

Tithing - Learning History

Organizations like ours try to learn from our experiences, both the successful and not so successful ones. This is a way of assessing our effectiveness and sharing information. It is an important process for the growth of any organization. In doing so, we have recorded some of our learning process around the concept of a “learning history.” We went back to the source of our tithing policy - the people who originated the concept, those who developed the policy and formed the body to oversee it, those who helped to implement and manage it, and even those who received its benefits. We tried to capture and convey the experience and insights of these people. The result of this new form of assessment, a learning history, is put forth on the pages that follow. We believe that what we have learned in both the successes and the failures will help you to develop and implement a successful tithing policy for your community or organization.

We hope that this learning history will help you plant the seed. It is designed to give you some benefit of our experience and the confidence to start. What you grow will be a result of the “gardeners, nurturers, and harvesters” you involve.

Memorial Hospital staff members are more than happy to answer any questions you may have regarding this process. Please feel free to call us at (219) 284-7115.

Phil Newbold
CEO, Memorial Hospital/Health System

Tithing *Learning History*

By planting the seed of a “giving tree” Memorial Hospital is helping to create a healthier community here in St. Joseph County, Indiana. Its roots run deep and can be traced to the idea of “creating a healthy community” which emerged as a result of examining the hospital’s role as a health care provider. The hospital learned, by looking beyond its walls, that non-medical issues

Planting and Nourishing the Seed such as, employment, education, habitat, and transportation, impact the health status of our community. From this knowledge, a new, broader concept of health care was formed. This concept has since been woven into Memorial Hospital and Health System's mission. Memorial believes that a "healthy community" is as much a social, economic and environmental issue as it is a medical one. The growth of the hospital's tithing policy resulted from this concept of a "healthy community" and has created a type of "giving tree" which has grown and produced fruits which have been used to create other viable community resources. The seed of the "giving tree" was planted, nourished and harvested, and continues to be a strong and vital component of Memorial Hospital's "healthy community" focus.

In the early 1990's, during Memorial's reevaluation of their role in the community, the Board of Trustees participated in an annual Board forum and retreat to discuss the concept of a "healthy community." Forum speaker, Leland Kaiser, an internationally known health care futurist, discussed the concept of "tithing" as a means for generating funds to support innovative community health projects. This planted the seed in the minds of hospital Board members and administrative staff.

According to Phil Newbold, Memorial Health System CEO, "the first time the concept of tithing was brought to the Board - the seed did not take hold. We did not have a specific committee designated to discuss the issue. We needed a group to act as the gardener - to take the seed, plant it, water it, and nourish it."

As a result of the retreat, an ad hoc committee was formed from the Board of Trustees of both Memorial Hospital and Health System specifically to discuss this concept of "community health" and a tithing policy. This ad hoc committee, which later became known as the Community Health Enhancement committee (CHE), was chaired by Janet Thompson, a member of Memorial Hospital's Board of Trustees. The ad hoc committee was charged with the task of defining a "healthy community" - just what does that mean? Once again, Leland Kaiser provided direction to the committee, including the idea of tithing. The concept of a tithing policy challenged Memorial to designate 10 percent of their net revenues every year to new innovative health initiatives. Not all the Board members or hospital staff were supportive of the concept of "community health" or tithing at first.

One of the issues that the committee discussed revolved around rate reduction. Several members asked why the hospital, if able to contribute to the community in this way, could not reduce rates for its patients? Mark Chambers, Memorial Hospital and Health Foundation Vice President, explained, "there are three reasons why we should tithe and not reduce rates for our customers; first, the establishment of a rate structure is highly complex due to the selling of contracts for health services and is therefore not meaningful; second, the hospital needs to generate cash reserves in order to be able to make capital investments (equipment, land, etc.), if you give something away, the chances of getting it back are slim; and lastly, the availability of

Healthy communities actively work to improve the health and quality of life of all their residents. Therefore, the definition of health goes beyond the absence of disease and the traditional medical concept and addresses the underlying factors in quality of life, such as the environment, crime and literacy.

