's Proportion of Total Program Impact

Hospital Investment	
Financial contributions	$XXX
Gifts in-kind	$XXX
Professional services	$XXX
Total investment	**$XXX**
Total Program Contribution Income	
Financial contributions	$XXX
Gifts in-kind	$XXX
Professional services	$XXX
Total contribution income	**$XXX**

PROPORTION

To calculate the percentage of impact that is attributable to the Hospital, the Hospital Investment is divided by the Total Program Contribution Income. This calculation indicates that XX% of the Program's impact is attributed to the Hospital's investment.

Elements of Impact

OUTPUTS: PROGRAM SERVICES PROVIDED

[ABC program] achieved the following outputs in 20XX (or, for the fiscal year ending XX/XX/XX):

- ✓ Results of Output 1
- ✓ Results of Output 2
- ✓ Results of Output 3 (add additional lines as needed)

OUTCOMES: IMPACT, BENEFIT & CHANGE TO CLIENTS

Outcome 1: State the outcome (describe the outcome in terms of the benefit to the client).

Indicators: State the measurable results (add lines as needed).

Comments: Use this section to concisely describe how the outcome results were calculated, if applicable.

Outcome 2: State the outcome (describe the outcome in terms of the benefit to the client).

Indicators: State the measurable results (add lines as needed).

Comments: Use this section to concisely describe how the outcome results were calculated, if applicable.

Outcome 3: State the outcome (describe the outcome in terms of the benefit to the client).

Indicators: State the measurable results (add lines as needed).

Comments: Use this section to concisely describe how the outcome results were calculated, if applicable.

Outcome 4: State the outcome (describe the outcome in terms of the benefit to the client).

Indicators: State the measurable results (add lines as needed).

Comments: Use this section to concisely describe how the outcome results were calculated, if applicable.

IMPACT STORY

[Insert an anecdotal story here, with a picture if available; change the title to fit the story, e.g., “One Life Saved”]

RETURN ON INVESTED GIVING: MONETARY IMPACT OF CHARITABLE FUNDS

[Some items of monetary impact may not be possible to calculate; delete sections as necessary.]

Program Leverage

Indicate here the degree to which a donor's investment is multiplied with other income (either cash or in-kind) by the service provider.

Value of Services Provided

Indicate the monetary value of services provided using some kind of recognized commercial rates that are commonly accepted; provide a description on how the value was determined.

Benefit of Services Provided

Qualitative (non-monetary) representation of the value of services provided. This involves a narrative of what is achieved, preferably in terms of outcomes, and possibly as outputs. Include counts and statistics as available.

Cost of Services Provided

The monetary value of the cost of providing services, including the cost of non-financial contributions used to provide services such as professional services if these are reported as income. The cost should include overhead expenses; if one is considering the cost of a single program or a portion of all services provided, overhead should be allocated on a systematic and reasonable basis.

Return On Investment

The ratio of the value of services provided divided by financial contributions made. (e.g., "The return on a $2,500 investment was $7,500 worth of breast cancer screenings.") ROI could also be expressed as the ratio of the benefit of services provided for the financial contributions made. (e.g., "Breast cancer screenings for 100 patients were provided with a $2,500 investment.")

Cost per Outcome

The cost to generate an outcome. Like the cost of service provided, this should include a reasonable allocation of overhead. This section will likely be based on a sample of one or two key outcomes, but not all.

Appendix B: Terminology of Charitable Investment[1]

In recent years, donors have adopted language from the investment industry to describe what they do. But the terms adopted do not have precisely the same meaning in the philanthropic world as they do within the investment industry. They require clarification and re-definition. For example, the term "return on investment" has a precise meaning in reference to a financial investment with a standard formula for calculating it. But that formula does not work in the nonprofit environment, not only because certain parameters are not available, but also because the "return" that is sought is of a different kind.

Calculation of precise financial statistics for nonprofit organizations, many of which provide services that are very difficult to value, is a new endeavor. It is challenging work and should be subject to review and revision. While ideally it would be an exact science, at this stage in the development of methodologies, it includes a considerable degree of art! We welcome feedback and input on the definitions and calculations proposed here. This document is updated periodically; see the "Resources" section of our website for the latest version, www.calvinedwardscompany.com.

Following are definitions of key terms relating to the analogy between for-profit and not-for-profit investments.

Output

A measurable element of a program, created by the service provider, which "touches" a client. Outputs are what a service provider achieves, as a result of its activities, to carry out its mission. Generally, outputs are the units of measurement of what a program does; mostly, they do not indicate a program's effectiveness. Examples: a patient visit, a class conducted, a medical test run, a referral made, a night of shelter provided.

