Welcome to the 10th Annual Public-Private Collaborations in Rural Health Meeting

June 2 -3, 2022 | Washington, DC

Join the discussion on twitter with the #ruralhealthphilanthropy

National Rural Health Association

GRANT MAKERS IN HEALTH

U.S. Department of Health & Human Services

HRSA

Federal Office of Rural Health Policy

Welcome And Introductory Remarks

Tom Morris
Associate Administrator
Federal Office of Rural Health Policy
Health Resources and Services Administration

Cara James
President and *Chief Executive Officer*
Grantmakers In Health

Alan Morgan
Chief Executive Officer
National Rural Health Association

Diane Hall
Senior Health Scientist and CDC Lead for Rural Health,
Office of the Associate Director for Policy and Strategy
Centers for Disease Control and Prevention

Philanthropy: Rural Health Assets and Equity

Somava Saha, MD
Founder and Executive Lead
WE in the World

RURAL HEALTH ASSETS AND EQUITY

SOMAVA SAHA, MD MS, FOUNDER AND EXECUTIVE LEAD, WELL-BEING AND EQUITY (WE) IN THE WORLD

WE IN THE WORLD

BAHA'I COMMUNITY HEALTH PARTNERSHIP, RUPUNUNI REGION OF GUYANA

- 16,000 people
- 33,000 sq miles, rural
- No roads, communication, electricity
- 5th grade education
- Subsistence economy

UNLOCKING THE TRAPPED AND UNTAPPED POTENTIAL OF PEOPLE AND COMMUNITIES

A POWERFUL WAY OF BEING AND DOING

- From "me" to "we"
- From isolation to interconnectedness
- From pathology to vision
- From poverty to potential
- From scarcity to abundance
- From having answers to asking questions
- From perfect planning to learning and failing forward
- Embracing system transformation in practical ways

COMMUNITIES OF SOLUTIONS

- Transform how they relate to themselves, one another, and especially to those experiencing inequities
- Transform how they approach the change process
- Transform how (and with whom) they create pathways for shared stewardship and community abundance

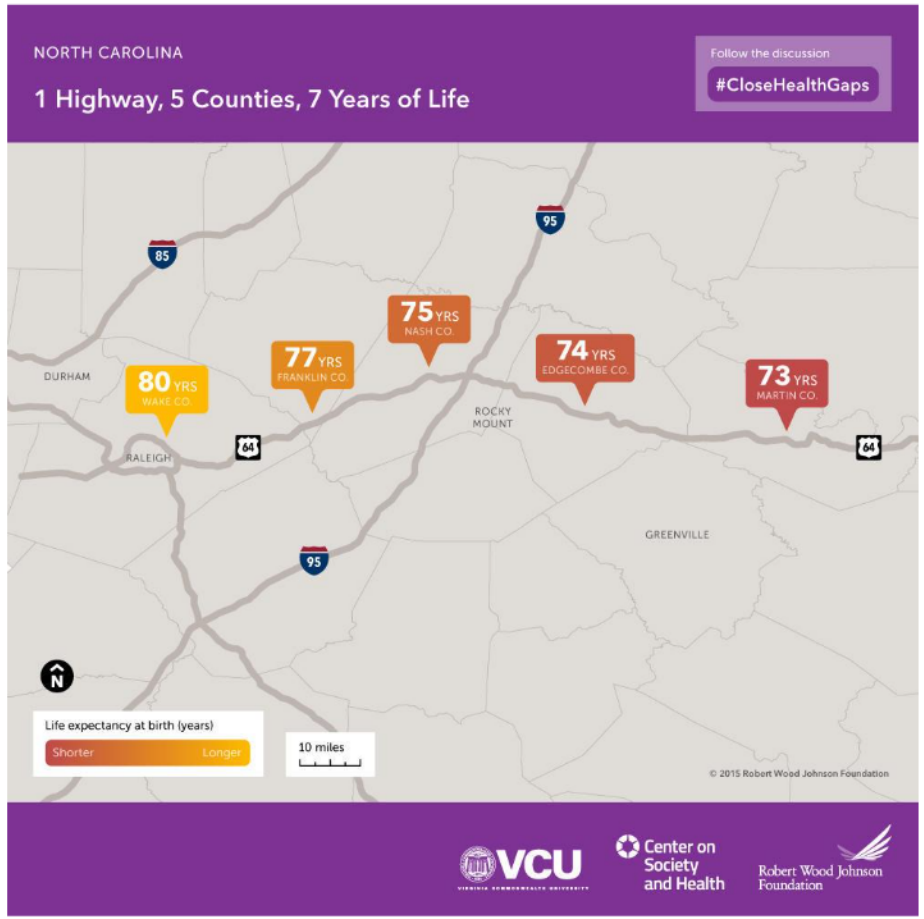
ABUNDANCE

"Abundance does not happen automatically. It is created when we have the sense to choose community, to come together to celebrate and share our common store. Whether the scarce resource is money or love or power or words, the true law of life is that we generate more of whatever seems scarce by trusting its supply and passing it around. Authentic abundance does not lie in secured stockpiles of food or cash or influence or affection but in belonging to a community where we can give those goods to others who need them—and receive them from others when we are in need."

-Parker Palmer, "Let Your Life Speak"

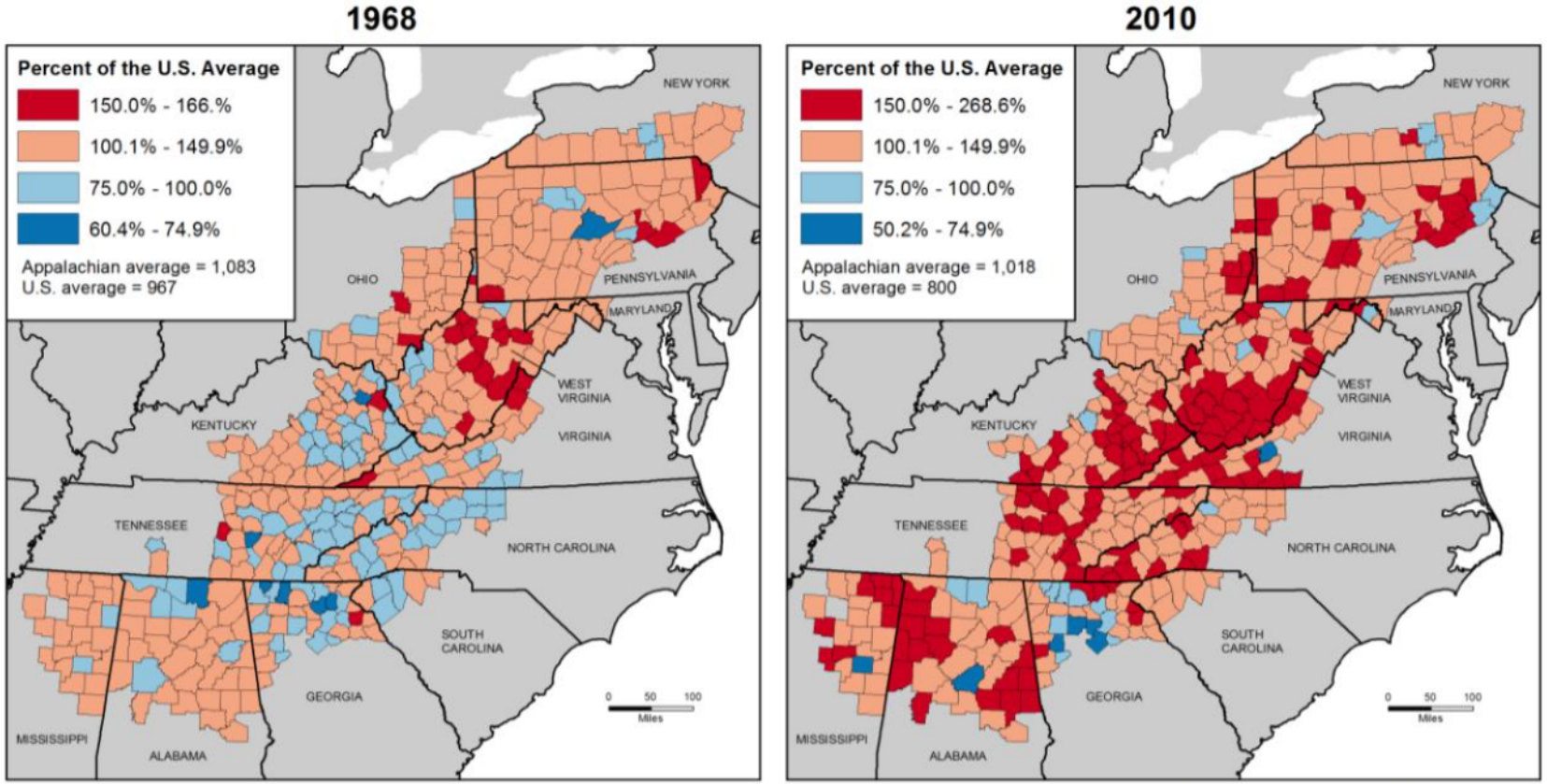
LARAMIE COUNTY, WYOMING

CONETOE, NORTH CAROLINA



THE GAP IS RURAL HEALTH INEQUITIES

Figure 9: Mortality Rates (Deaths per 100,000 People) Relative to the U.S. Average by County



Source: U.S. Center for Disease Control and Prevention, National Center for Health Statistics
Notes: A mortality rate is computed by dividing the number of deaths by total population and multiplying it by 100,000. These rates are not adjusted to differences in mortality rates by age. The percent of U.S. average is computed by dividing the county share by the U.S. average and multiplying by 100.

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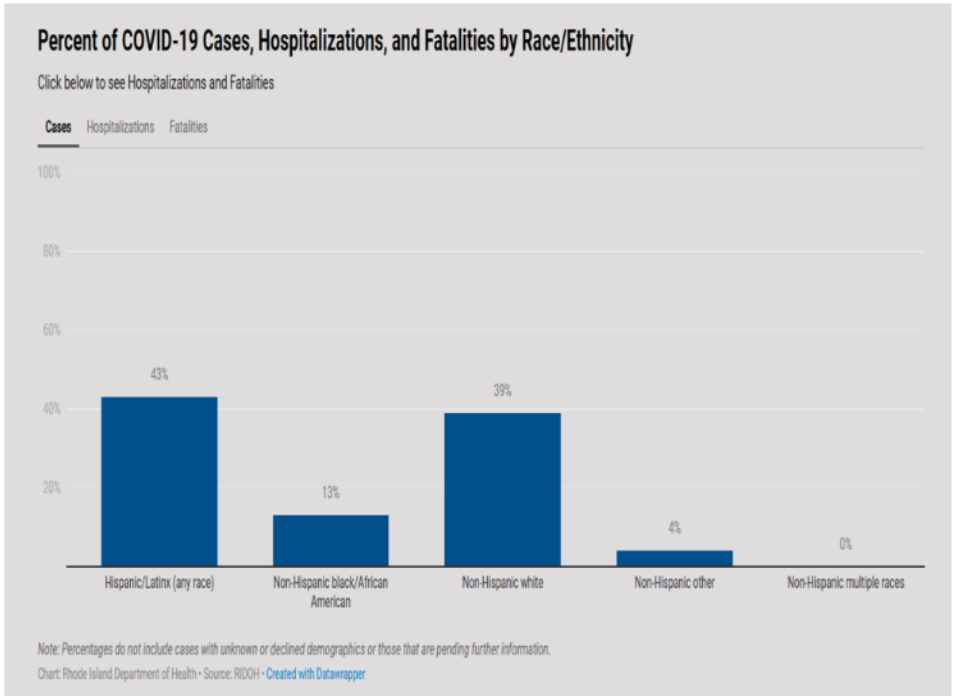
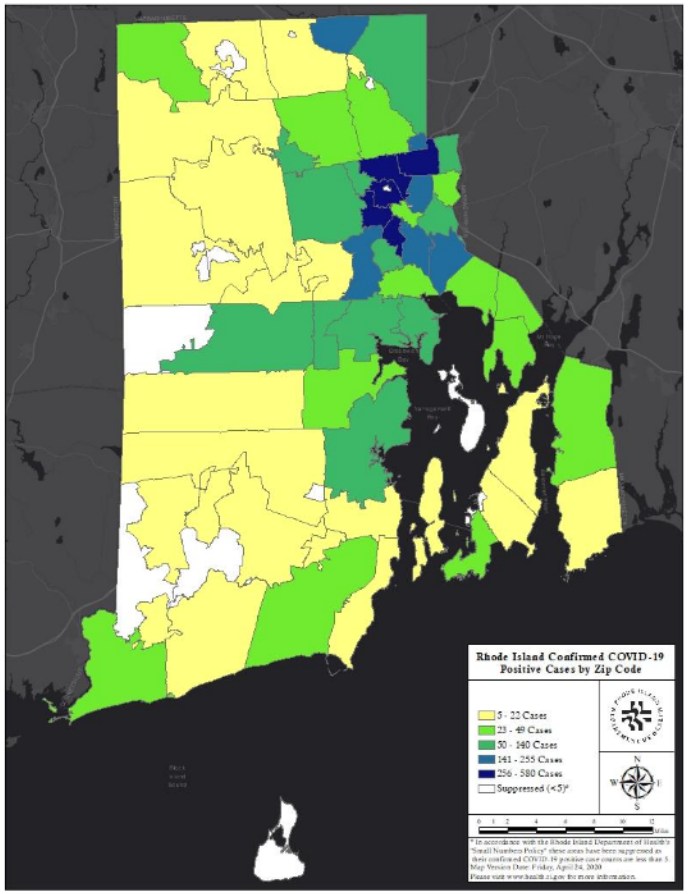
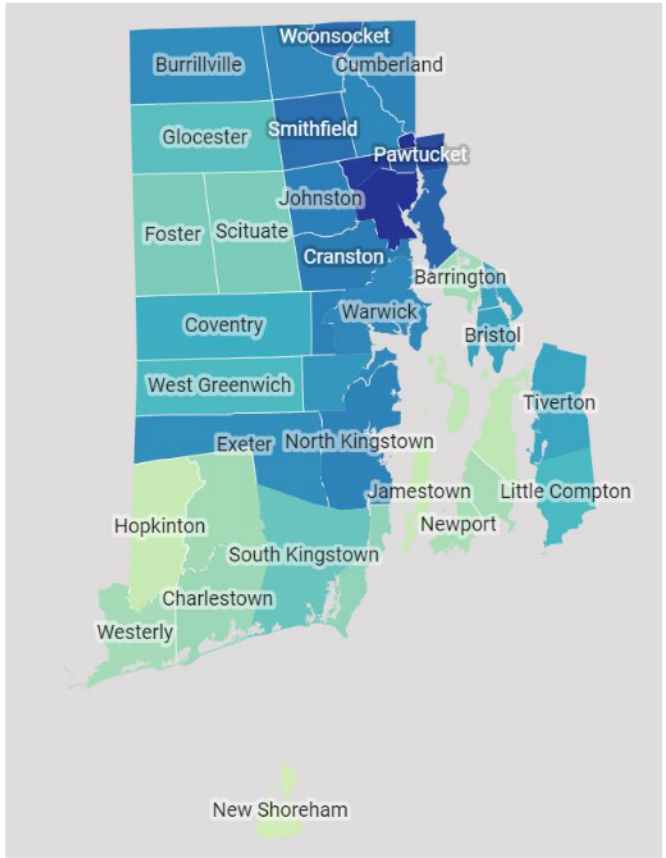
PEOPLE, PLACES, SYSTEMS OF EQUITY







https://ri-department-of-health-covid-19-data-rihealth.hub.arcgis.com/

INTERRELATIONSHIP BETWEEN THE HEALTH, WELLBEING AND EQUITY OF PEOPLE, PLACES AND THE SYSTEMS OF SOCIETY

WIN NETWORK

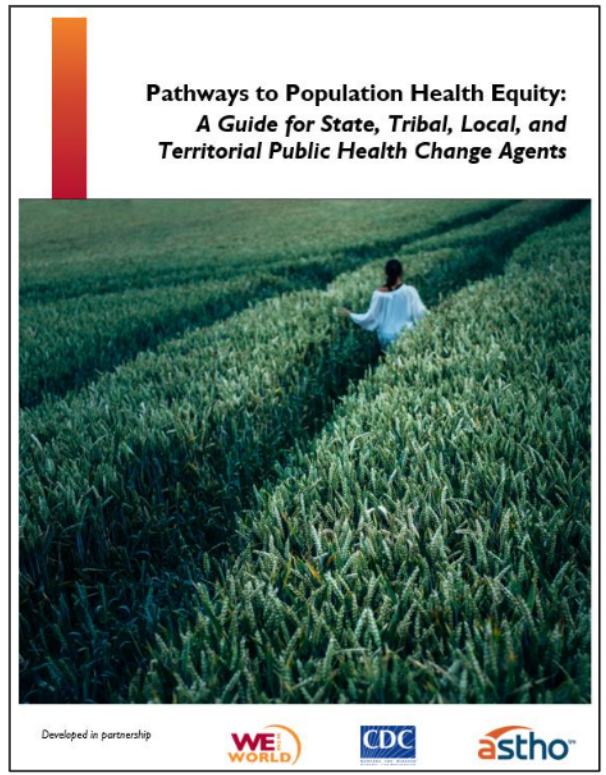
VITAL CONDITIONS FOR WELL-BEING

Vital conditions are properties of places and institutions that all people need to participate, prosper, and reach their full potential. We encounter them on day one and depend on them every day of our lives. They also persist over generations.

PATHWAYS TO POPULATION HEALTH EQUITY

PATHWAYS TO POPULATION HEALTH EQUITY

- Developed with public health change agents and communities across the country at the request of the Centers for Disease Control and Prevention
- Adapts an existing framework for health equity that has already resonated with other sectors in health care, faith, and business, as well as with community residents to be used in public health
- Practical tools to take action, regardless of where you are on your population health and equity journey
- Connects you with the best available tools and strategies to take action
- Aligned with other tools and processes in public health – eg, PHAB standards



WE IN THE WORLD

CDC

astho™

WWW.PUBLICHEALTHEQUITY.ORG

PATHWAYS TO POPULATION HEALTH EQUITY – FOUNDATIONAL CONCEPTS – BRIEF VERSION

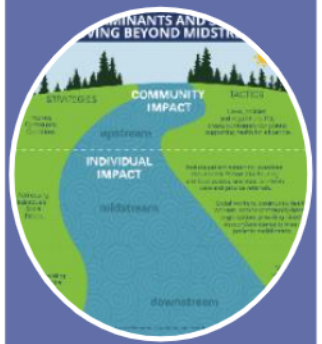
PATHWAYS TO POPULATION HEALTH EQUITY

1. Health and well-being develop over a lifetime.

2. Root causes and structural inequities lead to unequal health and well-being outcomes.

3. Root causes are related to place and result in some communities not having the vital conditions (social determinants) we all need to thrive.