In this context, a healthy community is one in which all residents have the opportunity to:

- ‡ Access and receive high quality, affordable medical care*
- ‡ Exercise preventive health practices*
- ‡ Breathe clean air*
- ‡ Drink clean water*
- ‡ Live in adequate housing*
- ‡ Experience artistic stimuli*
- ‡ Worship in the religion of their choosing*
- ‡ Find rewarding recreational activities*
- ‡ Work in a safe environment*
- ‡ Be safe from bodily harm*

To achieve and maintain this optimal healthy community, a myriad of “forces” must work together. Some of these “forces” include, but are not limited to, area governmental agencies, educational institutions, arts organizations, health care providers, criminal justice agencies, chamber of commerce, insurance providers, employers, media , etc.

funds assures accountability in community stewardship and the community benefits through these funds.”

Historically, excess revenues for community owned institutions like Memorial Hospital have been reinvested in the community by creating new health-care facilities and new health-care services. This was new ground. These discussions were about doing something that was new and different, maybe even radical in the governance function. But offering prospective benefits that could have greater impact on the health status of our community.

According to Janet Thompson, CHE Chairperson, “the committee got into several conflicting discussions about whether to be focusing on ‘the forest’ or ‘the trees.’ We needed to decide whether to fund lots of different projects or focus our efforts on specific initiatives geared toward our definition of community health.” There were several strong personalities on the ad hoc committee. Sometimes the conversation would get diverted, the committee would get off track, but with persistence they would eventually return to the task of defining and setting policy related to community health and tithing. Memorials’ initial working definition of a “healthy community” was as follows:

After many meetings and much discussion the committee agreed that tithing was a good idea. However, there was a great deal of deliberation about how to structure the tithing policy. Janet Thompson, described some of the committee’s examination: “We struggled between a set amount of money versus a percentage. We talked about what would happen if we had a bad year

and were using a set amount and couldn't meet program expectations. We definitely did not want to fund projects one year and then not be able to follow through on commitments." The questions raised during these meetings led the committee to create a **Community Benefit Policy**. The Community Benefit Policy set the tithing concept down on paper, it outlined a purpose, definition of programs, criteria, methodology and assessment mechanisms as follows:

Purpose *Memorial Hospital of South Bend provides health care to the poor and benefits to the broader community in keeping with our mission of responding to the health needs of the community. Although the above are also societal and governmental responsibilities, Memorial assures the fulfillment of its responsibilities through the uniform accountability mechanism outlined herein. The accountability report is shared internally and externally to local, regional and national constituencies.*

Definition of Programs *"Care of the Poor" programs are those which can demonstrate that the intention in developing the program was to serve the poor of the community and which meet at least one of the following:*

- 1. The majority of the program's users are poor. Typically, the definition of the poor is defined as a percent of the federally-defined poverty level.*
- 2. The programs serve a majority of persons who are beneficiaries of Medicaid or of County/State programs for the medically indigent.*
- 3. The programs can identify that the majority of the users are without insurance.*
- 4. The programs are physically located in a site demonstrated to be a poor or medically under-served area.*

"Community Benefit" programs include services that are beneficial to the broader community. Usually these programs are non-acute care services that improve the community's health status, educate or provide social services to the elderly, children, medically indigent, other targeted groups, and medical education and research. During the planning stages the hospital thought examples would include the following: health screening; community health or disease-specific educational activities; immunization services; temporary housing for homeless, families of patients, etc.; transportation; basic science and research; volunteer services; and, medical education. However, actual targeting included:

- 1. Prevention services*
- 2. Community health or disease-specific educational activities*
- 3. Education activities with schools*
- 4. Support/education initiatives with congregations*
- 5. Temporary health insurance for the under served*
- 6. Neighborhood organization health initiatives*
- 7. Mother/child initiatives helping people get off to a good start in life*