Outcome

A change in the condition, behavior, knowledge, attitude or skill of a client served. An outcome is the change that a service provider seeks in its clients. Outcomes are the building blocks of one's mission. Outcome measurement is, in fact, a measure of how much mission is achieved. Outcomes are always expressed from the client's perspective—what happened to clients when a program operated. Examples: a healed patient, a skill mastered, a treatment plan completed, a job obtained.

Indicator

Often ***outcomes*** are abstract (stated in mission-like terms) and so ***indicators*** are measured as proxies for ***outcomes***. Indicators are selected because they are precisely measurable and judged to indicate whether an outcome is being achieved. Examples: testing "normal" for blood pressure (for an outcome of being healthy), use of mosquito nets (for an outcome of preventing malaria), having a job at 150% of minimum wage for at least 3 months (for an outcome of obtaining a job).

Contribution Income

Resources provided to an organization that have monetary value. There are four types, in two "currencies."[1]

Financial Contributions

- ✓ Financial gifts: Cash and securities.
- ✓ Valuable assets: Items that can be converted to cash such as real estate, collectibles, valuables.

Non-Financial Contributions

- ✓ Gifts in-kind (GIK): Resources that the organization can use in carrying out its programs and which it would otherwise have to purchase, e.g., prescription drugs, computers, books, clothing, and food.
- ✓ Professional services: Activities that require professional expertise and possibly specialized equipment; examples include accounting services, media time, medical testing, website design, provision of healthcare, and counseling.[2]

An organization's total contribution income is the sum of the value of all types of contribution income it receives.

Investment

An individual or entity's contribution of income to an organization; a donation.

Leverage

The degree to which an investment is multiplied with other income (either financial or non-financial) by the service provider. A donation may directly generate additional income through a matching program. Or, it may indirectly generate income in a number of ways when the service provider:

- ✓ Uses the reputation of the donor to raise other funds
- ✓ Garners in-kind contributions based on the donor's contribution
- ✓ Uses the contribution to obtain products and/or services at below-market rates
- ✓ Engages some other multiplicative strategy with the contribution

The end result of ***leverage*** is that an investment is able to generate more income (broadly defined) than its direct monetary value. Leverage occurs at the service provider level and is a strategy to acquire the income necessary to generate ***outputs***.

External Leverage

The degree to which an ***investment*** is multiplied with other services provided by other entities. Sometimes, in addition to the services it provides, a program solely enables the provision of additional services by other parties (nonprofits, churches and places of worship, or businesses). For example, a healthcare nonprofit may coordinate medical services for the poor, uninsured in the community; this may include taking referrals from primary care physicians and making appointments with participating specialty care providers. The value

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[1] Not all nonprofit income is contributed; many nonprofit organizations earn fees for services or sell products, some earn investment income, and some also earn "unrelated business" income. Here we are only concerned with contributed income or donations of various kinds.

[2] Volunteer services (provision of time and talents that are not specialized skills) are not true "income" and are not reported on financial statements, even though they may reduce the need to hire staff. They may be reported elsewhere and can be valued using hourly rates from the Bureau of Labor Statistics or Independent Sector.

of the specialty care services provided by others as a result of its referrals is external leverage. Through ***external leverage*** and not the initial service provided, ***outcomes*** are generated, but not by the initial service provided. Care should be taken so that an organization does not take credit for another's work; in this example, the referring organization did not provide specialty services, the referee organization did.

Value of Services Provided

The monetary ***value of services provided***, that is, outputs, using some kind of recognized commercial rates that are commonly accepted. The services may be all services for an organization or those of a particular program. If the organization or program solely enables the provision of services to its clients through another entity (either nonprofit or for-profit) which directly provides the services, the value of those services should be included in the calculation. The justification for including the value of those services in the calculation is that if it were not for the existence of the organization or program, the services would not have been provided. The value of services provided would usually be significantly different from the ***cost of services provided***.

Benefit of Services Provided

The value of services may be considered in qualitative terms, not monetary terms. This involves a narrative of what is achieved, preferably in terms of ***outcomes***, and possibly as ***outputs***.

Cost of Services Provided

The monetary value of the cost of providing services, including the cost of non-financial contributions used to provide services. For example, a doctor may not charge a nonprofit clinic to administer a test with his own equipment; the clinic could show that contribution as income, and it would also be a cost to the program. The cost should include overhead expenses which should be allocated on a systematic and reasonable basis. The ***cost of services provided*** should align with the income statement (though some adjustments may be required).