4. Health equity is a core public health strategic priority.

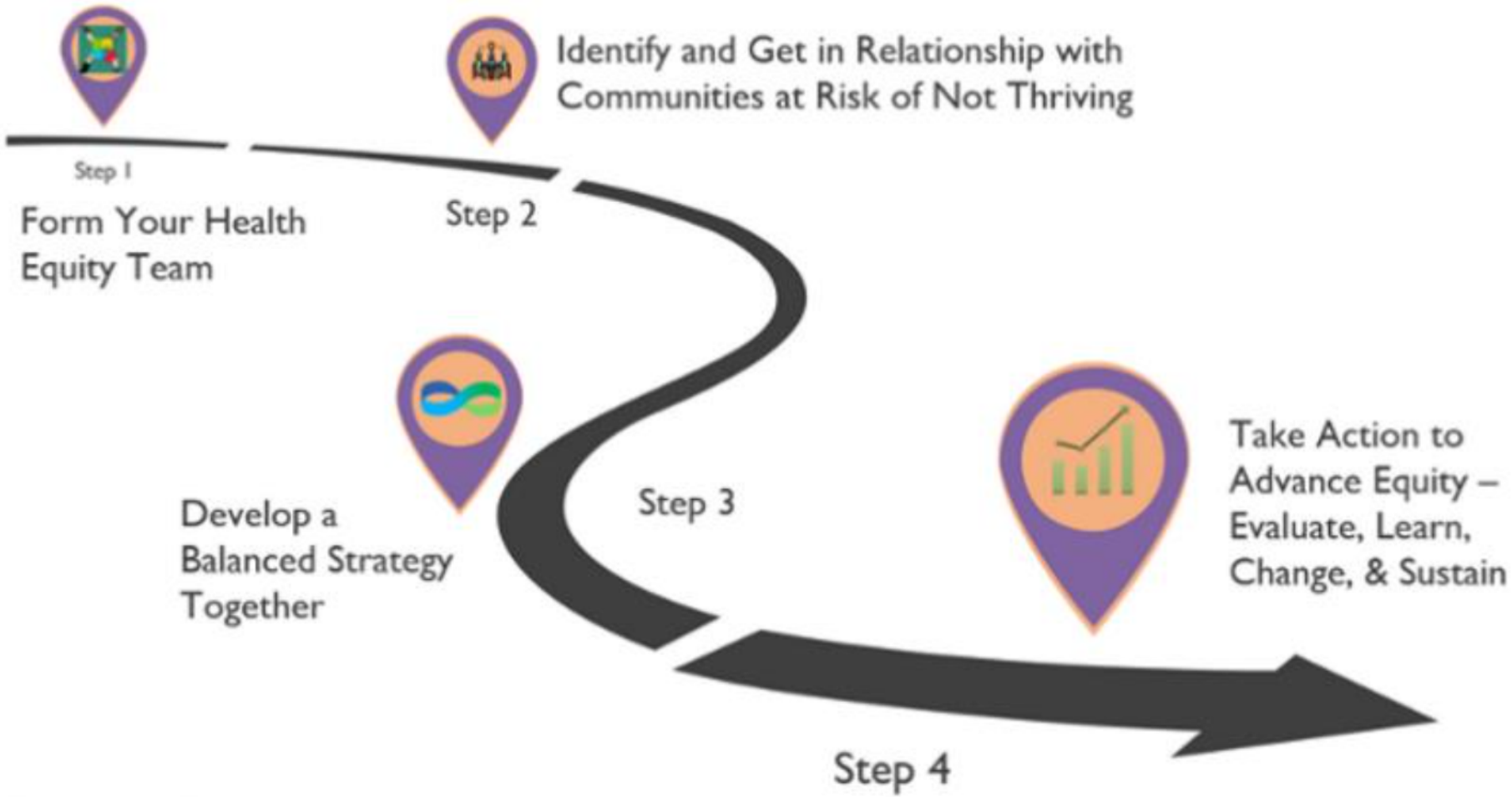


5. Public health can adopt a more balanced and strategic approach to health equity.

6. Health equity requires partnership.

ROADMAP TO POPULATION HEALTH EQUITY

PATHWAYS TO POPULATION HEALTH EQUITY



PATHWAYS TO POPULATION HEALTH EQUITY

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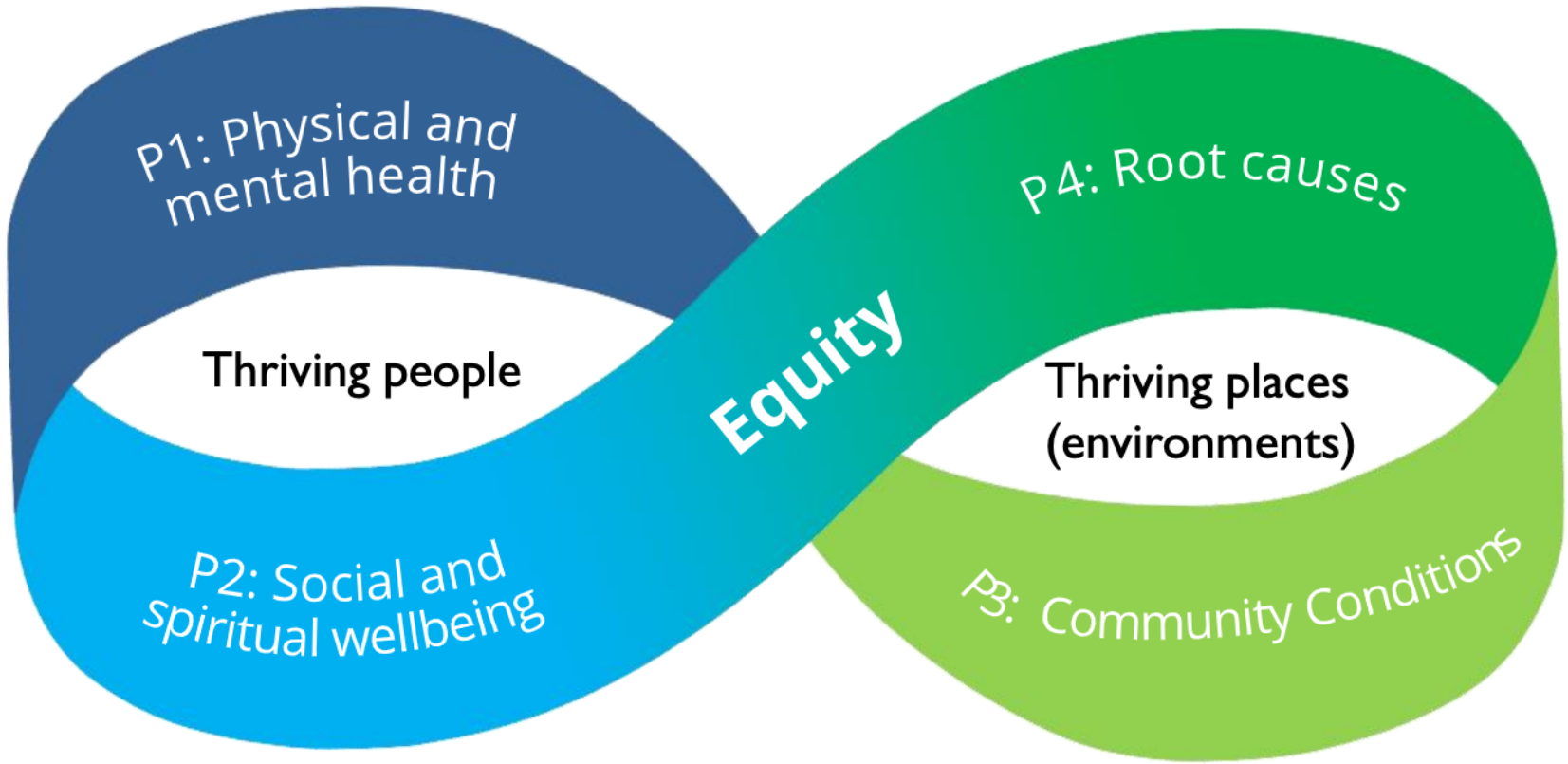
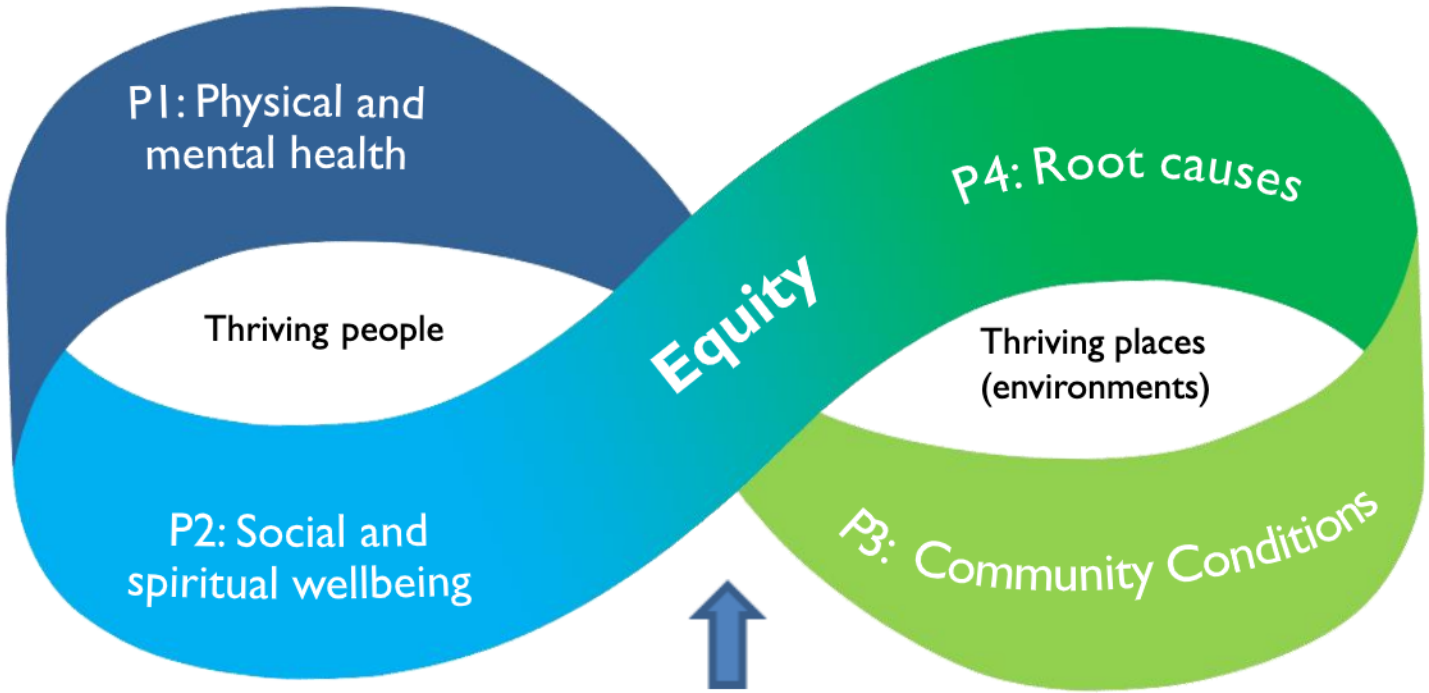


BALANCED STRATEGY PORTFOLIOS TO ACHIEVE POPULATION HEALTH EQUITY

PATHWAYS TO POPULATION HEALTH EQUITY

Improving the health and well-being of people

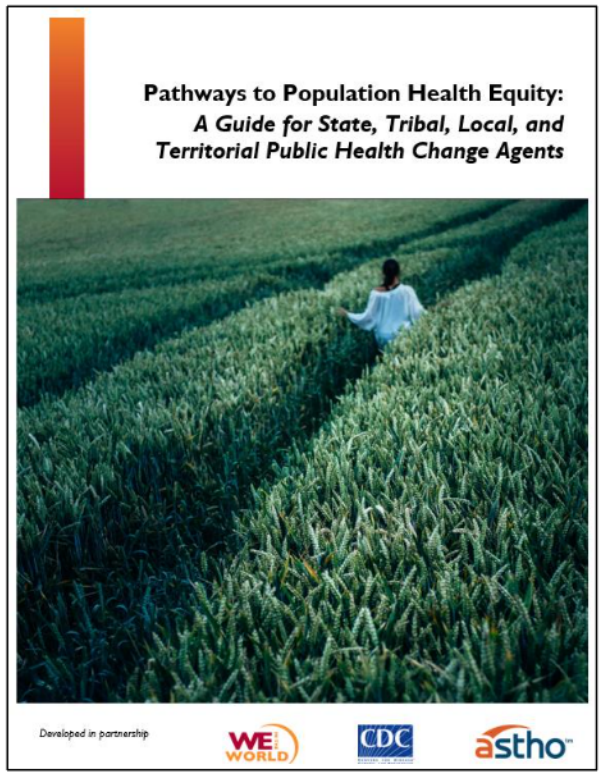


Improving the well-being of places (environments)

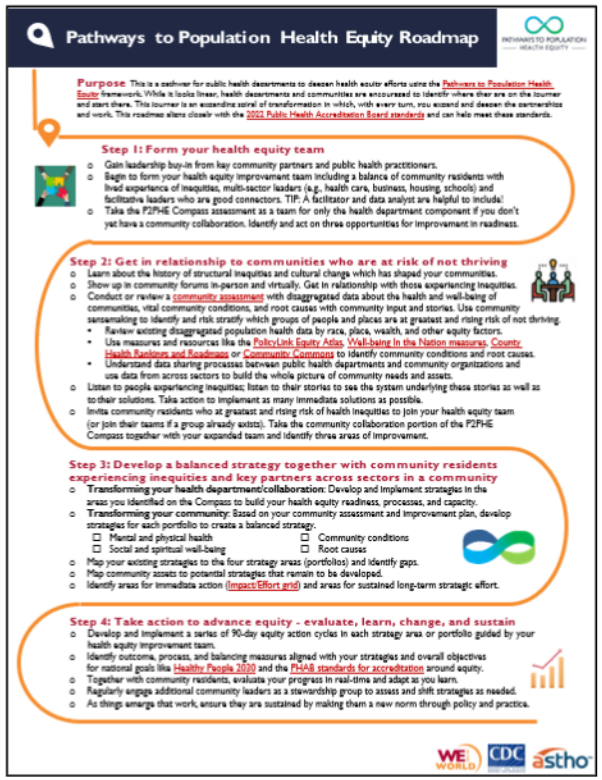
Transforming inequitable structures and systems together with those who experience inequities

