

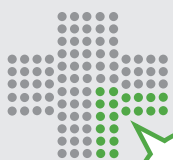
AFFORDABLE CARE ACT OPENS HOSPITAL DOORS TO COMMUNITY BUILDING



Shifting dollars from direct care to other community benefit activities creates healthy communities



The IRS requires nonprofit hospitals to provide **community benefits** to remain tax-exempt



THE AVERAGE NONPROFIT HOSPITAL SPENDS **7.5%** OF ITS BUDGET ON COMMUNITY BENEFITS

Here's how hospitals currently distribute their community benefit funds:



85%

Subsidized direct care



8%

Community health improvements and contributions



7%

Health professionals' education and research

ACA WILL FREE UP RESOURCES AT SOME HOSPITALS

INCREASED INSURANCE COVERAGE



Community health improvements and contributions

CAN CREATE RESOURCES FOR

COMMUNITY HEALTH NEEDS ASSESSMENTS (CHNAs)



will now be used to identify **priorities** for community benefit activities

ACA incentivizes hospitals to invest in **community building activities** that include...



...to address social determinants of health

EMPLOYMENT HOUSING & TRANSIT
strong local economies

Spotlight on INNER CITY BALTIMORE

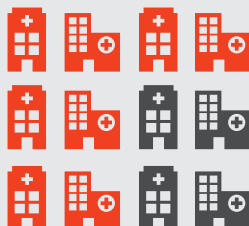


63% OF
BALTIMORE'S UNINSURED
LIVE IN THE INNER CITY



COMPARED TO
43%
FOR ALL US CITIES

8 OUT OF BALTIMORE'S **12** NONPROFIT HOSPITALS ARE IN ITS INNER CITY



MORE THAN ANY OTHER US INNER CITY

Together, they annually spend **\$556 MILLION** on community benefits

Inner city Baltimore nonprofit hospitals

\$283 MILLION on subsidized direct care

\$7 MILLION on community health improvements and contributions