Return on Investment

A measure of efficiency, ***return on investment (ROI)*** measures how much mission is achieved for a given charitable investment. ***ROI*** is a ***ratio of the value of services provided*** divided by the financial contributions made. The financial contributions may well be only a part of the total ***cost of services provided***. Other costs are non-financial because they are in-kind. A ROI statement might say, "The return on a $2,500 investment was $7,500 worth of breast cancer screenings."

ROI could also be expressed as the ratio of the ***benefit of services provided*** for the financial contributions made. In this case, one cannot compute a mathematical ratio but can express a return in narrative form such as, "Breast cancer screening for 100 patients were provided with a $2,500 investment."

Leverage increases ***ROI*** because, for a given financial contribution, more program services are provided. ***ROI*** occurs at the client level unlike ***leverage*** which occurs at the service provider level.

Note that a strict calculation of ***ROI*** would not include the value of services provided through ***external leverage***. However, they could be included in an ***ROI*** calculation if the program solely enabled the leveraged services, and the calculation is justified and explained.

Cost Per Outcome

Another measure of efficiency is the ***cost per outcome***, that is, the cost to achieve a piece of the mission. This measure does not address the ***value of services provided***, rather it addresses their cost. But it does not use the ***cost of services provided***, but rather the cost of ***outcomes***. These two are related, but the measure focuses on what it costs to generate an ***outcome*** since outcomes are a measure of effectiveness in achieving one's ***mission***. It is a valuable concept because it relates efficiency and effectiveness. Like the cost of services provided, the cost of an outcome should include a reasonable allocation of overhead. Usually, this will have to be estimated.

Appendix C: Reference Materials

Following is a list of key books, articles, and other reference materials to assist Hospital Charitable Service Programs on the topic of impact measurement and reporting.

1. Boulmetis, John & Phyllis Dutwin. *The ABCs of Evaluation: Timeless Techniques for Program and Project Managers.* Second Edition. San Francisco: Jossey-Bass, 2005.
2. Collins, Jim. Good to Great in the Social Sectors: *Why Business Thinking Is Not the Answer.* New York: HarperCollins, 2005.
3. Fagan, Patrick, Claudia Horn, Calvin Edwards, Karen Woods, and Collette Caprara. "Outcome-based Evaluation: Faith Based Social Service Organizations and Stewardship." The Heritage Foundation. March 29, 2007. Available at: www.heritage.org/research/reports/2007/03/outcome-based-evaluation-faith-based-social-service-organizations-and-stewardship.
4. Heady, Lucy & Sarah Keen. "Social Return on Investment (SROI) for Funders." *New Philanthropy Capital Perspectives.* September 2010. Available at: www.philanthropycapital.org/publications/improving_the_sector/charity_analysis/SROI_for_funders.aspx.
5. Hwang, Wenke & Mark Hall. "Return on Investment Study: Buncombe County, NC Project Access." Buncombe County Medical Society. Available at: www.bcmsonline.org/main/files/2010_ROI_Report_ProjectAccess.pdf.
6. Sawhill, John & David Williamson. "Measuring What Matters in Nonprofits." *The McKinsey Quarterly.* May 2001. Available at: www.mckinseyquarterly.com/Measuring_what_matters_in_nonprofits_1053.
7. Schalock, Robert L. *Outcome-Based Evaluation.* Second Edition. New York: Kluwer Academics, 2001.
8. Schmitz, Connie C., Beverly A. Parsons. "Everything You Wanted to Know About Logic Models But Were Afraid to Ask." October 25, 2006. Available at: www.insites.org/documents/logmod.htm.
9. Taylor-Powell, Ellen, "Logic Models: A Framework for Program Planning and Evaluation." October 15, 2006. Available at: www.uwex.edu/ces/pdande/evaluation/pdf/nutritionconf05.pdf.

HOSPITAL
Charitable Service
AWARDS

www.hospitalcharitableserviceawards.org

Jackson Healthcare
2655 Northwinds Parkway
Alpharetta, GA 30009

www.jacksonhealthcare.com
info@jacksonhealthcare.com
770-643-5500

The *Hospital Charitable Service Awards* program is forging a network that helps hospitals connect with each other to share their program models, experiences and successes in improving the health of the communities they serve. We hope this collaborative spirit will spread to other hospitals and communities for the benefit of all.

It is our *mission* to:

- Create greater awareness of the amazing gifts hospitals offer communities through education, screenings, and other community service programs
- Celebrate the accomplishments of hospitals that go beyond the minimum community benefit requirements and truly invest in caring for the underserved
- Share existing “best practices” for delivering and funding community benefit initiatives
- Connect hospitals with innovative approaches and new opportunities to serving the underserved

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