PATHWAYS TO POPULATION HEALTH EQUITY

PATHWAYS TO POPULATION HEALTH EQUITY



FRAMEWORK



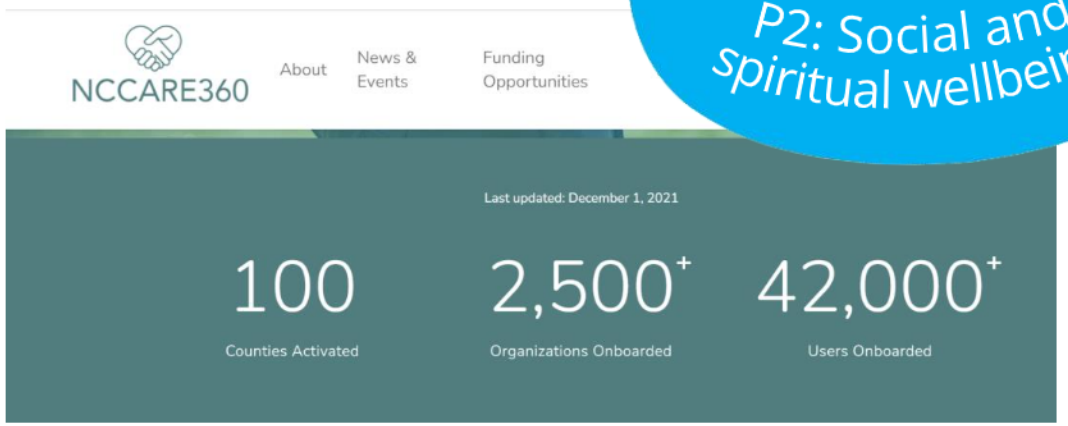
ROADMAPS

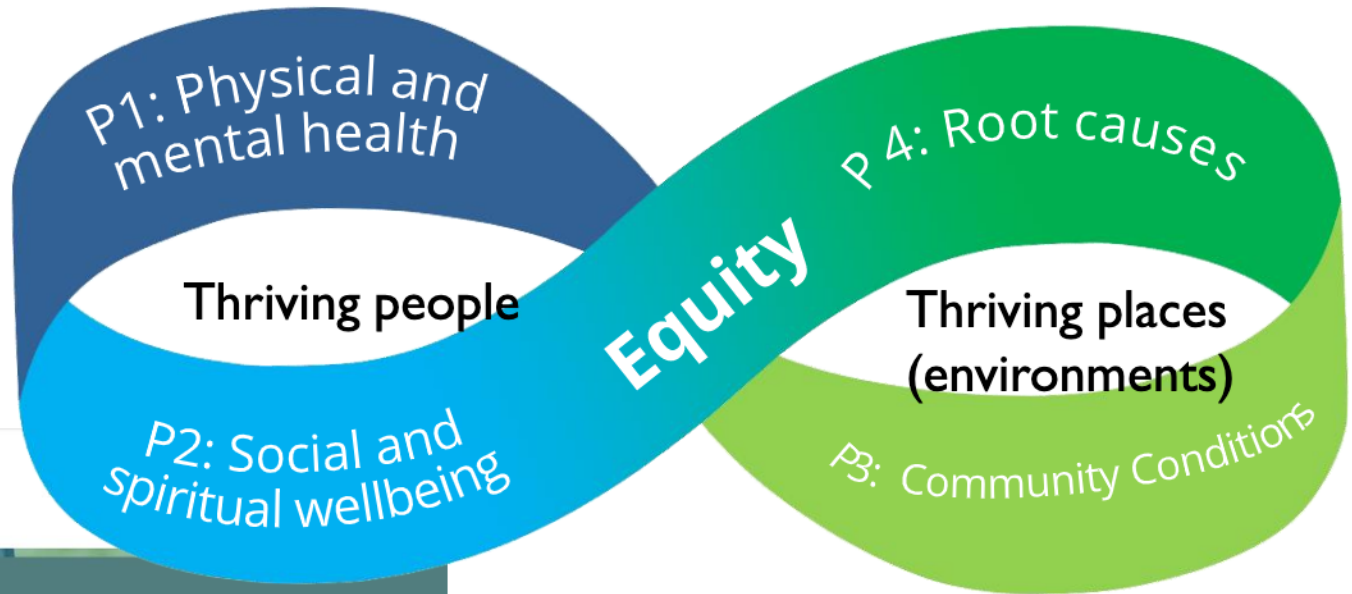
COMPASS

ADVANCING HEALTH EQUITY IN THE CONTEXT OF COVID IN NORTH CAROLINA

PATHWAYS TO POPULATION HEALTH EQUITY

Food and housing assistance distributed alongside COVID vaccines

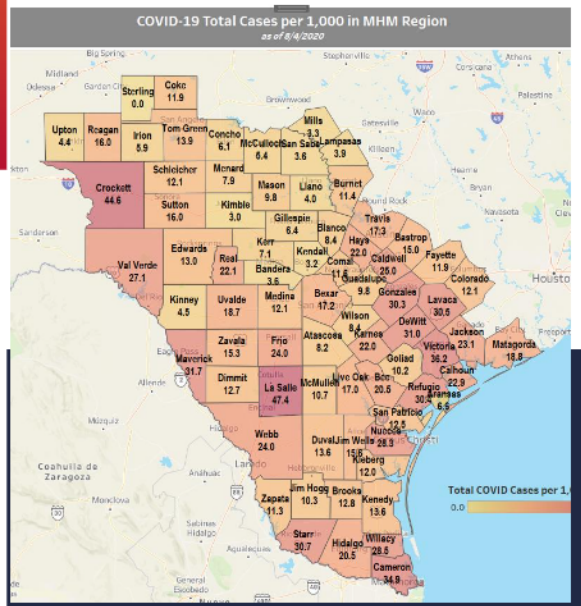




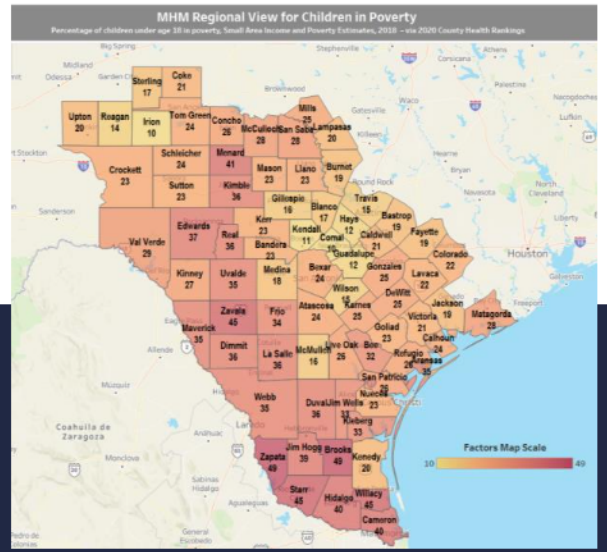
Growth of community leaders to expand Medicaid

Support minority farmers to own their own food system

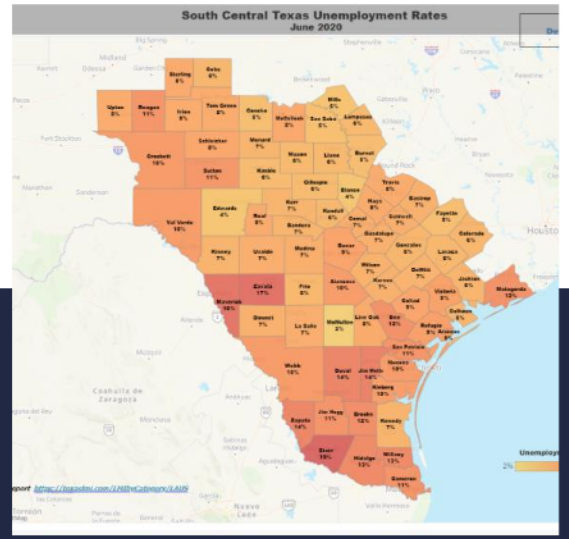
COVID Cases



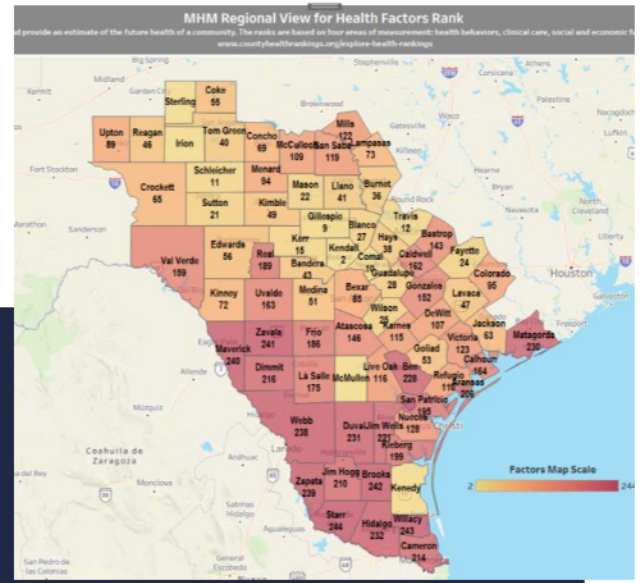
Child poverty



Unemployment



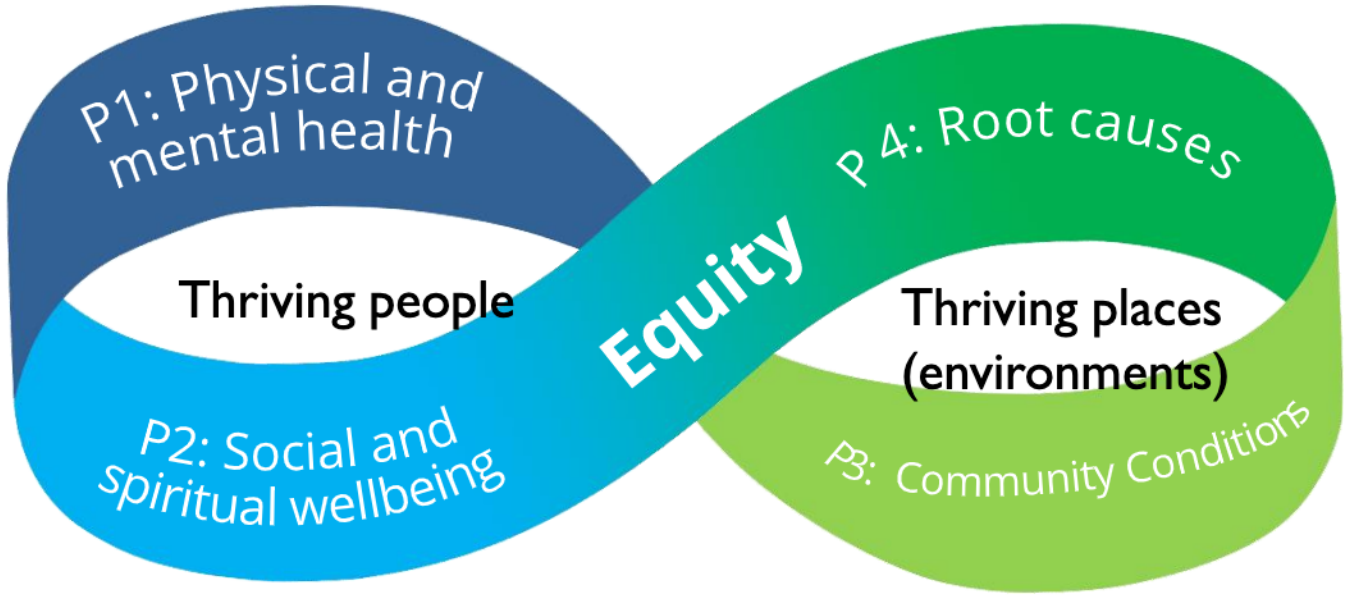
Health status



APPLYING AN ASSET-BASED APPROACH IN THE SOUTH OF TEXAS

Advancing health equity in Southern Texas

Equitable access to mental health and physical health in rural areas



Investment in community-led initiatives build civic engagement and economic development

Expanding Medical-Legal partnerships; screening for social needs

Shared investment in broadband and other community conditions

A question to leave you with

"Power without love is reckless and abusive, and love without power is sentimental and anemic. Power at its best is love implementing the demands of justice, and justice at its best is power correcting everything that stands against love."

Dr. Martin Luther King, Jr

FOR MORE INFORMATION

Pathways to Population Health Equity – www.publichealthequity.org

Well-being and Equity (WE) in the World - www.weintheworld.org

Well Being In the Nation Network – www.winnetwork.org

Somava Saha – somava.saha@weintheworld.org

Philanthropy: Rural Health Assets and Equity

Q&A Session

National Rural Health Association

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Break

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Rural Broadband and the Role of Philanthropies

Alan Morgan
Chief Executive Officer
National Rural Health Association

Karen Minyard
Chief Executive Officer
Georgia Health Policy Center

Shirley Bloomfield
Chief Executive Officer
Rural Broadband Association

RURAL BROADBAND & THE ROLE OF PHILANTHROPIES

Karen Minyard, Ph.D.

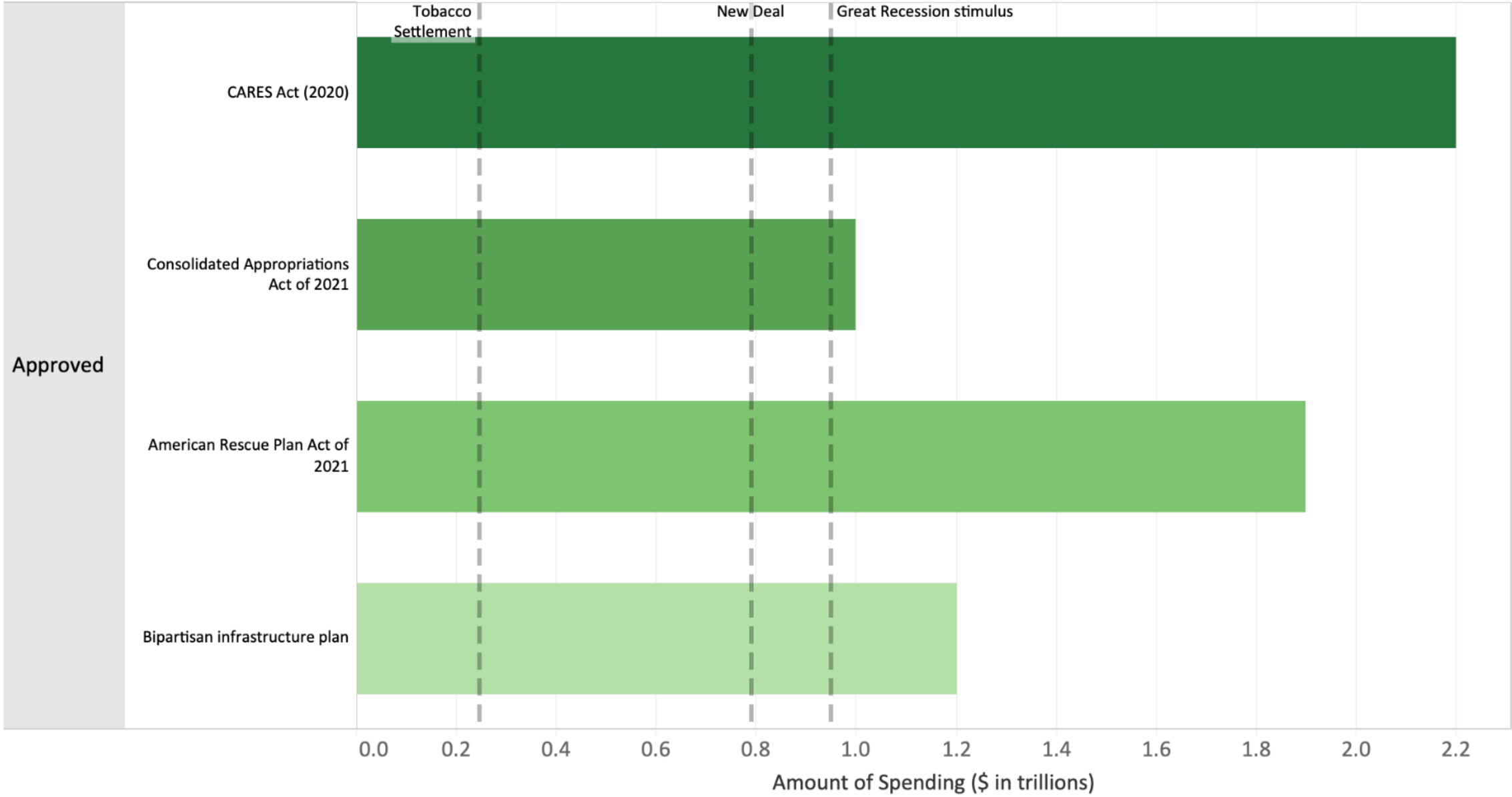
CEO, Georgia Health Policy Center

June 2, 2022

Georgia Health Policy Center

Georgia State University | Andrew Young School of Policy Studies

Federal Funding in Context



TREASURY DEPARTMENT ARPA WEBSITE

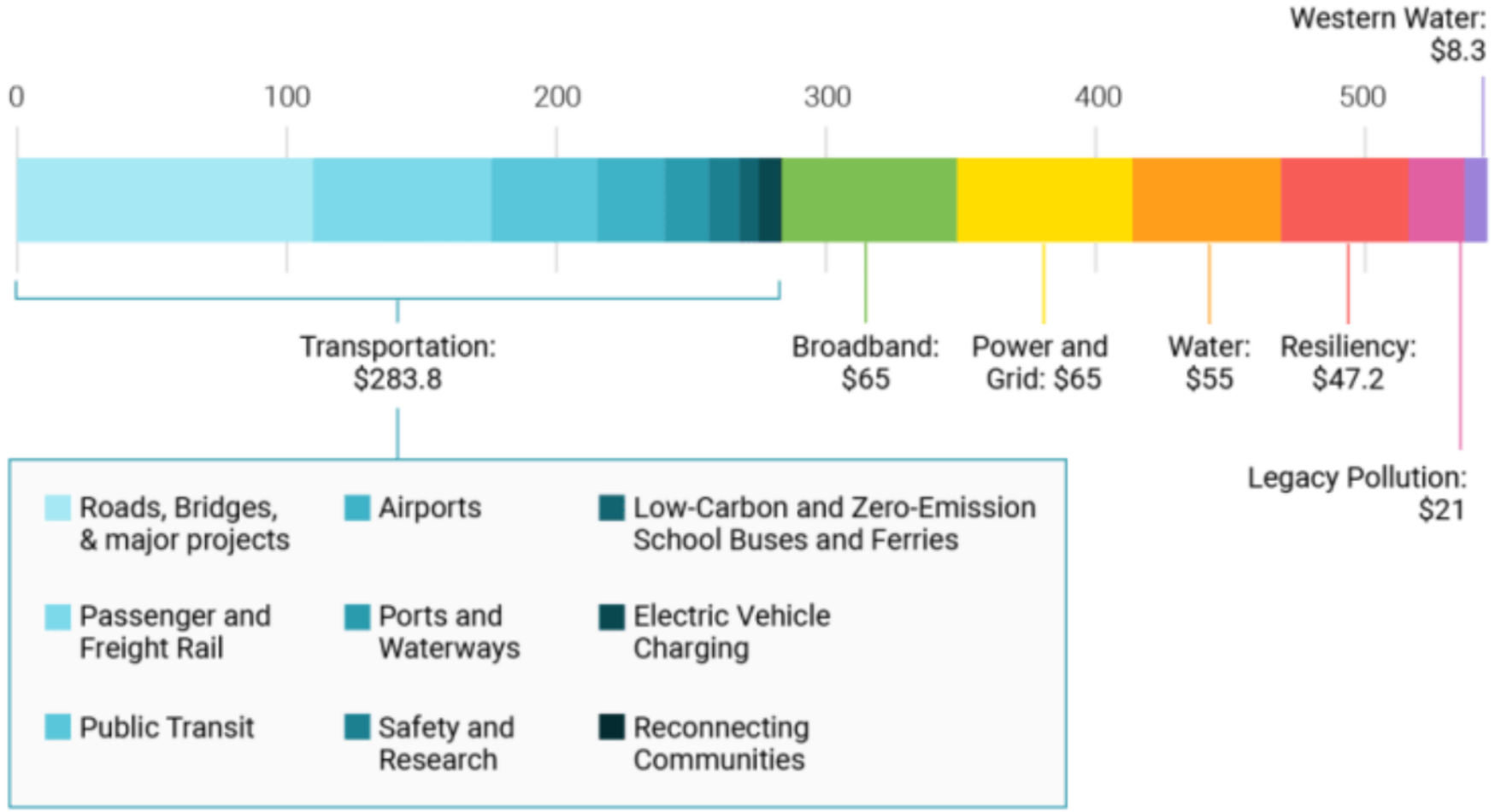
- https://home.treasury.gov/policy-issues/coronavirus/assistance-for-state-local-and-tribal-governments/state-and-local-fiscal-recovery-funds
- Here you can find:
  - General information
  - Funding amounts for states and local governments
  - Application procedures
  - Other documentation
  - Timing - funds must be obligated by December 31, 2024, and expended by December 31, 2026

Infrastructure Investment and Jobs Act (IIJA)

AKA: The Bipartisan Infrastructure Deal 11/6/2021

- A Guidebook to the Bipartisan Infrastructure Law for State, Local, Tribal, and Territorial Governments, and Other Parties.
- Rural Infrastructure Playbook
- slide presentation
- National Conference of State Legislators

Figure 1. Topline above-baseline spending in IIJA (billions of USD)



Source: Bipartisan Infrastructure Investment and Jobs Act Summary

Metropolitan Policy Program at BROOKINGS

Georgia Health Policy Center

FUNDING OPPORTUNITIES

FEDERAL FUNDING LEARNING PROCESS

ANALYZE

- Study the flow of federal funds
- Survey coordinated strategy approaches
- Assess the landscape of potential fiscal intermediaries
- Explore a systems map for master planning

TRANSLATE

- Synthesize opportunities to blend and braid funding
- Share best practices and practical steps and strategies
- Prototype tools for master planning to leverage federal funds

ACT

- Partner with states, local communities, and fiscal intermediaries
- Provide technical assistance, thought partnership, and policy guidance
- Elevate examples of innovative strategies
- Encourage systems alignment to build resilient, equitable communities.