Criteria

To be included, these programs and services must meet the following criteria:

- 1. Are applicable to the mission of Memorial.*
- 2. Serve a demonstrated need in the under-served population of the community; that give priority to programs focused towards the following categories:*

- maternal/child
 - seniors
 - neighborhoods
 - schools
 - congregations
3. *Encompass collaborative efforts with other community providers/organizations and at least 50% of programs are managed by these outside providers.*
 4. *Are of a “reasonable” cost.*
 5. *Reflect funding for “new” programs or “above and beyond” efforts of existing programs to promote start up ventures. If programs are deemed viable in the long term, funding will revert to normal budgetary procedures.*
 6. *Incorporate quality improvement principles that address the following categories:*
 - access measures
 - appropriateness measures
 - service quality measures
 - screening measures
 - encounter outcome measures
 - disease management measures
 - prevention measures
 - health status measures
 - financial measures
 - safety measures
 7. *Include an educational focus.*
 8. *Serve a mutual constituency.*
 9. *Are organized so that Memorial plays a key role in the development and implementation of the program.*

Methodology

In 1993, Memorial will reserve ten percent (10%) of its previous years surplus to be utilized for community services as described above. Program proposals must be reviewed and approved by the appropriate committee(s) to receive funds. Funds are to be used for one-time efforts, though limited multi-year projects may be considered. Once funds are expended, no additional funds will be made available until the next fiscal year unless Board approval is obtained. Funds that are not expended in each year will roll over and be available in future fiscal years.

Assessment

Finally, an annual evaluation of this process will be included to assure that Memorial is achieving its commitment to the community while still maintaining the financial viability of the institution.

Throughout initial discussions regarding “community health” and tithing there were several individuals who persisted in asking why - why does Memorial want to tithe? Hospital President and Health System CEO, Phil Newbold believes that, “Tithing is the greatest accelerant (to becoming really involved in improving community health) you can do, it gives you the resources and commitment you can’t get any other way. I tell people as soon as you do this, you’re absolutely going to take off!” He asserts that tithing will do the following for an organization:

- ✧ It converts it from an idea, “a nice thing to do,” into a board approved policy. It formalizes the idea into something that can be implemented and accounted for. If it is not a policy it ends up being something that sounds nice and that you may “get around to” later.

A Tree Grows in the Community

☆ It takes away all the arguments about how much you should be doing - it fixes a number (a percentage).
It creates something that is controllable.

- ☆ It is pre-funded from the year before. Therefore you always have the funds available and set aside and don't get into budget competition with current operating needs.
- ☆ It forces you to adopt criteria for how to invest those new tithing dollars. It obligates you to think through the implementation of the policy, to target your investment and create a mechanism for reporting results back to the Board

In 1993, when the tithing concept was accepted and used to create the *Community Benefit Policy*, the ad hoc committee formally evolved into the *Community Health Enhancement committee (CHE)*. It was from this point forward that the seed began to sprout into the Community Benefit Fund, a “giving tree” of resources designated to partner with those projects deemed *Community Health Enhancement Initiatives*. These initiatives would be specifically and consciously directed toward new, innovative and never-been-tried-before initiatives. Clearly, this was going to require getting back in touch with the community we serve, on a scale that no one back in 1993 could fully appreciate.

