Taking Philanthropy Beyond Hospital Walls

FRED NAJJAR, MS

There is no greater act of kindness than that of giving back, and of the many ways to give back, philanthropy is critical to health care. Dignity Health relies on philanthropic support to help it to grow and to move its hospitals and communities from good to great.

Based in San Francisco, Dignity Health is a health care system with a core belief that all people deserve medical care regardless of their background, ethnicity or circumstances. To understand why the system's culture of human kindness and gratitude are central to its identity — and to where the system is headed — it is important to understand a little about Dignity Health's origins.

The system's history is rich with stories of the women religious who came together in communities across Arizona, California and Nevada to serve their respective communities' needs, which often included opening a hospital. For example, in 1850, when the Sisters of Mercy arrived in San Francisco, they found people suffering with cholera, then later, typhoid and influenza. Guided by their vows to serve the poor, sick and uneducated, they founded St. Mary's Hospital. It is the oldest continuously operating hospital in the city.

The system's history is rich with stories of the women religious who came together in communities across Arizona, California and Nevada to serve their respective communities' needs.

These types of efforts were common in communities across the West where the sisters resided. By the mid-1980s, several orders of sisters decided to join together their 10 hospitals, forming what they called Catholic Healthcare West, which in 2012 became Dignity Health. Today, Dignity Health is one of the largest health systems in the nation, with care sites across 22 states, including 39 hospitals — 24 of which are Catholic.

DIGNITY HEALTH PHILANTHROPY

Dignity Health has more than 30 foundations within the organization. They provide essential fundraising support so the system can realize its mission of providing compassionate, patient-centered care on an individual level. As a group called Dignity Health Philanthropy, the foundations rank among the top charities for dollars raised in both health care and general charity listings. In 2016, Dignity Health Philanthropy ranked 19th in health care charity listings, and that year raised nearly $113 million to support areas including community outreach, general capital, mission services and research, among others. Our goal is to continue to increase our fundraising annual sum by a minimum of 7 percent, with the ultimate goal of raising more than $250 million annually.

Fundraising takes many forms, including cultivating major donors, that is, those with the generosity and capacity to make gifts of $10,000 or

Roy Scott

greater; and building relationships with the grateful patients served at Dignity Health facilities. The latter is a collaborative effort that relies on satisfied patients interested in opportunities to give back and a culture of philanthropy among clinicians and staff.

Historically, the core function of health care philanthropy has been to raise money for the hospital — the dollars that pay for the bricks and mortar to build facilities and the financial support needed to fill those facilities with programs, clinicians, services and state-of-the-art equipment. There are stories of early sisters visiting the mining camps in Arizona to hold their hands out as the men trekked home for the day. The sisters were asking for funds to help build the early St. Joseph's Hospital and Medical Center in Phoenix. They and their counterparts across the areas we serve laid the groundwork for what would become our foundations today.

There is a high degree of correlation between the illness burdens and disparities in housing, education, employment, transportation, healthy food access and more.

We know that we cannot, and should not, replace the traditional conversation with our benefactors about giving support for building facility walls and the excellent care provided to patients within them. This always will be the fundamental platform for our local fundraising. But, we can complement it with an added role — one that takes into consideration the broader community's overall health. Community health and social determinants of health programs align with Dignity Health's mission and are an increasingly vital part of the organization.

COMMUNITY HEALTH

It used to be that the hospital was at the center of thinking about health care, but if you were to diagram that now, you would find the patient at the center. More than a decade ago, Dignity Health leadership pioneered the "Community Needs Index" to measure how social and environmental barriers are linked to health disparities in every Zip code served. The index helps guide how and where programs are developed to meet the needs. The index and other tools demonstrate that members of many vulnerable populations Dignity Health serves — including low-income, minority, youth and senior communities — are disproportionately affected by chronic conditions such as diabetes, cardiovascular diseases and asthma. Similarly, there is a high degree of correlation between the illness burdens and disparities in housing, education, employment, transportation, healthy food access and more.