STRENGTHENING THE PUBLIC HEALTH INFRASTRUCTURE: ROLES FOR INTERMEDIARIES

Intermediary Organizations Brief

Roles

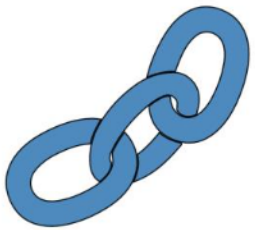
- Fiscal agent
- Governance & administration
- Workforce
- Planning
- Funding navigation
- Convening & community engagement
- Programmatic implementation
- Trust building & political good will

FUNDING NAVIGATING

Educate clients about federal funds

Apply key principles of planning

Perform landscape assessment



Build linkages with partners

Explore forward thinking investments

LANDSCAPE ANALYSIS

- People/Initiatives
  - What are the initiatives that have been priority in your region and/or what groups exist that are ready to effectively implement (think about the 4 principles – cross-sector plan for equity, long-term plan, intermediary organizations, community involvement)
  - Choose at least 1 priority as a focus
- Sources of Money
  - What towns (non-entitlement units) and cities are in your region – how much money will they receive – what plans are already in place for the money
  - What counties are in your region – how much money will they receive – what plans are already in place for the money
  - What state money might be appropriate for your project?
  - What federal agency projects might be appropriate for your project – look at the Notices of Funding Opportunity (NOFO)
- Relationships
  - What relationships do you or your project leaders have in the town, city, and county governments where you serve (could you influence the federal resources to support your project)
  - What state level relationships do you have that might be relevant to your project

FUNDING RESILIENCE: ADVANCING MULTISECTOR INVESTMENT FOR EQUITY

https://fundingnavigatorguide.org/american-rescue-plan-act-breakdown-by-social-determinant-of-health/

SEE THE MONEY

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SEE THE MONEY

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Mixed greens

- "See" beyond the obvious
- Macro – system-level
- Micro – program-level
- Some do this naturally ("money whisperers")
- All of us can learn to do with intention and practice

THANK YOU

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Georgia Health Policy Center
Georgia State University Andrew Young School of Policy Studies

NTCA THE RURAL BROADBAND ASSOCIATION

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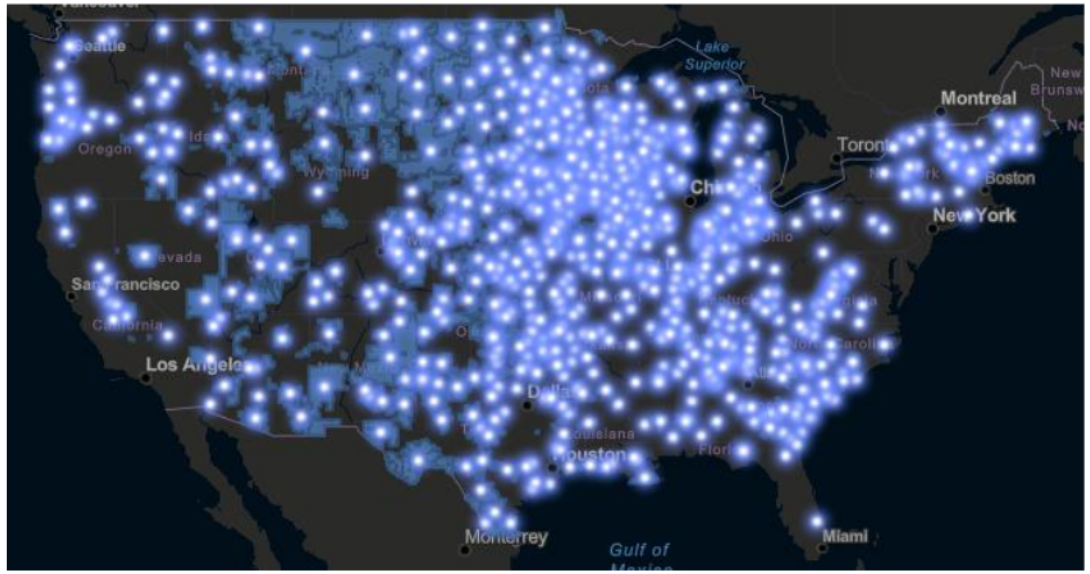
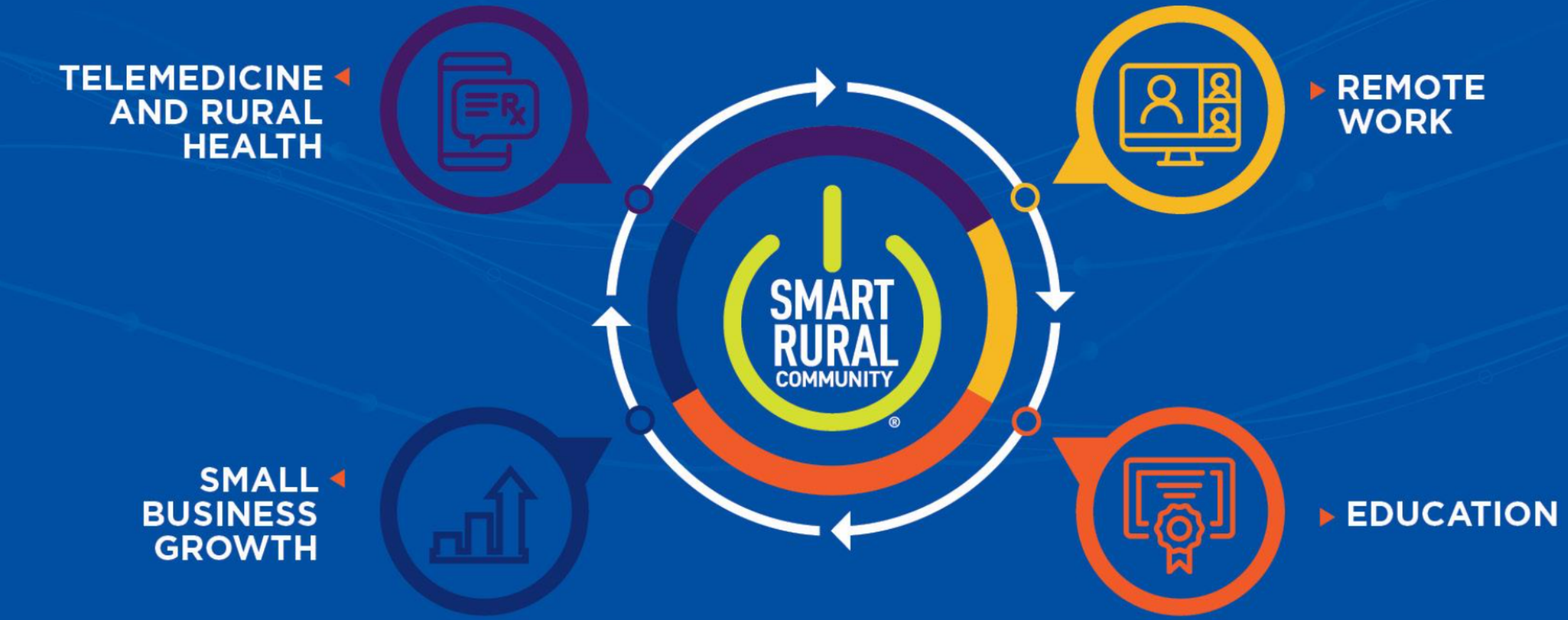
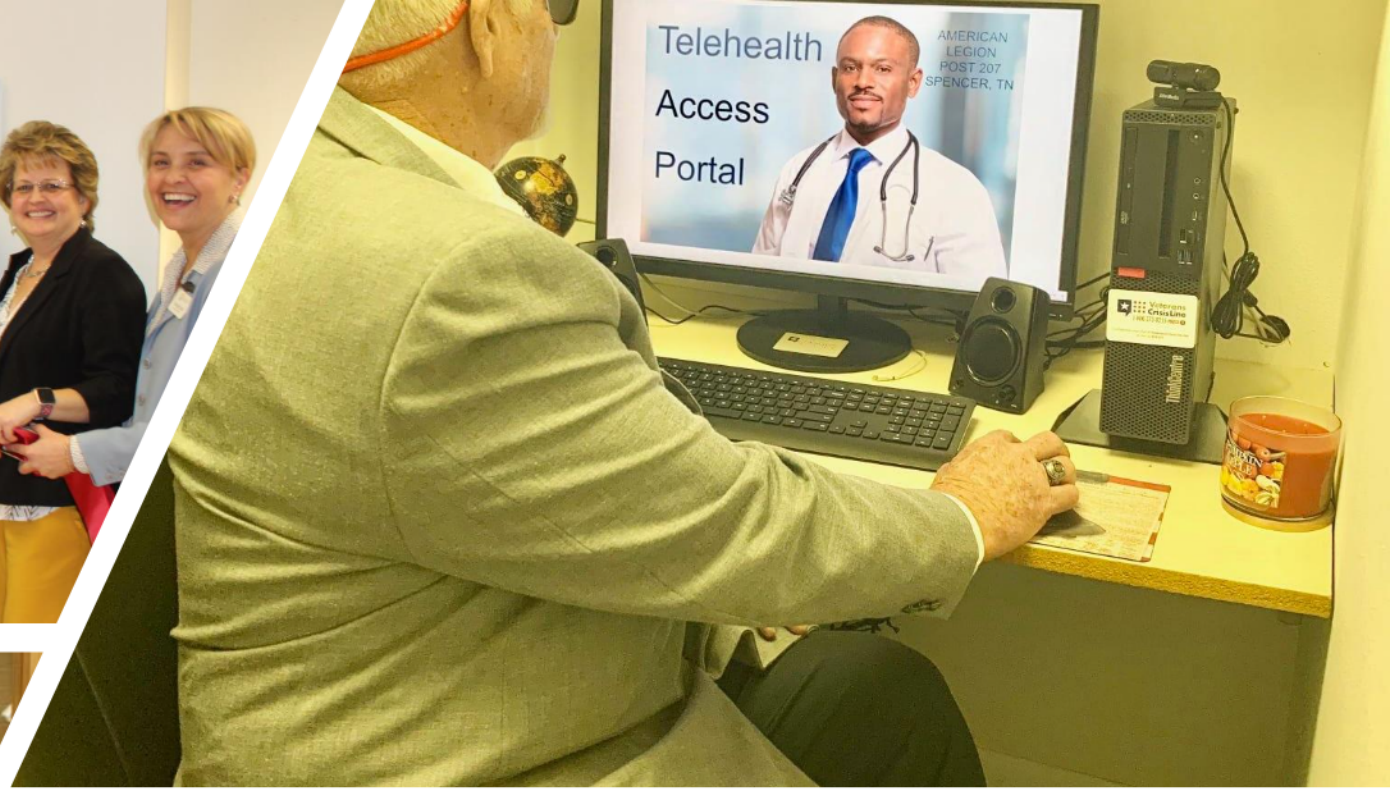


Ecosystem of the Rural Renaissance

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Rural Broadband and the Role of Philanthropies

Q&A Session

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Lunch

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Foundation Spotlight: Paving the Way for Action in Rural Health and Aging

Rani Snyder
Vice President of Programs
John A. Hartford Foundation

The John A. Hartford Foundation

10th Annual Public-Private Collaborations in Rural Health Meeting

Foundation Spotlight: Paving the Way for Action in Rural Health and Aging

June 2, 2022

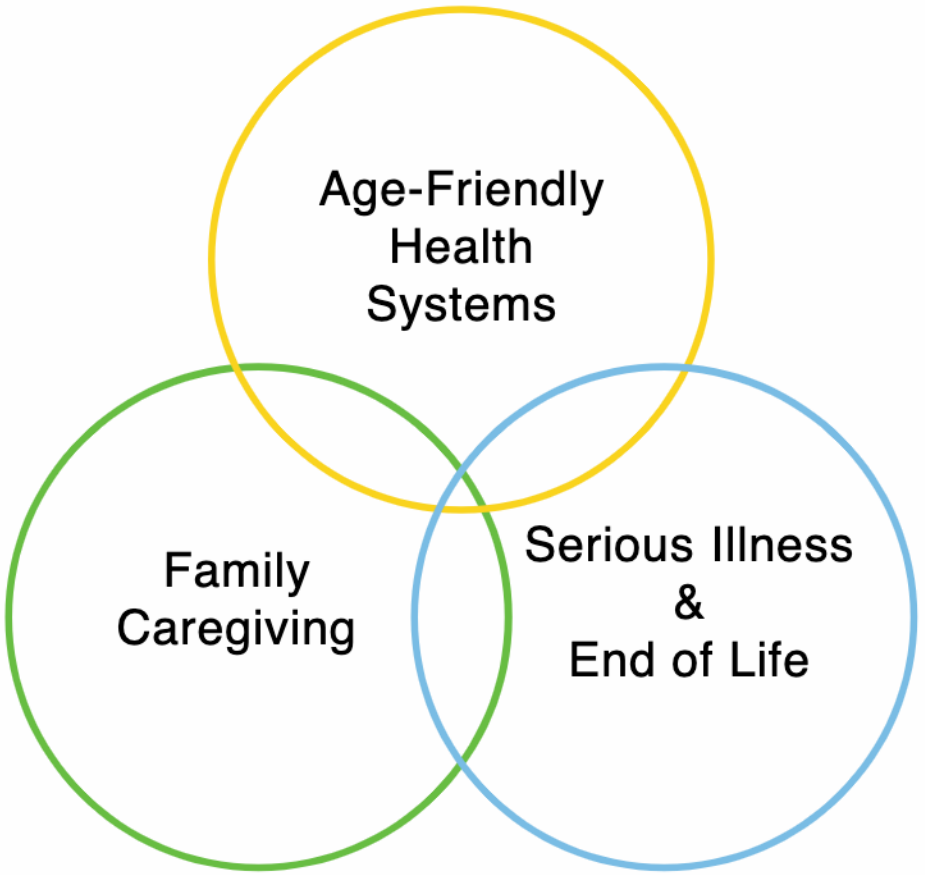
Rani Snyder, MPA
Vice President, Program
The John A. Hartford Foundation


The
John A. Hartford
Foundation
A private philanthropy based in New York City, established by family owners of the A&P grocery chain in 1929.
DEDICATED TO IMPROVING THE CARE OF OLDER ADULTS

Mission & Priorities

DEDICATED TO IMPROVING THE CARE OF OLDER ADULTS

PRIORITY AREAS



Older Adults and Rural Health

www.ruralhealthresearch.org/assets/4588-20320/aging-in-place-slides-011822.pdf

Rural residents on average are "older, poorer and sicker"

Compared to urban older adults, rural older adults are more likely to:

- live alone
- have larger social networks
- report feeling lonely
- rural caregivers provide 3.8 more hours of care per week and have less access to paid providers

Aging in Place for Rural Older Adults

The John A. Hartford Foundation

Why does it matter?

- Quality of life
- Maintains independence
- Social cohesion, community and relationships
- Minimizes disruptions in daily living
- Cost savings to individuals and public

www.ruralhealthresearch.org/assets/4588-20320/aging-in-place-slides-011822.pdf

To Age in Place Well…

You need:

- access to health care
- broadband access
- social connectedness
- infrastructure, including transportation

www.ruralhealthresearch.org/assets/4588-20320/aging-in-place-slides-011822.pdf

Multiple Options Needed

- 30% of older adults think that the optimal setting is to live in an assisted living or nursing home
- 60% want to receive help in their own home
- This means we need to have multiple options for people, not just focusing on aging in place

UMN Rural Health Research Center https://rhrc.umn.edu/wp-content/uploads/2021/09/UMN-Aging-in-Place-Policy-Brief_5.1.21_508.pdf

Image by Amber Stevens from Pixabay

GRANTMAKERS IN AGING

The John A. Hartford Foundation

Mission

To mobilize the social, intellectual, and financial capital required to improve the experience of aging, now and in the future.

GRANTMAKERS IN AGING

Vision

A just and inclusive world where *all* people are fully valued, recognized, and engaged at *all* ages.

Rural Health and Aging: Grantmakers in Aging

The John A. Hartford Foundation

GRANTMAKERS IN AGING

www.giaging.org/initiatives/rural-aging

Creating a Sustainable Network for the Rural Aging Movement

3-year program to improve the experience of rural aging by:

- connecting and supporting key players
- sharing knowledge
- expanding the resources available to rural older adults

GIA Rural Health and Aging Funders Community: Resources

The John A. Hartford Foundation

Recent Rural Aging Publications:

- ***New Frontiers for Funding:***
  An Introduction to Grantmaking in Rural Aging
- ***Heartache, Pain, and Hope:***
  Rural Communities, Older People, and the Opioid Crisis: An Introduction for Funders
- ***Mobility & Aging in Rural America:***
  The Role for Innovation: An Introduction for Funders

www.giaging.org/initiatives/rural-aging/rural-aging-resources-for-funders

Rural Health & Aging: JAHF Activities

The John A. Hartford Foundation

Age-Friendly Health Systems

The John A. Hartford Foundation

Our aim: Build a movement so ***all care*** with older adults is equitable **age-friendly care**:

- Guided by an essential set of evidence-based practices (**4Ms**)
- Causes no harms
- Is consistent with What Matters to the older adult and their family

Age-Friendly Health Systems

ihi.org/AgeFriendly

Fulmer, T., Mate, K. S., & Berman, A. (2018). The age-friendly health system imperative. *Journal of the American Geriatrics Society*, *66*(1), 22-24.

Age-Friendly Public Health Systems

The John A. Hartford Foundation

Trust for America's Health & JAHF partnered to create Age-Friendly Public Health Systems (AFPHS):

- Working with state and local health departments to expand their roles in improving the health and well-being of older adults.
- AFPHS Recognition Program
- 6Cs Framework for Creating AFPHS

Age-Friendly PUBLIC HEALTH SYSTEMS

www.afphs.org

Programs of All-Inclusive Care for the Elderly (PACE) 2.0 Growth Strategy Implementation

The John A. Hartford Foundation

www.npaonline.org/member-resources/strategic-initiatives/pace2-0

Programs of All-Inclusive Care for the Elderly (PACE) programs coordinate and provide all needed preventive, primary, acute and long-term care services so older individuals can continue living in the community.

- National PACE Association launched PACE 2.0 to chart a course for bringing the transformative care model of PACE to more communities and populations.
- Initiative is supported by JAHF, West Health and the Harry and Jeanette Weinberg Foundation.