As the “giving tree” began to produce fruit the CHE placed the responsibility for implementing the Community Benefit Policy into the hands of hospital and health system leadership. Memorial formed a group called the *Community Health Action Group (CHAG)*. The CHAG is made up of approximately seven (7) health system leaders including: Memorial Health System President & CEO, Vice President of Memorial Hospital and Memorial Health Foundation, Vice President of Memorial Health Foundation, Vice President of Marketing and Communications, Vice President of Community Affairs, Director of Strategic Planning, and, Grants Procurement Coordinator for Memorial Hospital and Health System. The role of CHAG is to fulfill the key objectives of Memorial's commitment to a healthy community, both inside and outside the hospital boundaries, through the Community Benefit Policy. Mark Chambers, a CHAG member and Vice President of Memorial Health Foundation, affirms that one of the things that makes CHAG a unique and productive body is its composition. He believes that, “the CHAG members come from all areas within the Hospital, Health System and the Foundation, we are really a multi-disciplinary group of individuals, coming together to function outside of our normal positions of authority. It's non-hierarchical and very ‘web-like.’ We understand our connection to each other and the community in general. We make decisions from that perspective.”

CHAG members meet bi-monthly to review proposals, discuss resource allocation, review outcomes of funded partnerships and share information about other community health

initiatives. It is often directly through CHAG members that proposals are brought to the group for possible partnerships. Organizations seeking partnership contact CHAG members or other hospital personnel to discuss their interest in applying to become a partner. Some organizations simply send in a letter outlining their request, while others write in-depth formal proposals. Currently, there are no formal application guidelines in place to direct prospective applicants through the application process or to help them understand the approval mechanism. CHAG uses the Community Benefit Policy criteria to direct their decisions regarding which proposals to approve, but there is no quantitative application approval procedure. As more and more organizations and proposals are brought to CHAG for approval several questions revolving around this issue have surfaced, they include some of the following:

- ✧ How visible should the amount of resources be in the community?
- ✧ How knowledgeable should community groups be about the application process?
- ✧ How will the criteria and guidelines be interpreted?
- ✧ How will we manage and track outcomes? Do we need a dedicated full-time staff member?

Depending upon which CHAG member you ask, you will probably be given a plethora of answers to these questions. Some believe that the flexibility of the approval process and the unstructured proposals attract very unique and interesting projects, and provide CHAG with a diverse set of organizations and ventures with which to partner. Others assert that the unstructured mechanism for proposals makes it harder for organizations to approach CHAG in an effective and efficient manner.

The issues that arose as a result of the growth of tithing and the Community Benefit Fund inspired CHAG members to reexamine their role and the role of the Community Health Enhancement committee through a formal evaluation process which started early in 1997. The evaluation process, which is expected to conclude in the fall of 1997, will help determine the next steps for both the CHE and CHAG, as well as a reexamination of the Community Benefit Policy. The questions outlined above, and other subsequent issues, are being addressed through an evaluation process coordinated by Rick Strickland, Grants Procurement Coordinator for Memorial Hospital and Health System. He describes the process as “an evaluation of the Community Benefit Fund. We are asking if there are ways in which we can improve and enhance upon a good thing.” The evaluation process will help Memorial harvest and preserve the fruit of the “giving tree.” He refers to the evaluation process as a “recipe from scratch.” He suspects that the process will be modified as it unfolds, however, initially he plans to follow a process which includes the following steps:

Step 1: Select Ingredients - *Information collected from CHE, CHAG and project recipients through focus groups, interviews and visits.*

Step 2: Mix Batter - *Retreat with CHE and CHAG members, and project recipients to*

discuss information collected during Step 1.

Step 3: Bake Trial Batch - *Write up results of both information collection and retreat discussion.*

Step 4: Taste Test - *Take information collected through Steps 1 & 2 back to those who participated, and others including: critics, professionals, others who are tithing.*

Step 5: Bake Full Batch - *Revise and remix information into a collection of ideas, next steps and outcomes.*

Step 6: Preserve Recipe - *Produce a document and publish the finding from this evaluation process to share internally and throughout the country.*

According to Rick Strickland, there are several issues that have already surfaced with regards to the reexamination of roles and objectives. He mentioned that individuals involved in the focus groups have asked “What really is our objective? Is it to get a lot of projects going and to get the money working out in the community? Is it to build effective partnerships with other local organizations? And, how do these multiple objectives relate?” There are several additional issues and questions that have appeared as a result of the focus groups and retreat, they include some of the following:

- ⑥ Flexibility/Looseness vs. Structure/Order
- ⑥ Public Visibility - Proactive vs. Reactive
- ⑥ Partnership - Growth vs. Outcomes
- ⑥ Amount of Money - 10% vs. More
- ⑥ Availability of Funds - Maintain Efforts vs. Expansion
- ⑥ Local vs. Regional Perspective

Another challenge to implementation is a function of geography. Now serving a regional community, across several counties, we see a responsibility to direct the investment of tithing dollars back into more distant communities that have generated some of those excess revenues. This means studying communities that we know even less well than St. Joseph County, Indiana. At least initially, this requires even more aggressive searching for strong partners and diverse opportunities that in our home community.

During the last four years of funding projects, CHAG and CHE members have realized that there is no simple formula for investing money intelligently. In fact, the evaluation process is helping to address that issue as well as the ones outlined above. According to Rick, “giving money away intelligently, and well, is a task. We need to realize that, and program appropriately for it. It has forced the policy setters and implementers to prepare for this by recognizing the need to evaluate and reevaluate periodically.”

The importance of the role of the CEO became apparent to several CHAG members

throughout the growth and reevaluation process. Mark Chambers, VP Memorial Health Foundation, recalled that, “the role of the Health System CEO- any Health System’s CEO- was critical to not only the development of the concept of ‘community health’ and tithing, but to its implementation as well.” The Memorial Health System CEO has championed the concept of “community health” and tithing inside the hospital and within the community. His ability to get others to “buy in” and subsequently, invest in the “community health” perspective has been, and will continue to be, an important element in the success of this effort.

In August of 1997, after the initial evaluation process was complete, a newly revised Community Benefit Policy statement was presented:

Purpose

Creating community health is at the core of Memorial Health System’s mission. We believe promoting community health is the right thing to do and a key to long term cost-effectiveness. We also believe improving the health status of a community is as much a social, economic and environmental issue, as it is a medical one. Consequently, Memorial takes a broad approach to creating community health. This approach has included ongoing education of board members, staff and local residents through community plunges, Community Foundation support, ongoing allocation of tithing resources, a clear statement of vision and goals, a commitment to continuous quality improvement and promotion of volunteer involvement and community partnerships.

The Community Benefit Fund is Memorial’s mechanism for re-investing funds to improving the health status of communities it serves. Memorial tithes 10% of the previous year’s excess operating revenue and transfers it to the Community Benefit Fund. This investment is in addition to Memorial’s charity care and prevention and education activities supported through its operating budget. The Community Health Enhancement Committee of Memorial’s Boards (CHE) began the fund in 1993 and makes ongoing policy. The Community Health Action Group (CHAG), comprised of staff appointed by Memorial’s CEO, administers the fund and makes specific investment decisions. Memorial volunteers and staff are committed to prudently investing these resources in an accountable manner.

General Criteria

General criteria guide all Community Benefit Fund investments. CHAG also develops annual investment values. Specifically, Memorial is interested in supporting:

- 1. Projects and training activities which nurture ongoing partnerships. We are particularly interested in partnerships that work to prevent health problems and involve schools, congregations, neighborhoods and health and social service organizations.*
- 2. Partnerships that promote health improvement for under-served populations;*
- 3. Activities that produce long term benefits;*
- 4. Projects where the sponsor has made (and/or obtained) an investment of money, volunteers or other in-kind resources;*
- 5. Projects which usually seek only operating funds. We do not fund overhead or rent.*

Investment Philosophy
The Gifts of the Giving Tree

Purpose of Fund

First Funder
Operations
General

Second Funder
Capital
Underserved

quality improvement. We are very interested in learning from the partnerships in which we participate.