These conditions exact a heavy toll in personal and family suffering, unnecessary health care costs and lost vitality, productivity and quality of life. As Dignity Health providers see every day, prevention and early intervention is preferable to late treatment. Knowing this, a key part of the mission-centered community health strategy has been bolstering community-based health initiatives in several ways, including: identifying new, evidence-based prevention programs; delivering them in the communities for free or low cost; and measuring their reach and effectiveness.

Meanwhile, philanthropy and community health were on parallel paths that didn't always connect. We knew that we were missing opportunities by continuing this way. So we started to get to know each other better, to break down the silos that can occur in large organizations.

System leaders and community health leaders attended meetings together, including Dignity Health's annual Philanthropy Education Summit, where the community health leaders spoke about their work. We created opportunities and expectations for hospital foundation and community health leaders to interact, to build understanding about the ways that philanthropy can aid community health and ways that community health challenges impact the hospitals and their patients.

Over and over, we saw how the work we do naturally connects. We began developing a more systemized strategy to collaborate, focusing on critical issues that profoundly affect health like obesity, food insecurity and housing issues. We took a hard look at what we're doing well and also considered how we could engage major funders to help move that work forward.

DIGNITY HEALTH FOUNDATION

A key component of our philanthropy is Dignity Health Foundation, a not-for-profit organization founded in 2013 specifically to advance Dignity Health's mission of delivering compassionate, patient-centered health care.

The Dignity Health Foundation works to inspire bold solutions on health issues in the communities Dignity Health serves. We raise vital funds, convene forward-thinking leaders and catalyze awareness to meet local needs and make global impact.

The initiatives we've identified to begin this work — the Human Trafficking Response Program, Dignity Health Concussion Network and the Postpartum Depression Initiative — illustrate how we are thinking outside the four walls of our facilities to places where health care and community intersect.

For example, we launched the Human Trafficking Response Program to address a critical issue in many of the communities where we are located.

It can be tough to convince some members of the hospital leadership that community partnerships are beneficial when they might be viewed as competing with what's going on within our walls.

Nearly 88 percent of human trafficking victims reported some kind of contact with health care while they were being exploited, according to a study published in the *Annals of Health Law*. The study also exposed how medical care providers often are unprepared to identify and respond to victims.[1] We want to prepare those providers.

We also know that addressing human trafficking requires strong partnership between health care providers in the clinical setting and community-based social-service organizations. We are raising funds both to build these linkages and to provide trauma-informed care to the people who come through our doors. A number of community health directors at local Dignity Health facilities help identify community agency resources, and they serve on the teams that oversee the human trafficking work.

This way of conducting business is not without its challenges. It can be tough to convince some members of the hospital leadership that community partnerships are beneficial when they might be viewed as competing with what's going on within our walls. It can be even more complex to explain to a donor the need to build and support programs that extend beyond the hospital to other organizations in the community. Some donors' passion and loyalty have been tied directly to the building where they or their loved one received care. But, our philanthropy leaders must do this vital work if we are to continue improving the health of the communities we serve in sustainable ways.

We are seeing incredible success. For example, to date, Dignity Health has invested more than $1 million in the human trafficking program to train 4,000 staff to recognize victims and provide trauma-informed care, and the program has educated more than 400 professionals from other health care systems about how best to assist victims.

Charity care. Community benefit. Community health. Meeting the health care needs of the community you serve requires many ingredients, and it has been called many things over the years. Whether providing that care is viewed as an obligation or call, a hindrance or an opportunity, is a matter of perspective.

Seeing outside the walls of our hospitals to the health of the whole community is the direction health care is heading, in that we have no doubt. At Dignity Health Philanthropy, our intention is to be leaders in bringing our communities together and building a healthier future.

FRED NAJJAR is senior vice president of philanthropy, Dignity Health, San Francisco.

NOTE

1. Laura J. Lederer and Christopher A. Wetzel, "The Health Consequences of Sex Trafficking and Their Implications for Identifying Victims in Healthcare Facilities," *Annals of Health Law* 23, no. 1 (Winter 2014): 77-79.

JOURNAL OF THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES www.chausa.org

HEALTH PROGRESS®

Reprinted from *Health Progress*, March - April 2017