Geriatrics Emergency Department Collaborative (GEDC) and the Geriatrics Emergency Department Accreditation Program (GEDA)

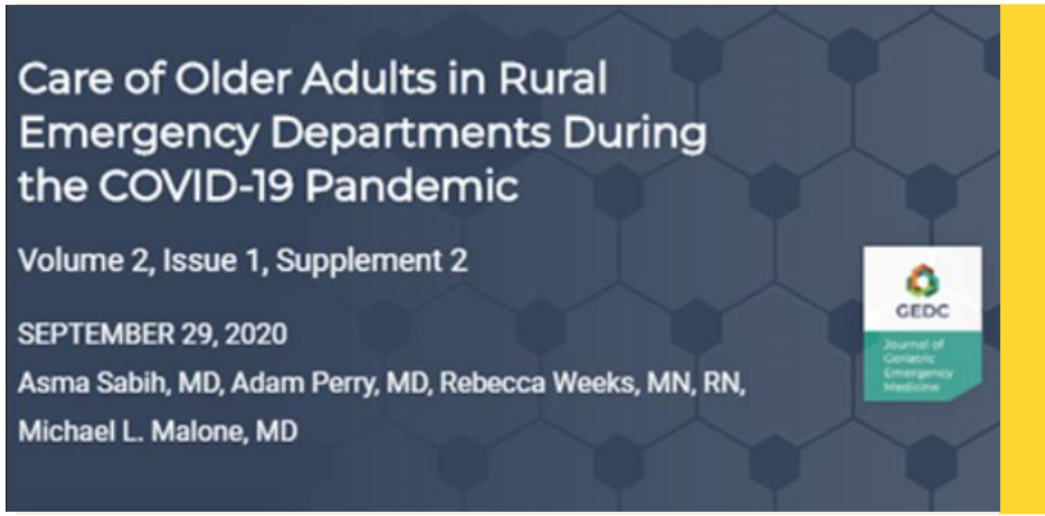
The John A. Hartford Foundation

GEDC: nationwide collaborative dedicated to improving quality of care for older people in EDs with goal of reducing harm and improving healthcare outcomes

GEDA: designed to improve emergency care for older adults by promoting and recognizing adherence to specific geriatrics emergency care standards

JAHF grant co-funded by West Health:

- Special emphasis on expanding accreditation to **rural** and safety net hospitals



https://gedcollaborative.com/jgem/vol2-is1-sup2-care-of-older-adults-in-rural-ed-during-covid-19-pandemic

ACEP Geriatric Emergency Department Accreditation

www.acep.org/geda

GEDC THE GERIATRIC EMERGENCY DEPARTMENT COLLABORATIVE
EDUCATE IMPLEMENT EVALUATE

www.gedcollaborative.com

Family Caregiving – NASHP

The National Academy of State Health Policy (NASHP) through the RAISE Act is identifying states supporting family caregivers
Two examples:

- North Dakota:
  1) State-funded Service Payments for the Elderly and Disabled (SPED) program allows payments to family caregivers of people with IADL impairments that are not eligible for Medicaid
  2) Rural Differential Unit Rate
  3) "Community Conversations" provide information about HCBS and provider enrollment in rural areas and Native American reservations.
- Washington's Rural Palliative Care Initiative whose goal is to help rural communities incorporate palliative care into health settings.

www.nd.gov/dhs/services/adultsaging/homecare1.html
www.nd.gov/dhs/policymanuals/65025/Content/Archive%20Documents/2016%20-%203463/650_25_30_10_15%20ML3463.htm
www.nd.gov/dhs/info/news/2021/11-15-agency-hosts-community-conversations-on-services-to-help-older-adults-live-at-home.pdf
https://waportal.org/partners/home/washington-rural-palliative-care-initiative

Advancing Aging within Rural Health

The John A. Hartford Foundation

Scranton Rural Aging Report 2021 (Kathy Greenlee) co-funded with The Harry and Jeanette Weinberg Foundation - 13 calls to action:

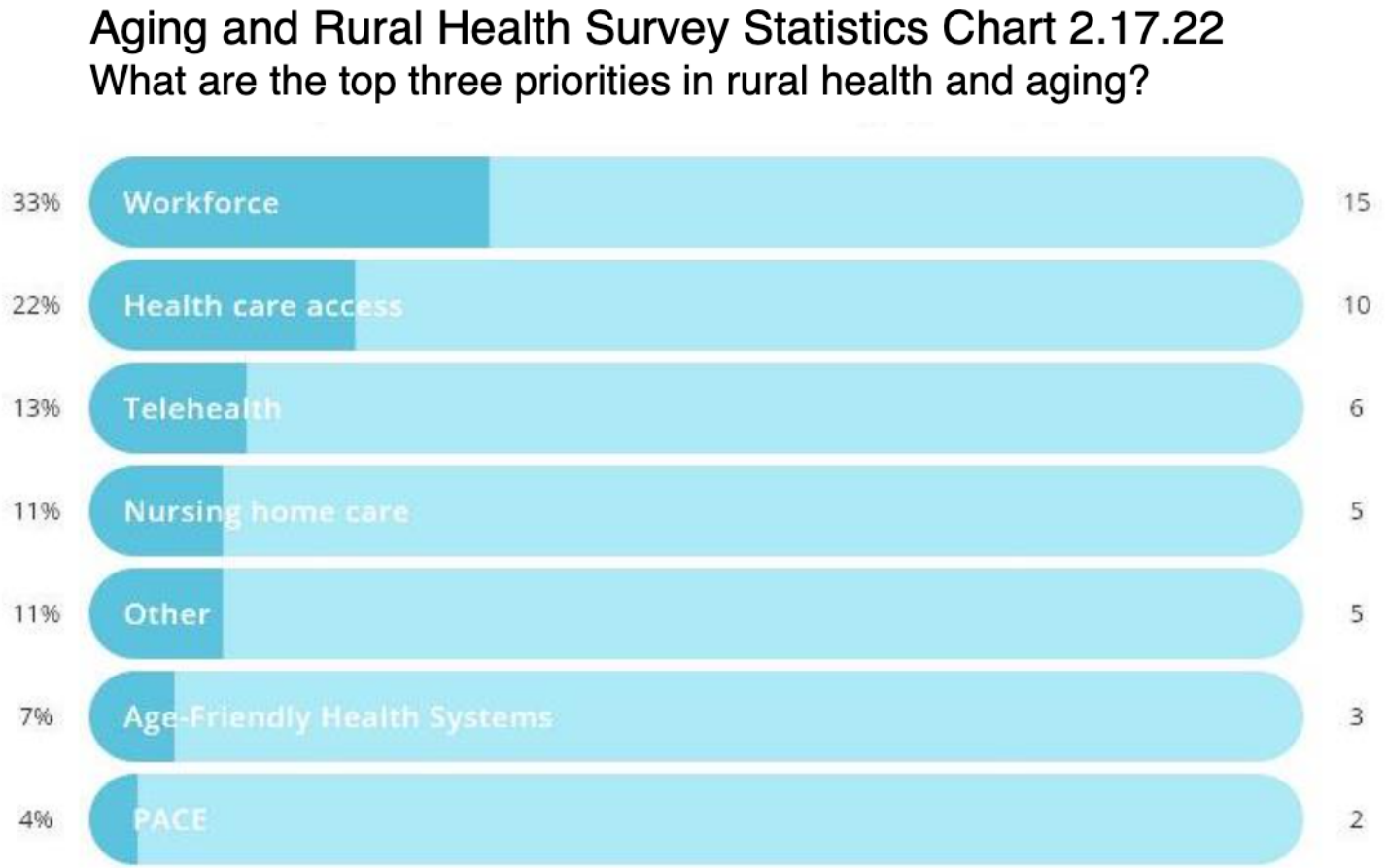
1. Identify community assets for older people
2. Engage older adults
3. Integrate care
4. Address social determinants of health
5. Age-friendly rural health
6. Address social isolation
7. Backbone organizations
8. Build upon the Project ECHO model
9. Capacity building and technical assistance
10. Partnerships
11. Promote greater use of technology by seniors
12. Map the rural landscape
13. Upskilling and advancement of direct care workforce

Advancing Aging within Rural Health

The John A. Hartford Foundation

Rural Health & Aging Brainstorm Meeting Feb 17, 2022 - HRSA Partnership

- Poll Results - Top three priorities:
  - Workforce (community health workers)
  - Healthcare access
  - Telehealth (and connectivity)



www.hrsa.gov/rural-health

What's Next:

- Working with FORHP to identify opportunities
- Exploring workforce and CHW training
- Please follow us at johnahartford.org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Thank You!
Rani.Snyder@johnahartford.org
WWW.JOHNAHARTFORD.ORG
DEDICATED TO IMPROVING THE CARE OF OLDER ADULTS

Foundation Spotlight: Paving the Way for Action in Rural Health and Aging

Q&A Session

National Rural Health Association

GRANT MAKERS IN HEALTH

U.S. Department of Health & Human Services
HRSA
Federal Office of Rural Health Policy

What is happening besides COVID?

Allen Smart
Founder
PhilanthopywoRx

Kim Tieman
Vice President and *Program Director*
Benedum Foundation

Charles Dwyer
Senior Program Officer
Maine Health Access Foundation

Kevin Lambing
Senior Program Officer, Health Services
TLL Temple Foundation

What is happening besides COVID?

Q&A Session

National Rural Health Association

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U.S. Department of Health & Human Services
HRSA
Federal Office of Rural Health Policy

10th Annual Public-Private Collaborations in Rural Health Meeting

Break

Join the discussion on twitter with the #ruralhealthphilanthropy

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Federal Office of Rural Health Policy

Rural Health Policy: Philanthropic Efforts to Add Value and Preserve Care

Sheldon Weisgru
Vice President of Health Policy
Missori Foundation for Health

Shao-Chee Sim
Vice President for *Research, Innovation and Evaluation*
Episcopal Health

Julia Wacker
Executive Director
CaroNova

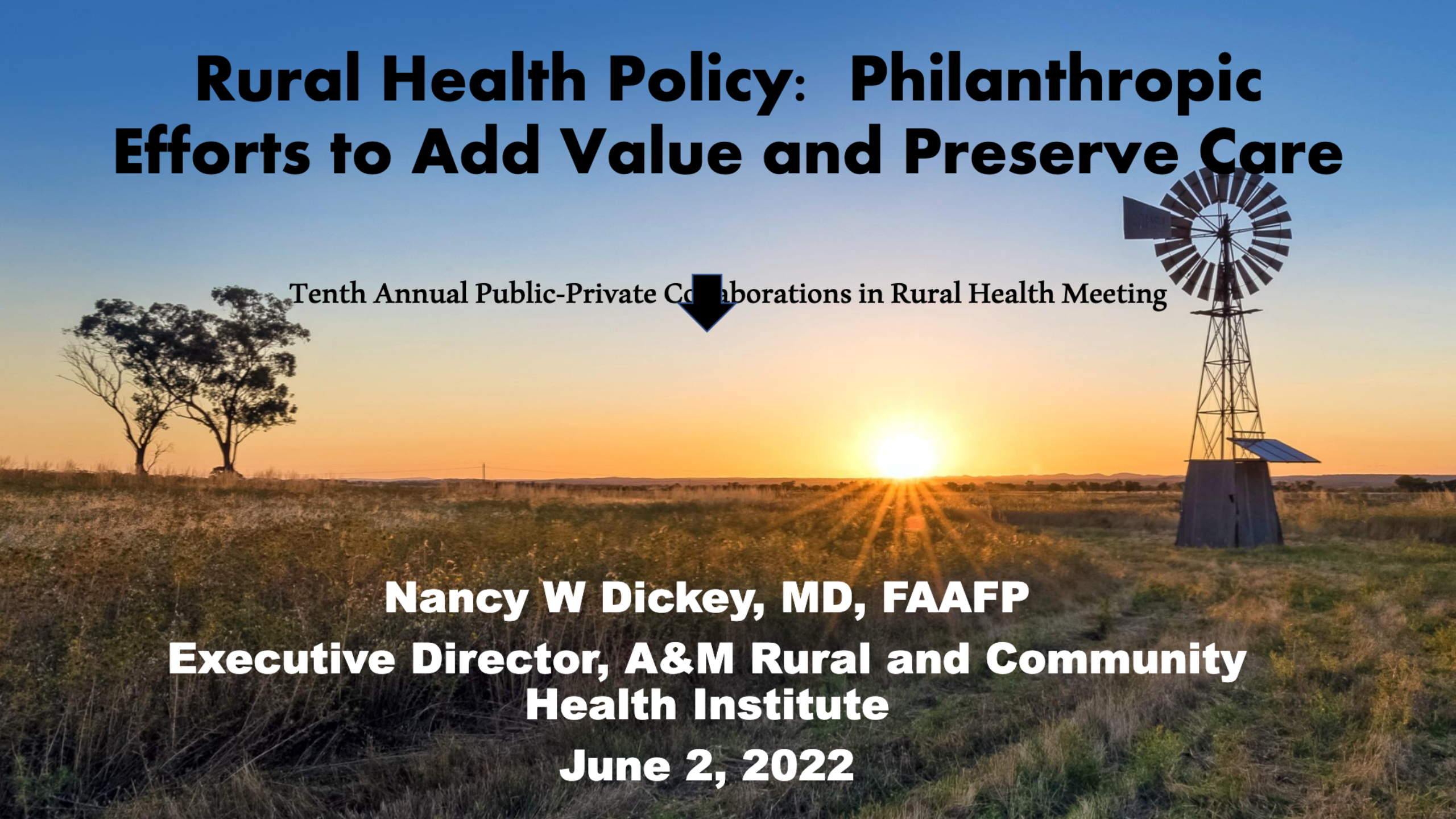
Lin Hollowell
Director of Health Care
Duke Endowment

Nancy Dickey
Executive Director
A&M Rural and Community Health Institute

Jai Kumar
Senior Director for Program Design
CaroNova

Rural Health Policy: Philanthropic Efforts to Add Value and Preserve Care

Tenth Annual Public-Private Collaborations in Rural Health Meeting



Nancy W Dickey, MD, FAAFP

Executive Director, A&M Rural and Community Health Institute

June 2, 2022

Current state of affairs…

- The pandemic has slowed the tide of rural hospital closures – for now
- SOME rural hospitals have enhanced their sense of competency (and some have not…)
- The pandemic funding has allowed some rural hospitals to be able to consider renovation, even replacement

BIGGEST CHALLENGES FACING RURAL HOSPITALS REMAIN THE SAME

Outmigration

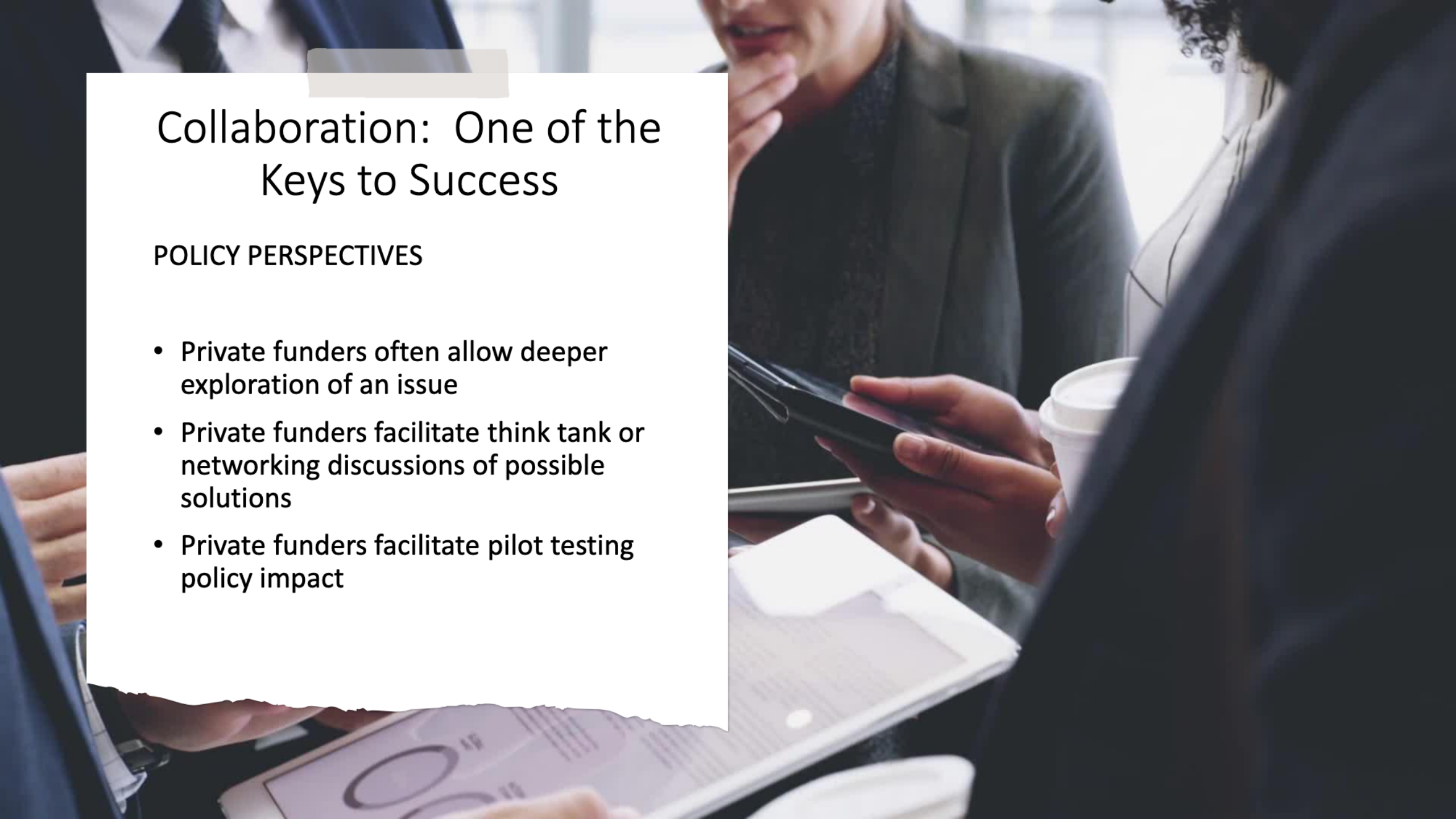
- Perceptions of quality and available services

Finances

- Dependence on Medicaid/Medicare
- Perception it should be cheaper to deliver care in rural areas
- Inability to negotiate reasonable third party rates

Staffing

- Physicians
- Nurses
- All staff



Collaboration: One of the Keys to Success

POLICY PERSPECTIVES

- Private funders often allow deeper exploration of an issue
- Private funders facilitate think tank or networking discussions of possible solutions
- Private funders facilitate pilot testing policy impact

Collaboration: One of the Keys to Success

Developing, implementing, and sharing solutions to the BIG challenges

- Outmigration: RWJF funding marketing consultations and ECHOs to communities struggling to engage their communities
- Staffing: TLL Temple funding loan repayment for physicians who locate in their rural cachment area

Collaboration: One of the Keys…Perhaps THE Key to Add Value and Preserve Care

- Driving Innovation
- Sharing successes
- Funding early ideas and fertilizing possibilities
- Driven by:
  - More efficiencies in decision making
  - Focused strategies

CaroNova

Rural Health Policy

Philanthropic Efforts to Add Value and Preserve Care

Jai Kumar & Julia Wacker | June 2, 2022

What is CaroNova?