6. Activities which incorporate continuous

Who We Fund

Individuals

Organizations

As part of the evaluation effort CHAG

was asked to create an annual investment values scale (below). The investment values scale

Investment Objectives



Treatment

Prevention

Promotion

will be recreated on a yearly basis as criteria may change and the issues that affect community health evolve.

**Memorial Retention
Investment Period**



Short Term



High



Multi-year Term

Funding Goal



Continuous

Self-Sufficiency

The Community Benefit Fund has provided this community with some of the same sorts of benefits a “giving tree” might. The benefits are sometimes visible, like the fruit it bears, but often times they are not directly seen or felt, for example, the clean, filtered air, or the seeds that falls from it and create “giving trees” in other places. Below is a graph that depicts tithing dollars spent (percent of cumulative total) and tithing expenditures (percent of net operating revenue). As you can see, the uninvested dollars roll over to the next year and the fund continues to grow. This enables Memorial to make multiple year funding expenditures.



The tithing policy has created some highly visible results. It has supported dozens of projects to date. The CHAG selected these projects after careful consideration of the criteria outlined in the Community Benefit Policy. Some of the projects funded through the Community Benefit Fund include the following:

- ∞ **Healthy Babies Project:** *An organization led by a coordinating committee of 100 + members representing over 60 community organizations who work as “Partners in Prevention” in preventing needless infant deaths. Healthy Babies is a multi-dimensional project that focuses on early and continuous prenatal care, public awareness and advocacy on maternal and child health issues.*

- ∞ **Sex Can Wait:** *A program that gives both teens and parents the skills they need to communicate more effectively about sex. Sex Can Wait program is based on the Postponing Sexual Involvement (PSI) curriculum developed by Marion Howard, Ph.D., of Emory University. It has been used effectively in Atlanta and other major cities for more than a decade. This innovative program is currently being implemented as a collaborative project in all the South Bend Community*

School Corporation middle schools. The outcome of this initiative dramatically helps reduce teen pregnancy..

∞ *Beds and Britches Etc.:* *B.A.B.E. is a “store” offering new and used clothing for babies and young children up to 4T, as well as baby equipment - from cribs and car seats to diapers and dolls. Merchandise can be obtained through coupons (distributed by local collaborating agencies) or by trading up to 5 usable items. Any parent who needs help getting items for children and follows through with the services provided by participating agencies may shop at the B.A.B.E. store..*

∞ *Women, Infants and Children (W.I.C.):* *Women, Infants and Children (WIC) is a special supplemental food and nutrition program. Those eligible for WIC include: pregnant women, breast-feeding mothers, postpartum non-breast-feeding mothers, infants and children under five years of age. WIC participants receive vouchers which can be redeemed for specified nutritious foods at designated grocery stores. WIC participants also receive nutrition education, nutrition counseling, and referrals to other health and social services. To participate in the WIC program a person must meeting the following conditions: live within a WIC service area, meet income guidelines and have a nutritional need.*

∞ *Lead Screening:* *A collaborative effort with the St. Joseph County Health Department to provide state-of-the-art lead-detection equipment. This equipment gives the health department the tools necessary to find sources of lead poisoning faster and intervene sooner in getting the abatement process underway.*

∞ *Immunizations:* *A collaborative project of local health care providers to immunize every child born in St. Joseph County by age 2. All four hospitals in the county are participating. Other providers are making their clinics available, and several churches, township offices and community centers have opened their doors for the immunization clinics.*

☞ ***Southeast Christian***

Learning Center Project: *This collaborative project between local churches and Memorial Hospital provides child care services for those families who cannot otherwise afford it.*

☞ ***Women In Touch:*** *Women In Touch (WIT) is a community-based organization of volunteers committed to raising awareness about breast cancer among African-American women. Women In Touch provides breast cancer education and training, including breast self examination, and free screening and diagnostic mammograms to an underserved population of African-American women.*

☞ ***Rural School Health Project:*** *A school health intervention within a rural school corporation provides a comprehensive model of health services to children and staff. This project is based on an eight step health policy incorporated into the entire rural school district.*

