

THE SPECTRUM OF COMMUNITY/REGIONAL HOSPITAL HEALTH SYSTEM PHILANTHROPY (FOUNDATION) “POSTURE” IN A POPULATION HEALTH CONTEXT



	TRADITIONAL	WELLNESS-INFUSED	INSPIRED AND COMMITTED	CATALYTIC WHOLE HEALTH PHILANTHROPY
Dynamic	A funder of hospital health systems' technical solutions	Funding and supporting prevention tools	Targeted external partnering	A whole system prototype of intention
Locus of Attention	Internal	Internal, largely leveraging or redeploying hospital health system assets	Increasingly external but not far from hospital physical assets	External, embedded in community
Dominant Focus	<ul style="list-style-type: none"> ▪ Hospital health system equipment ▪ Facilities ▪ Programs 	<ul style="list-style-type: none"> ▪ Health screenings and education ▪ Nutrition ▪ Exercise ▪ Wellness 	<ul style="list-style-type: none"> ▪ Neighborhood collaborations ▪ Small starts ▪ Shared “control” 	<ul style="list-style-type: none"> ▪ Whole (eco)system resilience ▪ Health is only one dimension of community resilience ▪ Community vitality and well-being
Hospital Health System Posture	Hospital health system as a silo	Hospital health system as content provider	Hospital health system as lead partner (but often “first among equals”)	Hospital health system as an embedded partner in under-resourced neighborhoods (where well-being need is greatest and issues most intransigent)
Organizational Learning style	Best practices and benchmark oriented	Programmatic experimentation, still largely internally controlled	Acting aligned with strengths; adapting through collaboration	Innovative, experimental, social lab oriented
Evident Mindset <i>(even if unconscious)</i>	<ul style="list-style-type: none"> ▪ Fundraising leads ▪ Transactional nature ▪ Sales orientation ▪ Frequent solicitation 	<ul style="list-style-type: none"> ▪ Philanthropy is introduced ▪ Sales, supported by prevention theory ▪ Wellness efforts are secondary to main business engine/focus 	<ul style="list-style-type: none"> ▪ Philanthropy and programming share mindset space ▪ Targeted philanthropy case made ▪ Wellness efforts still secondary but better integrated with main business engine/focus (growing coherence) 	<ul style="list-style-type: none"> ▪ Philanthropy lags ▪ Deep relationship engagement and true collaboration through whole systems, long term lens ▪ Philanthropy (and other revenue engines) are tied to leverage and our theory of change
Case Core	Investing in (internal) excellence	Benefits of “going upstream”	Acting in concert with others	<ul style="list-style-type: none"> ▪ Individual health and whole community well-being (population health) starts where we live, work, play, shop, and worship ▪ Philanthropy is an incubator for other revenue