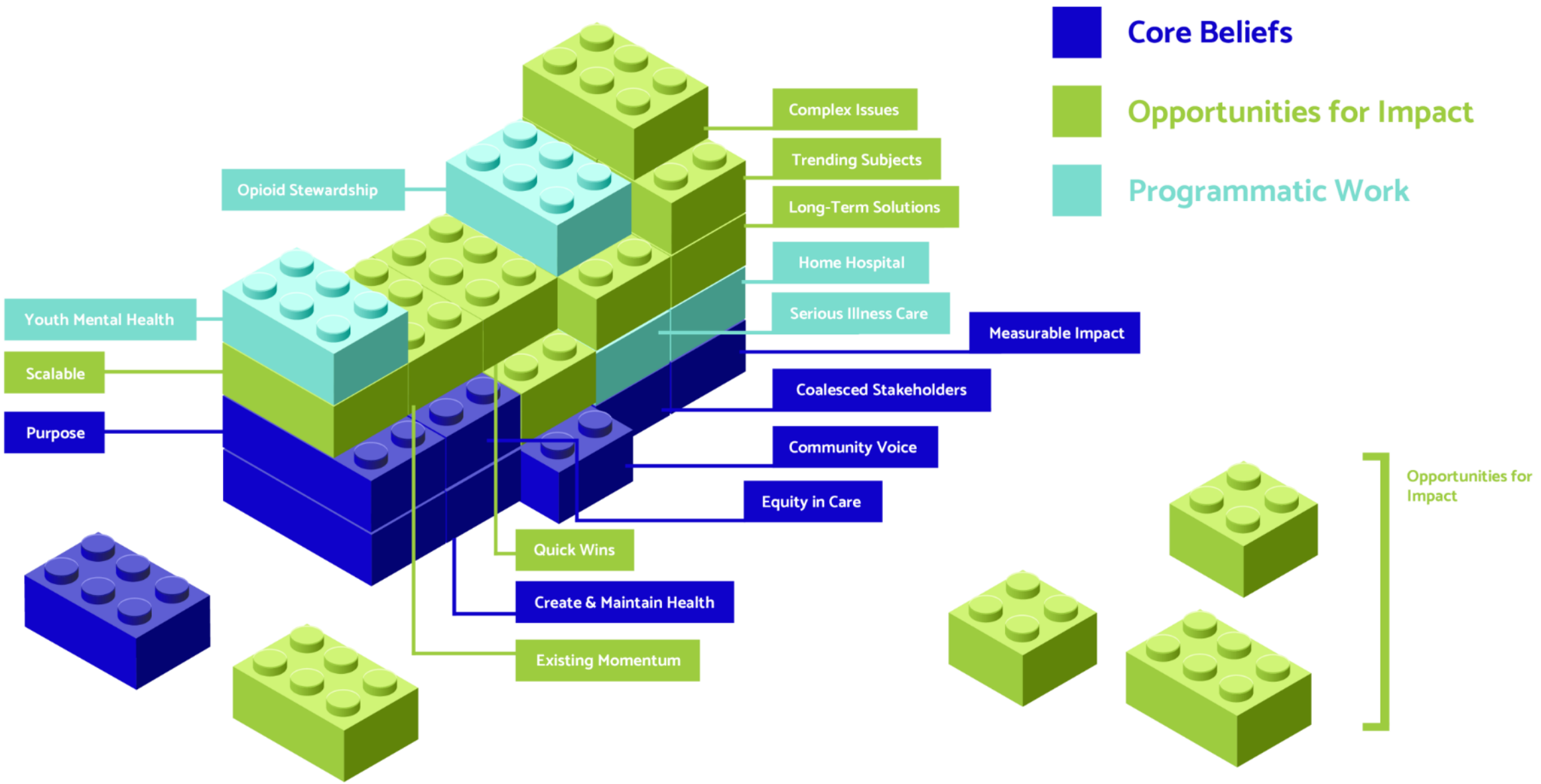
CaroNova is multidisciplinary, bi-state team of healthcare professionals and strategists. Operationally supported by three partner organizations that include The Duke Endowment, the South Carolina Hospital Association, and the North Carolina Healthcare Association, CaroNova acts as an autonomous team that serves the common needs of North and South Carolina.

What sparked the idea?

Given the complexities of healthcare ecosystems and finite resources, philanthropy must often determine which organizations are best positioned to make the most impact. This can lead to competition among organizations and can stifle the collaboration needed to address the significant challenges facing healthcare.

A new approach was needed.

How did we build it?



What do we do?

cultivate

We work systematically to understand and identify local needs and promising practices, recognizing every community has untapped ideas.

co-design

Through rapid cycle learning and local tests of change, we generate innovative approaches to reducing disparities and improving health.

catalyze

We use evidence to drive payment and policy reforms that sustain effective and equitable approaches to replicate what works.

How do we do it? (In seven steps.)

1

Topic Identification

Identify needs within a sustained focus area.

2

Prioritization & Selection

Prioritize potential interventions and opportunities for system improvement. Establish a theory of change.*

3

Topic Launch

Engage those most impacted (providers, patients, community members and payors) to inform and refine our opportunity for reform.

4

Topic Action Teams

Establish core metrics and potential outcome targets. Design model of care and prepare for sprint testing.

5

Innovation Sprint

Identify sprint sites to test proof of concept. Apply learnings from the sprints to further refine the model. Develop implementation assistance plan.

6

Demonstration Project

Replicate proven interventions and establish business case that benefits those most impacted (providers, patients, community members and payors).

7

Systems Change

Communicate evidence from demonstrations. Scale and sustain payment and policy reforms.

*How change happens, and how interventions can shape that change.

What challenges did we face?

- Two states with two unique personalities
- Organizations framed needs differently to CaroNova vs. philanthropy
- Existing grantees' concern CaroNova will interfere with their funding or relationship with the Endowment

Philanthropy's Opportunity

Investing in building an infrastructure that brings together leaders from various sectors to co-design solutions will not only shift the traditional paradigm, but also allow philanthropy to advance health in communities at a faster pace.

By supporting initiatives that go beyond immediate impact and instead, drive towards a systems approach to improve health – philanthropy can chart a path for others to follow.


CaroNova

Rural Health Policy: Philanthropic Efforts to Add Value and Preserve Care

Q&A Session

National Rural Health Association

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Federal Office of Rural Health Policy

10th Annual Public-Private Collaborations in Rural Health Meeting

Informal Networking

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Day 1 Wrap-UP

Cara James
President and *Chief Executive Officer*
Grantmakers In Health

10th Annual Public-Private Collaborations in Rural Health Meeting

Day 2 Sessions Begin at 9am

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Welcome to the 10th Annual Public-Private Collaborations in Rural Health Meeting

June 2 -3, 2022 | Washington, DC

National Rural Health Association

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U.S. Department of Health & Human Services

HRSA

Federal Office of Rural Health Policy

Welcome Back and Context Setting

Tom Morris
Associate Administrator
Federal Office of Rural Health Policy
Health Resources and Services Administration

Engagement in Rural Health with Federal Partners

***Two 30-minute sessions: Federal representative will be the same for each session

Stephanie Bertaina
Office of Community Revitalization
U.S. Environmental Protection Agency

Chitra Kumar
Office of Environmental Justice
U.S. Environmental Protection Agency

Kellie Kubena
Rural Development
U.S. Department of Agriculture

Dawn Morales
National Institute of Mental Health
National Institutes of Health

Humberto Carvalho
Substance Abuse and Mental Health Services Administration

Moushumi Beltangady
Early Child Development
Administration for Children and Families

Mary Moran
Business & Workforce Investment
Appalachian Regional Commission

Bob McNellis
Office of Disease Prevention
National Institutes of Health

Xinzhi Zhang
Center for Translation Research & Implementation Science
National Heart, Lung, and Blood Institute, NIH

Carolyn Taplin
Office of the Assistant Secretary for Planning and Evaluation

Bill England
Office for the Advancement of Telehealth
Health Resources and Services Administration

Angela Hirsch
Bureau of Health Workforce
Health Resources and Services Administration

10th Annual Public-Private Collaborations in Rural Health Meeting

Break

Join the discussion on twitter with the #ruralhealthphilanthropy

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HRSA
Federal Office of Rural Health Policy

Administrative Update

Carole Johnson
Administrator
Health Resources and
Services Administration

Catherine Oakar
Special Assistant to the
President for Community Health
and Disparities
The White House

Farah Ahmad
Chief of Staff
Rural Development,
US Department of Agriculture

Administrative Update

Q&A Session

National Rural Health Association

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Federal Office of Rural Health Policy

Building Healthy Places Network

Doug Jutte
Executive Director
Build Healthy Places Network

A Playbook for New Rural Healthcare Partnership Models of Investment

Douglas Jutte, MD, MPH
Executive Director, Build Healthy Places Network

Rural Health Philanthropy Partnership | Washington, DC | June 3, 2022

Build Healthy Places Network

The Build Healthy Places Network

We are the national center at the **intersection of community development and health**, leading a movement to accelerate investments and speed and spread solutions for building healthy and production communities.

Engage

Educate

Synthesize

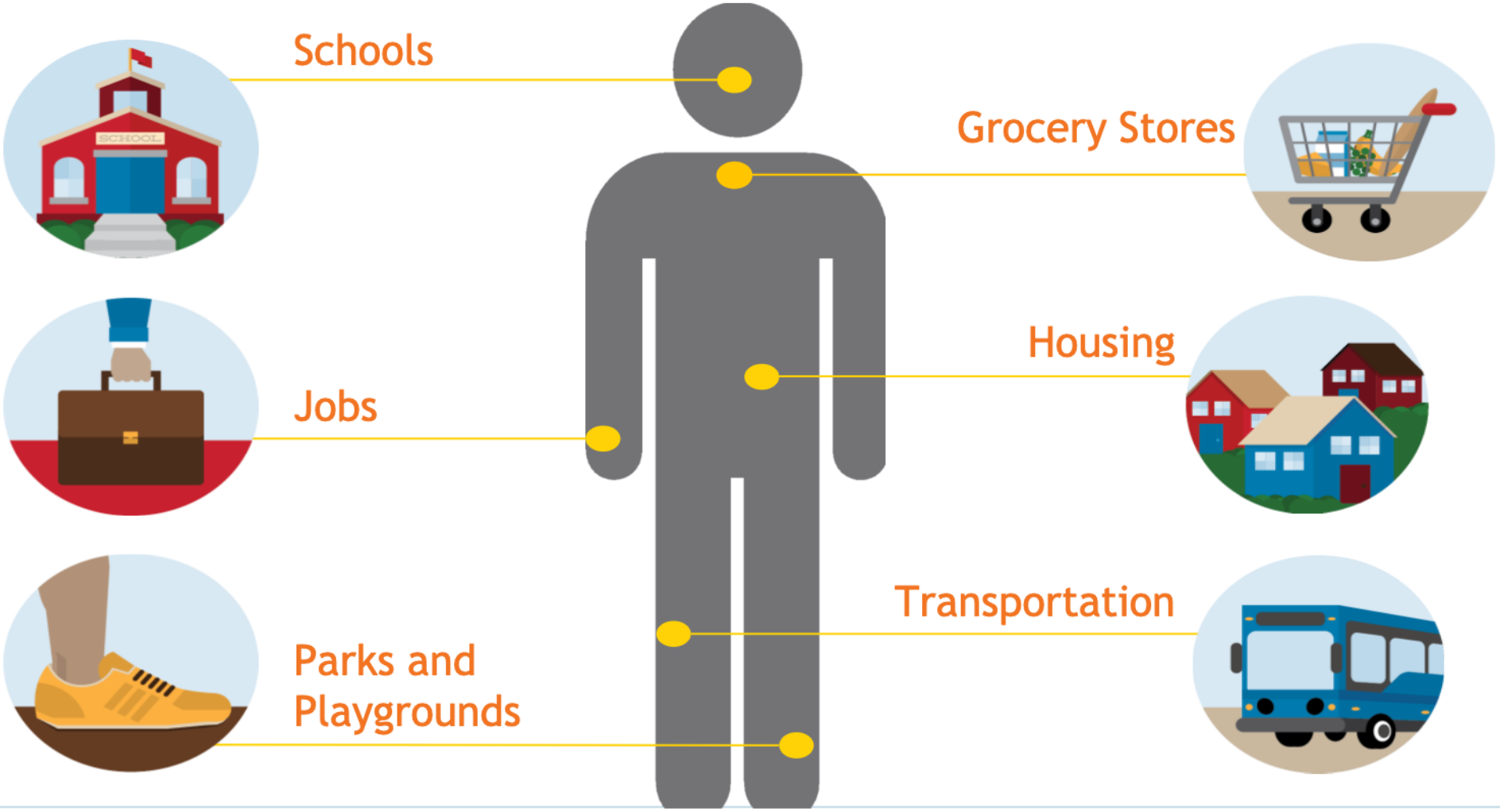
Health Happens in Neighborhoods

Community Development creates health in neighborhoods

43025 >

PIGEON ROOST FARM

People Get Sick Because Of Their Social And Physical Environments



Vital Conditions for Well Being

Deepening impact through upstream investments in social factors driving health

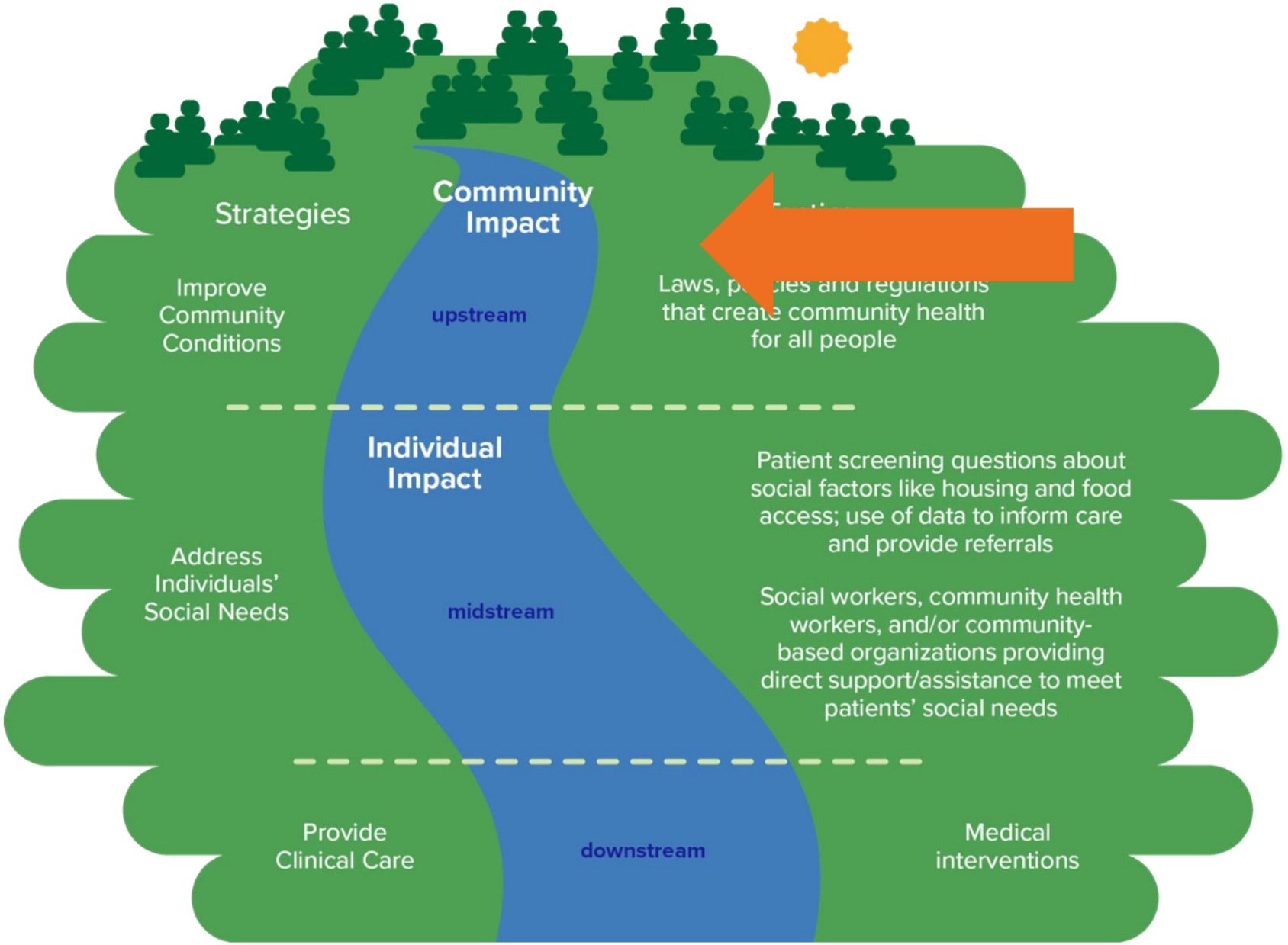


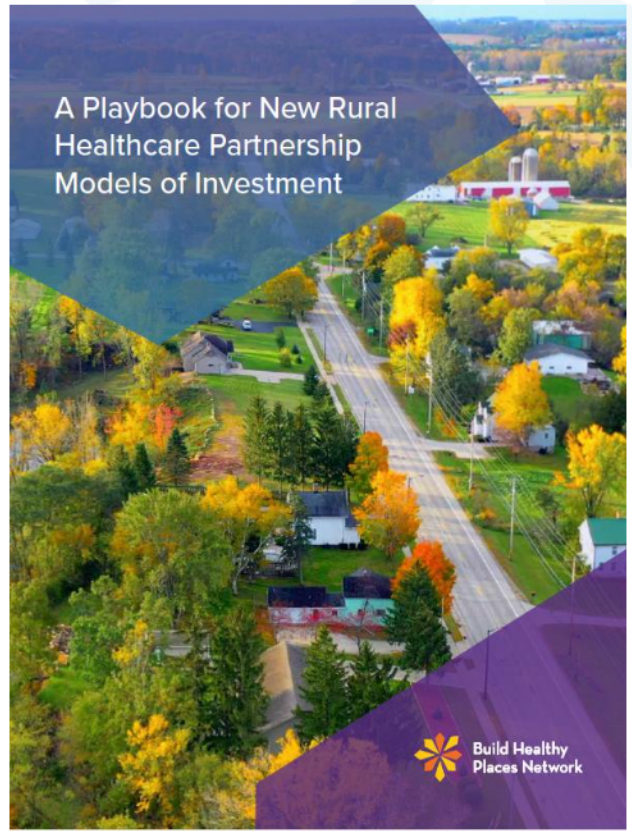
Figure adapted from Castrucci & Auerbach, *Health Affairs*, 2019