☞ ***Congregational Nursing Program:*** *A partnership between Memorial Hospital, a nurse and a faith community or congregation. Congregational nurses embrace a philosophy that expands the definition of health to include not only the physical, but also the psychological, social and spiritual aspects of an individual's well-being.*

These are some of the more visible gifts of the “giving tree.” However, there are dozens of others that exist in a less obvious way but are no less important. In fact, many of the results of tithing are illusive and non-recordable in a traditional format. Mark Chambers, VP Memorial Health System, theorizes that, “when you go out and do good things, good things will happen. You may not be able to explain why or be able to record it in some systematic way, but it seems to be happening. It’s like a leap of faith.”

Phil Newbold, Memorial Health System’s CEO, gives an example, “During a meeting with Leland Kaiser and the Knights of the Health care Round table, Dan Wilford, CEO at a large Health System in Houston, said that since they have been tithing they’ve been doing very well financially, and every other way. He told us at that meeting that he believes tithing doesn’t cost a cent. A week later, I called Leland and told him that we’ve had the same experience. It really doesn’t cost us a cent! It’s coming back to us in so many ways. We decided to form a club, we’re going to call it the Tithing-Doesn’t-Cost-You-A-Cent club. We’ll accumulate a dozen CEOs that have been tithing for a while and who will go on record as saying that this has been our experience. So when others say, ‘Why should we tithe? We can’t afford it.’ We can say, ‘it doesn’t cost you a cent! If you don’t believe me, you can ask Dan Wilford and the other CEOs who are members of the club. They’ll tell you the same thing.’”

Phil Newbold, and other CEOs, have experienced the illusive and undeterminable phenomena of what Maya Angelou describes as a “psychic force of good” in this quote from her:

Growing Your Own Tree

“I have found that among its other benefits, giving liberates the soul of the giver. The size and substance of the gift should be important to the recipient, but not to the donor save that the best thing one can give is that which is appreciated. The giver is as enriched as the recipient, and more important, that intangible but very psychic force of good in the world increased.”

We hope that this “learning history” will help you to develop a tithing policy in your organization. It has been our experience that tithing is one way in which to increase the “psychic force of good” in the world! We trust that you will have the same sense.

We realize that you probably have a lot of questions about tithing, and its affects on the hospital and the community. Memorial Health System, President and CEO, Phil Newbold has answered many of these questions as he speaks about tithing throughout the country. Here are some of the most frequently asked questions and responses from Newbold.

(Q): What happens if you don't spend all the money (10% of remaining operating revenue) in one given year?

(N): It's been our experience that no-one, that we know of, in any given year spends everything that has accumulated from the prior year. These projects and initiatives take a while to get up and running so its very difficult to spend all the money in any one year. What we recommend is that accumulated funds roll over into the next year. That's okay to a certain extent because then you can begin to make multi-year commitments. This also allows us to establish trust building relationships with the community, get pilot experiments started and work out the bugs.

(Q): Why not use the hospital foundation?

(N): We feel strongly that tithing is not about check writing. It is about being active partners in the community. There is a big difference between writing a check out for some interesting project and being an equal partner in the development of a project, in the planning stages, and in the monitoring of the project once it is implemented. We are an active partner the whole way through and so this is not about giving money away, even though it is often depicted that way.

The development and on-going management of this type of activity is better suited under our hospital operations model than it would a foundation. Typically foundations exist to assist with fund development and management, rarely do they get involved in the operational aspects of a project. Most foundations just don't find themselves in this type

of role and many believe that there is no reason to get active and involved in a partnership.

This brings up the question about whether foundations should become more engaging and active. We made a gift to our Community Foundation of \$500,000.00 to set up a healthy community fund to provide resources for projects that focus on issues related to community health. This has helped our Community Foundation become more oriented toward community health issues and has helped them become more active in building a healthy community. However, it is also controversial because the hospital foundation solicits money from the community for the hospital and then turns around and gives it away. This was not the case, the funds did not come from money raised in the community. They were an unexpected and unrestricted gift from a will.