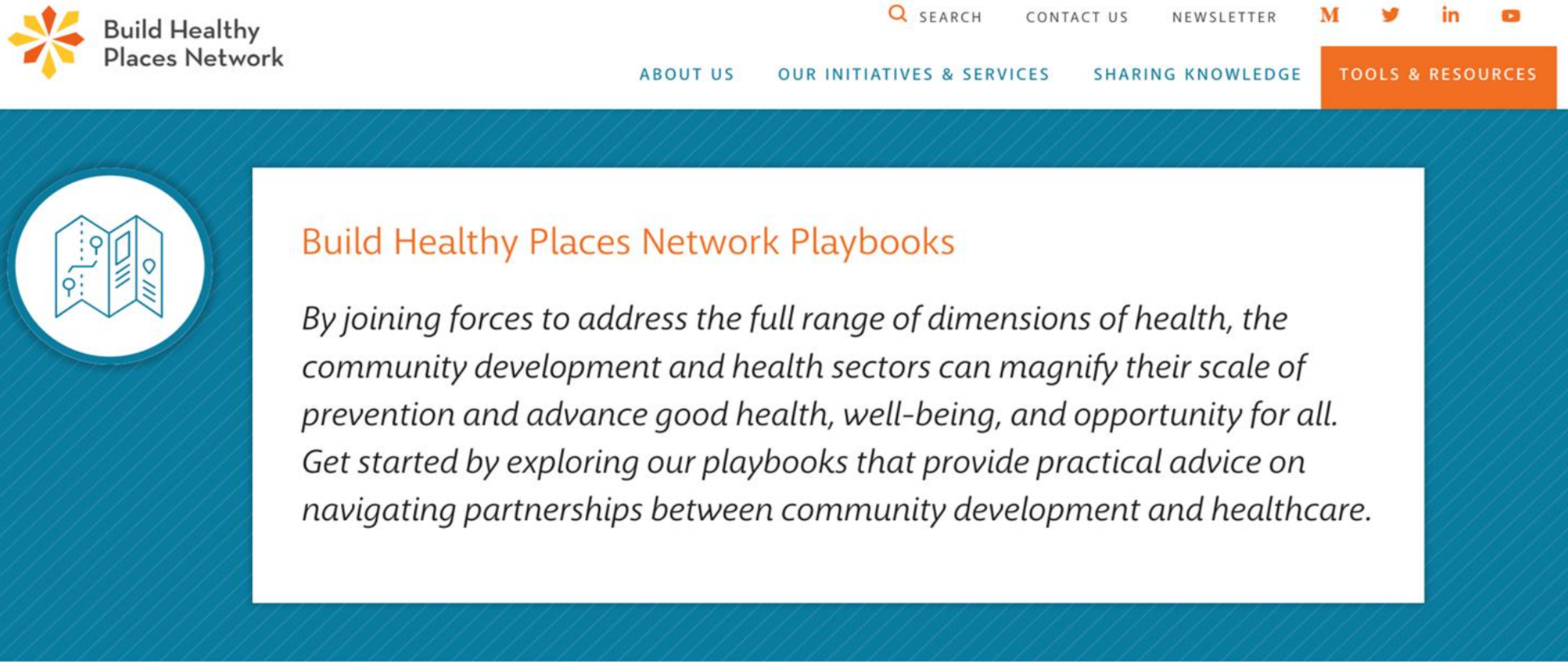
Community Investment: Healthcare's Role

- Advocacy and social/political clout
- Local hiring & purchasing (Anchor Model)
- Co-location of programs & services
- Data sharing (CHNA/CHIP)
- Loan guarantees / Lines of credit
- Real estate/land: swap, lease, donate
- Capital: direct loans or investment in loan fund

Why Focus on Rural Healthcare Partnerships?

- Interconnectedness and close-knit ties
- Utilizing informal networks to bridge formal sectors
- Allows leverage of strengths from natural networks that thrive in rural areas
- Facilitates combined efforts to address the challenges in attracting capital
- Small investments can make big impacts
- Allows for community knowledge to drive solutions




Build Healthy Places Network
SEARCH
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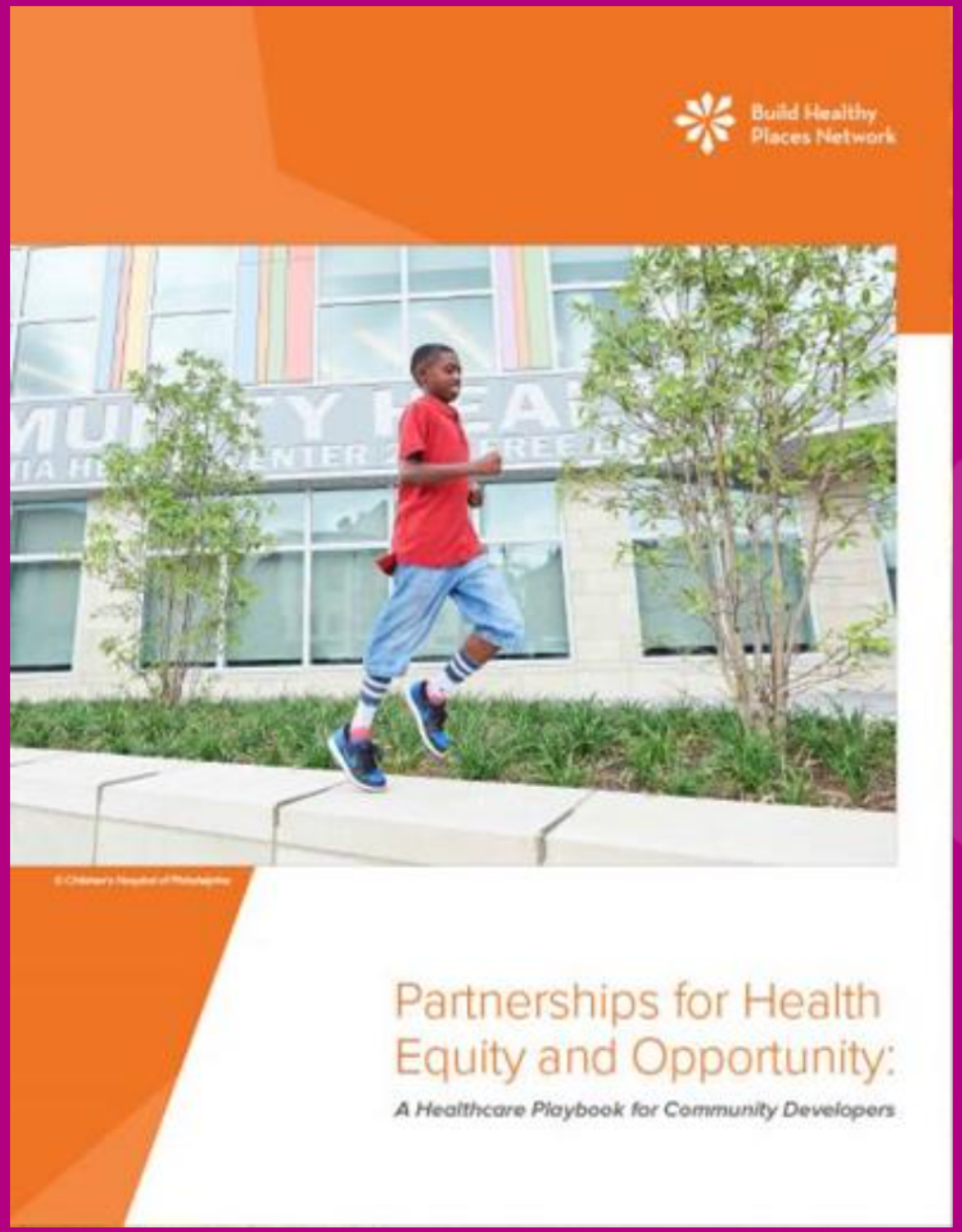
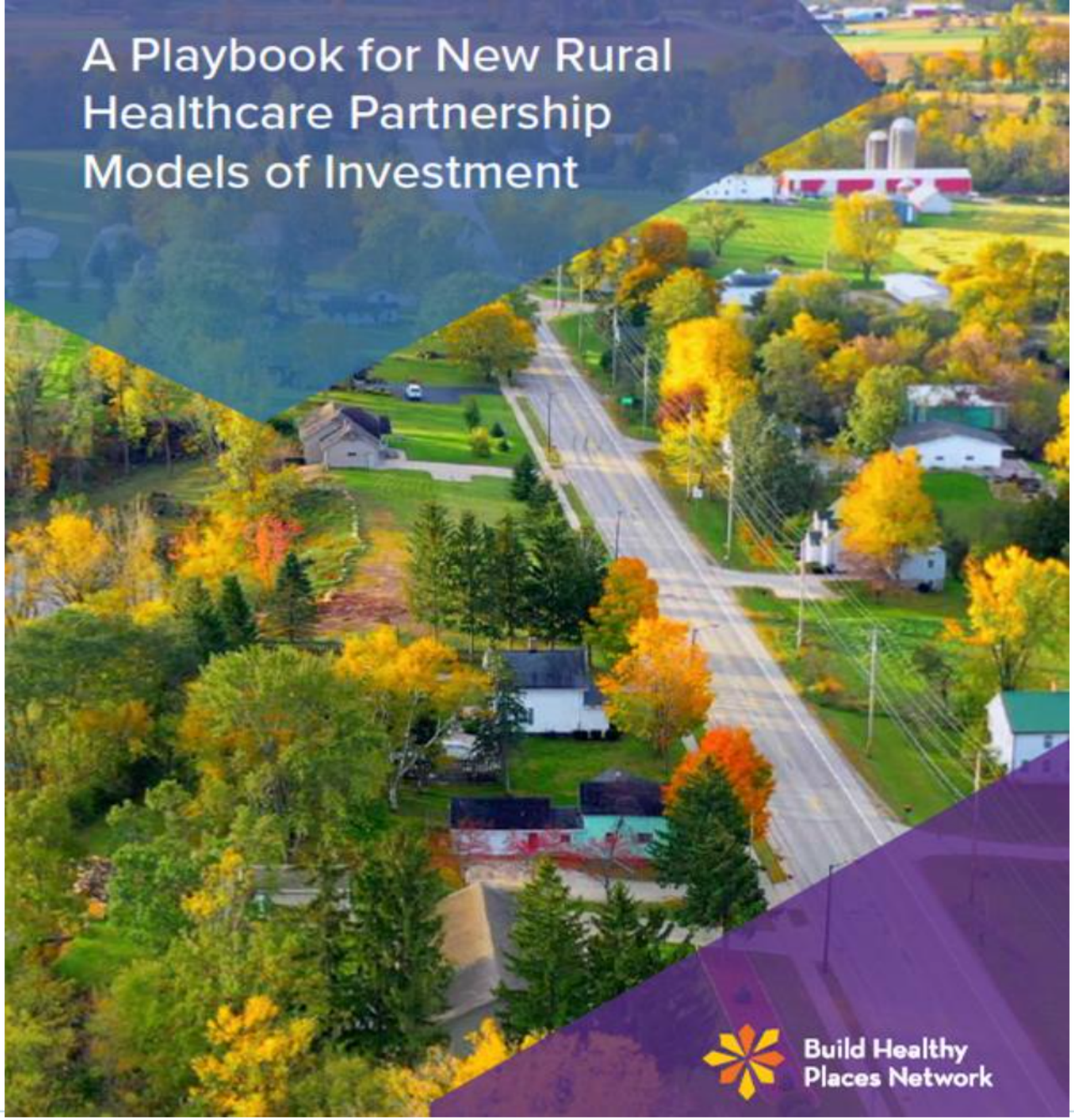
NEWSLETTER
ABOUT US
OUR INITIATIVES & SERVICES
SHARING KNOWLEDGE
TOOLS & RESOURCES
Build Healthy Places Network Playbooks
By joining forces to address the full range of dimensions of health, the community development and health sectors can magnify their scale of prevention and advance good health, well-being, and opportunity for all. Get started by exploring our playbooks that provide practical advice on navigating partnerships between community development and healthcare.


Build Healthy
Places Network
Partnerships for Health
Equity and Opportunity:
A Healthcare Playbook for Community Developers


Community Economic
Development &
Healthcare Playbook
Build Healthy
Places Network
nceda


A Playbook for New Rural Healthcare Partnership Models of Investment
Build Healthy Places Network

Rural Playbook Development

Rural Roundtable

Rural Primer

A Primer for Multi-Sector Health Partnerships in Rural Areas and Small Cities

A tool to guide cross-sector collaborations between the community development, finance, public health, and healthcare sectors to support partnerships in rural areas and small cities.

This primer aims to assist multi-sector approaches that increase community-centered investments to support opportunities for all individuals to live long, healthy lives, regardless of their income, education, race or ethnic background. Acknowledging the unique opportunities and challenges to working in rural areas and small cities, we recognize the importance of incorporating resources that reflect these realities creating freedom for locally generated solutions to accelerate through innovative partnerships.

Particular Challenges for Rural Healthcare

- Shrinking and aging populations
- Changing Business model: value-based care & focus on prevention
- Hospital closures - over 100 just in last 9 years
- Workforce recruitment and retention

Rural Playbook Development

Rural Roundtable

Rural Primer

National Advisory Committe

Key Informant Interviews

Playbook case studies highlighted ***4 Central Strategies for Successful Rural Partnerships***

Strengthening Economic Opportunity and Workforce Support
e.g. workforce development, housing, access to childcare

Supporting Local Control
e.g. community ownership, land trust,
food sovereignty, policy changes

Strengthening Infrastructure to Support Healthcare Access
e.g. healthcare delivery support in the form of co-location, community hubs for health, transportation, and telehealth

Increasing Resources
e.g. capital, funding, government resources

Strengthening Economic Opportunity and Workforce

Sky Lakes Medical Center & Klamath Works (Oregon)

"Cooperation is a force multiplier where any dollar or work-hour goes further."

Paul Stewart, past president and CEO of Sky Lakes Medical Center,

- Klamath Works Services Campus, social hub including job training and interrelated social services
- Hospital banded together with other local organizations to create non-profit, Klamath Works!
- Hospital provided land (including land swap), seed capital, and used social capital to support fundraising efforts


SKY LAKES
MEDICAL CENTER
KLAMATH WORKS
Inc.
SITE
Stiles St.
S 6th Street
Owens St.

Supporting Local Control

Saint Alphonsus Health System and LEAP Housing Trust (Idaho)

- Land trust allows residents to own their home, gain equity, and maintain affordability.
- Ensuring expanded developments in rural areas align with the community's values.
- First investor in land trust that helped attract additional funds

"We bring data for the head and stories for the heart."

Rebecca Lemmons, St. Alphonsus, Regional Manager for Community Health and Well Being


Saint Alphonsus
indie DWELL
LEAPCHARITIES
9990
9990

Strengthening Infrastructure to Support Healthcare Access

STRENGTHENING INFRASTRUCTURE TO SUPPORT HEALTHCARE ACCESS

Dartmouth-Hitchcock Medical Center & Southwestern Community Services (NH)

Dartmouth - Hitchcock had to fill the missing link between where people live and where the hospital hoped they will come to work.

- New transportation link connecting two rural communities

- First investors in project that helped to attract additional funds.
- Leveraged community organization partner's collective knowledge and relationships to access state and federal resources

A Playbook for New Rural Healthcare Partnership Models of Investment

Build Healthy Places Network

Increasing Resources

Sanford Health & Bemidiji Veterans Home (Minnesota)

- Challenges providing housing for the disproportionate number of service members and veterans.
- Donation of underutilized land by hospital helped drive successful campaign to build project.
- Partnership allowed leverage of other funding resources and case making.

This case study highlights important assets that rural healthcare entities have at their disposal beyond finance resources and philanthropy.

Minnesota Department of Veterans Affairs

SANFORD HEALTH

A Playbook for New Rural Healthcare Partnership Models of Investment

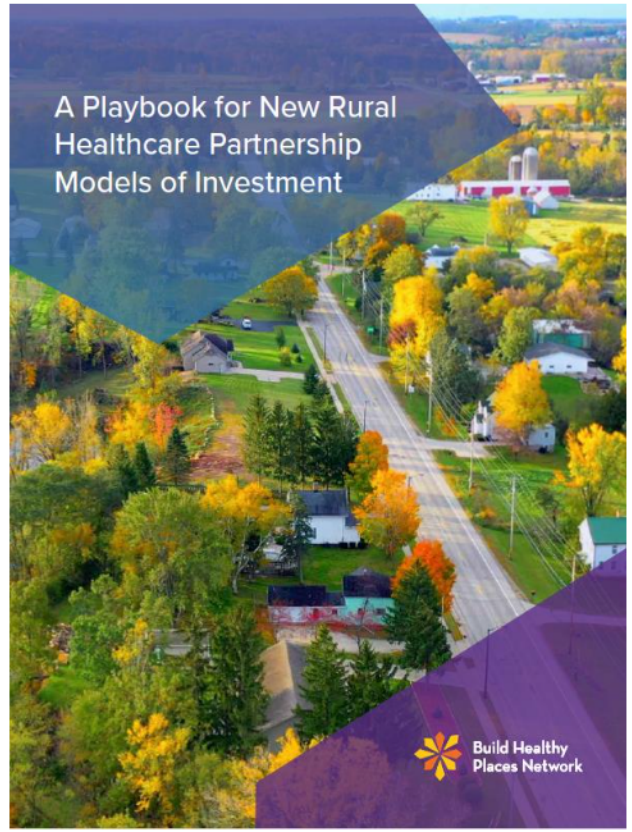
Build Healthy Places Network

Other Cross Cutting Themes identified:

- Building trust and social capital.
- Center community voice in defining problems and crafting solutions
- Reflect on systemic biases and exclusionary systems
- Incorporate civic muscle and belonging
- Chart a pathway from community engagement to ownership

Looking Ahead to Next Steps

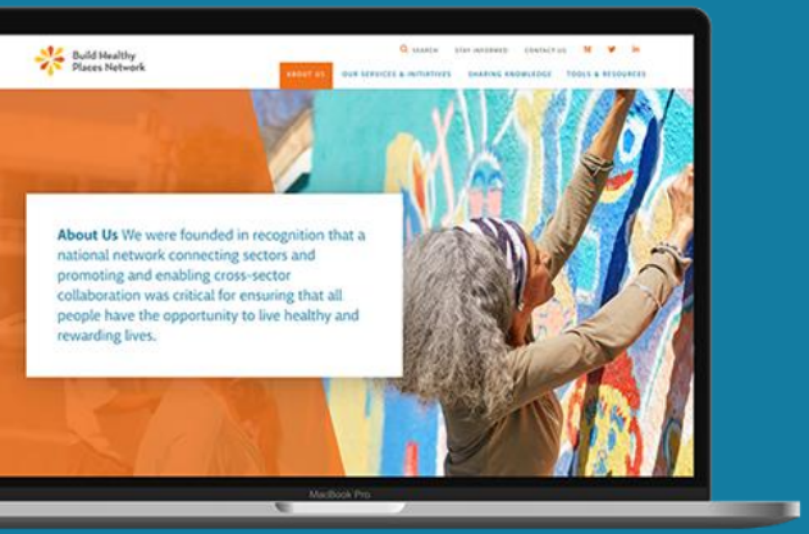
- Engage regional approaches to advance rural health and multisector efforts
- Operationalize the Rural Playbook and strengthen commitments to health equity
- Initiate a learning cohort of rural healthcare leaders
- Develop targeted case-making tools that encourage and support cross-sector rural conversations
- Provide advisory services for rural healthcare entities wanting to deepen their multisector efforts
- Support multisector collaboratives interested in increasing investments that address the vital conditions and SDOH

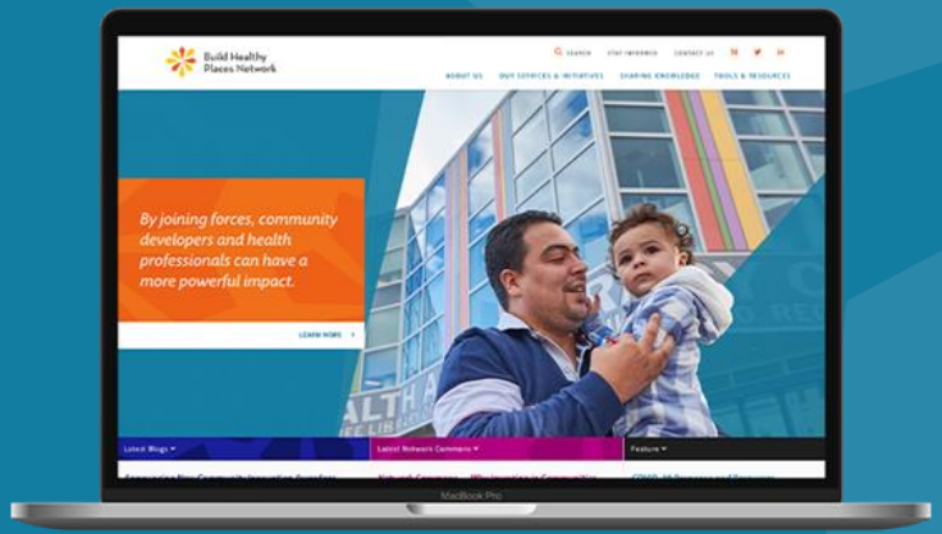


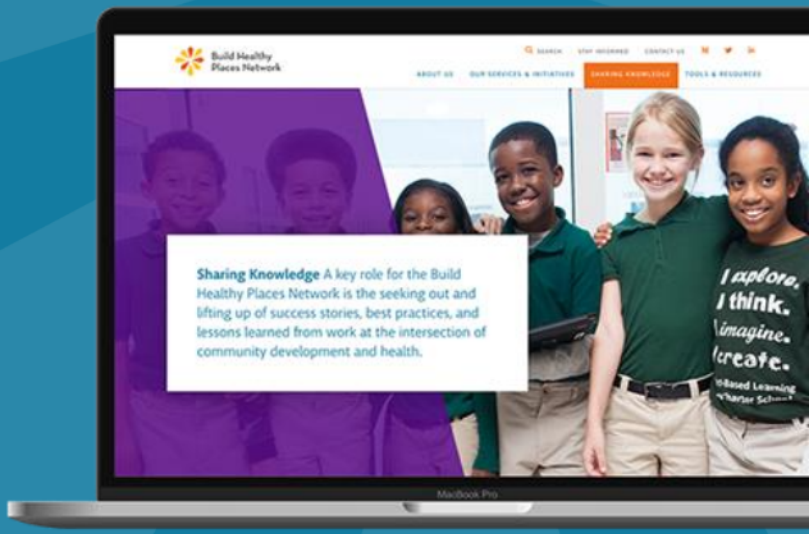
Additional Resources for Next Steps

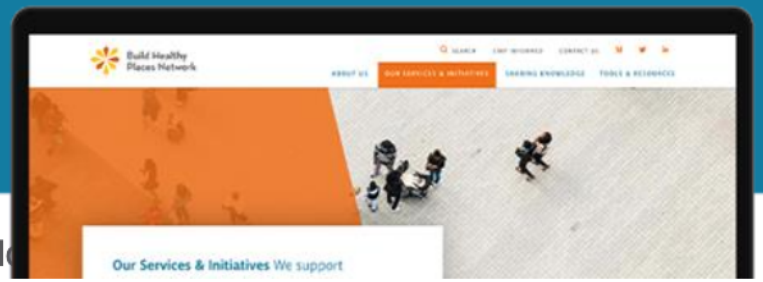
The Build Healthy Places Network Website

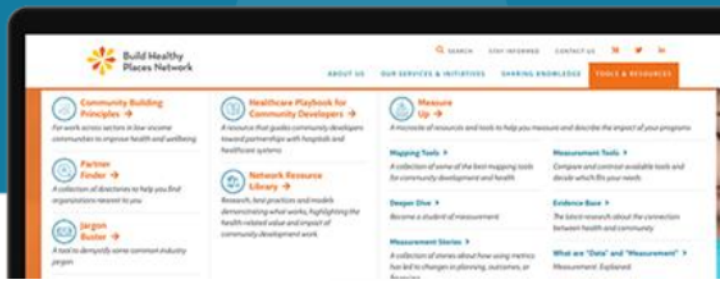
BuildHealthyPlaces.org



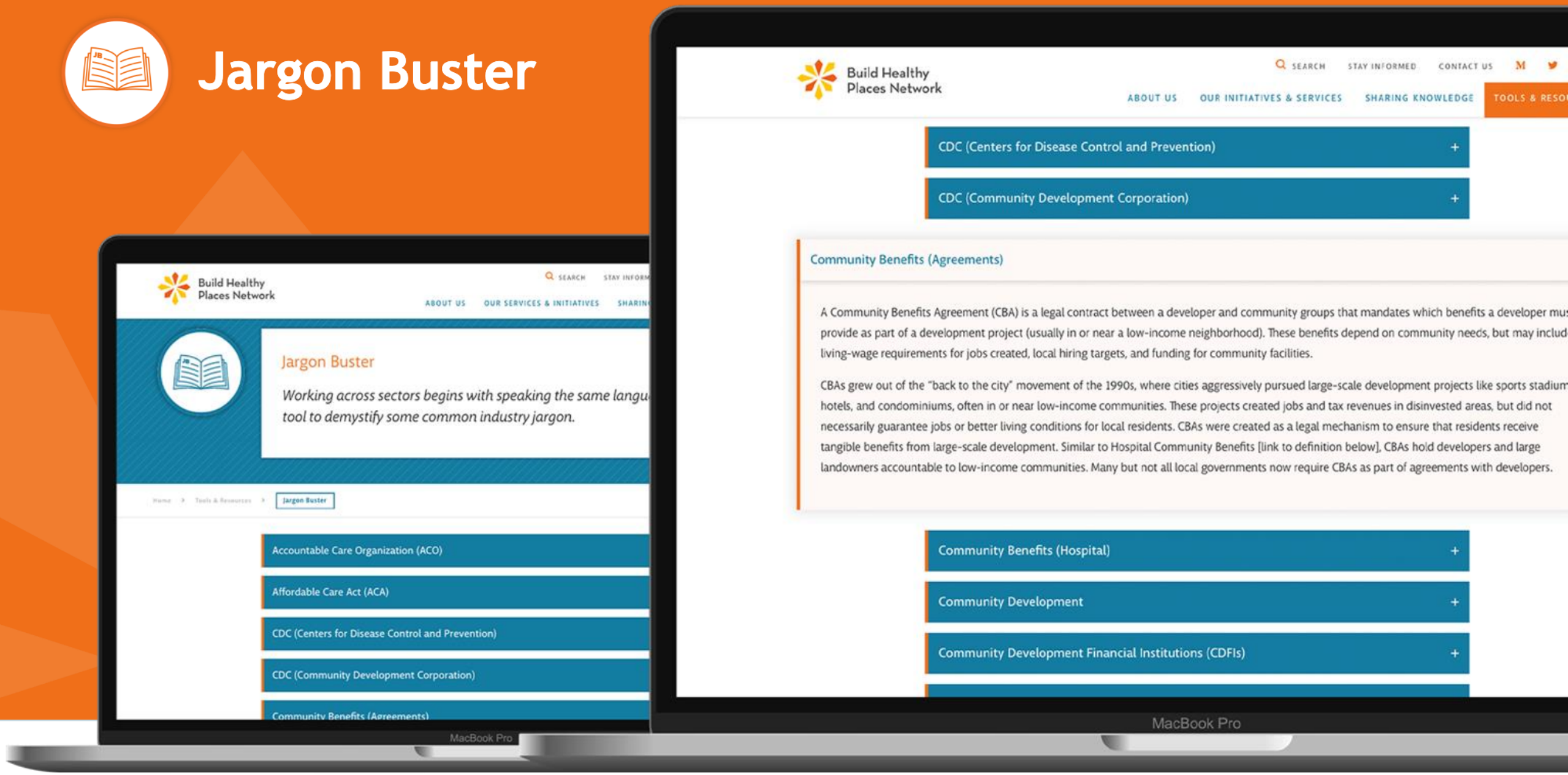




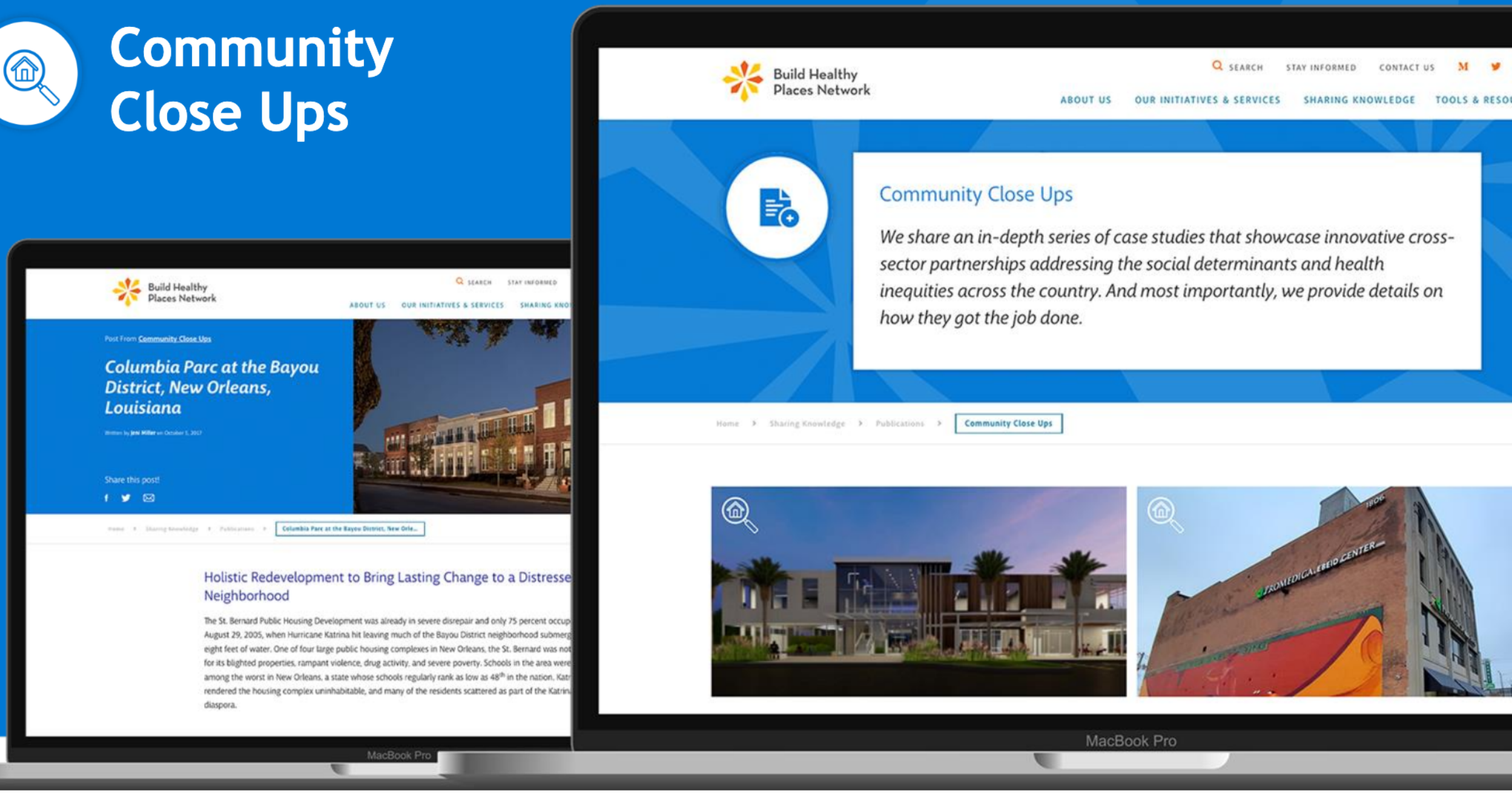




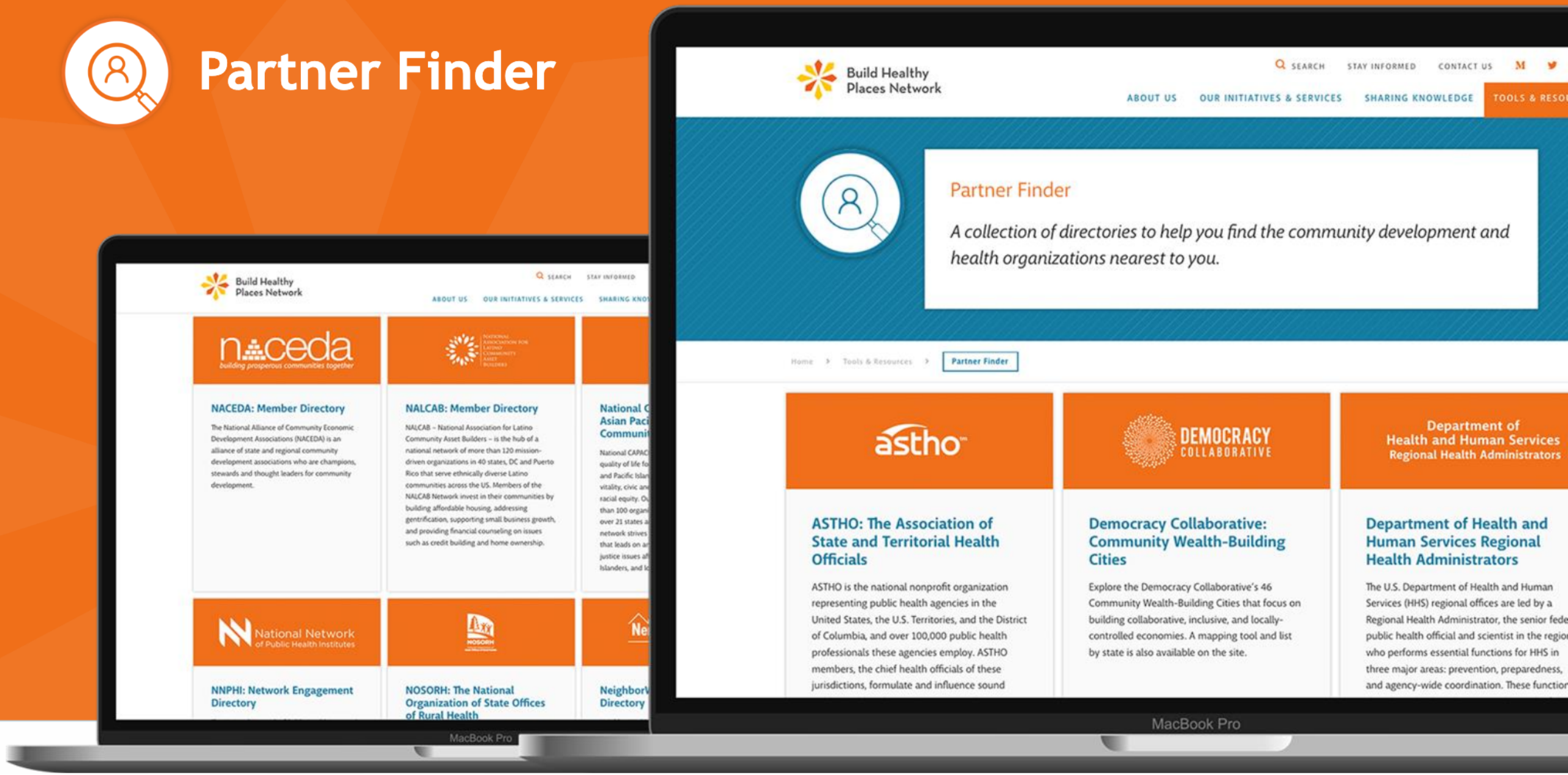
Jargon Buster



Community Close Ups



Partner Finder



Build Healthy
Places Network

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@BHPNetwork

linkedin.com/company/
Build-Healthy-Places-Network

djutte@buildhealthyplaces.org

Building Healthy Places Network

Q&A Session

National Rural Health Association

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Federal Office of Rural Health Policy

Key Takeaways and Continuing the Conversation

Tom Morris
Associate Administrator
Federal Office of Rural Health Policy
Health Resources and Services Administration

Alan Morgan
Chief Executive Officer
National Rural Health Association

10th Annual Public-Private Collaborations in Rural Health Meeting

Thank You for Joining Us!

National Rural Health Association

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