(Q): Why not give the money to another organization (United Way for example) and let them distribute it?

(N): There are several reasons why that usually isn't a good idea. Often other organizations who provide funds in the community do so in order to help agencies meet operating expenses and cover costs. They also tend to fund the same agencies each year. Our criteria is aimed at new, innovative, never-been-tried-before initiatives and projects. We are not trying to help agencies get through a tough time or cover operating expenses. We are more interested in getting to the root causes of some of the problems and not just in treating them. We are looking for the opportunity to learn and to build new partnerships and relationships in the community and thus break down barriers and turf between them.

(Q): How far away from traditional medical care do you go?

(N): We have found that the longer you stay in the traditional medical care arena the more you find yourself having to deal with issues outside of that area. Habitat, housing, and other environmental issues are factors that contribute to a person's (and a community's) health. We are mostly interested in areas off the hospital's campus. There are issues like crime and violence that affect us all, particularly someone who will end up at the hospital as a result of them. If we can prevent some of the violence and crime through non-traditional mechanisms (i.e., drug prevention programs, domestic violence awareness, conflict resolution, skills building, etc.) we help to decrease the amount of medical affects of such environmental factors and in turn make our community a healthier place to live and work.

(Q): How do you structure this?

(N) We use Memorial Health System, Hospital and Foundation personnel and resources to administer tithing. The Community Health Advisory Group (CHAG) are hospital, health

The Future of the Giving Tree

system and foundation administrators that meet bi-monthly. The Community Health Enhancement (CHE) committee are members of either the hospital, health system or foundation board of directors. At their quarterly meetings community representatives are often invited to participate. It is important to keep an open dialogue between the community and the CHE & CHAG members. In order to learn more about the health of our area we must keep our finger on the pulse of the community. To do this we invite outside speakers, community representatives, political figures and others to our meetings as well as “community plunges.” This dialogue helps us to break down barriers between agencies, create partnerships and adds to our pool of resources. Through this process the CHE is able to point out areas where we need to pay more attention.

(Q): Can you get spread too thin?

(N): Yes, you can get spread too thin but that’s why you have to develop your criteria and priorities for funding. Maintaining the proper level of balance between current issues and the ones that you are just discovering is very important. Tithing is about partnerships, it’s about allocating resources to prevent problems that will later effect the community’s health. It’s about recognizing that we need a new model to deal with these community issues. We need to target new and different types of initiatives. We can’t continue to throw money at the problems as they exist but we need to prevent them from becoming problems.

(Q): Is it okay to fail?

(N): Most definitely! In fact we often learn more from our mistakes than we do from our successes. When you encounter controversy that’s when you need to dig deeper. You’re bound to learn something. The risk of trying something new, in providing resources to innovative and “different” initiatives will sometimes produce results and sometimes it won’t - but what you learn from those outcomes is always going to be valuable. Sharing what you learn, whether it’s through success or failure, is very important to others who will try to produce similar programs.

The future of the “giving tree” will present us with an interesting new paradigm. As we begin to achieve the goals of a “healthy community,” by providing resources outside the hospital environment, we will start to see a decrease in the numbers of customers and need for hospital services. Therefore the ten percent of net revenues currently used to fund the Community Health Enhancement Initiatives will also decrease. This leaves us with a new medical model. We must start to consider how to continue to invest in community health and

pursue tithing within this new framework before the decrease in funds become such that we are unable to continue to invest in community health.

It is important that we begin to plan now for the future health of our community as we consider this shift and its effects on the community. This remaining issue will hopefully resolve itself as we become more invested in community health, and, as other communities throughout this country (and the world) begin a similar process. We hope that the information shared in this learning history will help us all develop strong and healthier communities, now and in the future!