

Meet CEARH - The Center for Economic Analysis of Rural Health – 6/10/2021

Kristine Sande:

I'm Kristine Sande and I'm the Program Director of the Rural Health Information Hub, and I'd like to welcome you to today's webinar where we'll be introducing you to the Center for Economic Analysis of Rural Health or CEARH. CEARH was recently funded by the Federal Office of Rural Health Policy and we're really excited to help introduce the Center to the rural health community and hear about the great work that they've been able to do so far and what they have planned for the future. Thank you for joining us today and I will quickly run through some housekeeping items before we begin.

And we have provided a PDF copy of the presentation on the RHHub website and that's accessible through the URL that's currently on your screen, and we have also provided that link in the chat function if you want to look there.

If you do have questions for our presenter today, please submit those with the Q&A button that's on the bottom of your screen and we will take those questions at the end of the presentation today. We do anticipate that we'll have time for those questions.

And now it is my pleasure to introduce our speaker for today. Dr. Alison Davis is the H.B. Price Professor of Agricultural Economics at the University of Kentucky and the Executive Director of the Community and Economic Development Initiative of Kentucky or CEDIK.

CEDIK is an integrated engagement research center housed within the College of Agriculture, Food and Environment at the University of Kentucky. CEDIK's mission is to build engaged communities and vibrant economies. Dr. Davis leads a team of 14 engagement and research staff to support CEDIK's five priority areas, economic development, leadership development, community health, community design, and arts engagement. Her research program focuses on infrastructure, investment, rural healthcare access, and economic development. Her engagement programs utilize workshops, trainings, and educational materials to highlight the importance of community engagement, land use planning, infrastructure development, regionalism, and the impact of changing public policy on communities. With that, please welcome Dr. Alison Davis. Alison.

Alison Davis:

Thank you very much for the introduction. Thanks so much for joining us today. As mentioned, I am Alison Davis. I'm a professor at UK and the Director of CEARH. CEARH is the Center for Economic Analysis of Rural Health and this is our mission statement, which is to increase public and stakeholder awareness of the economic impacts of rural healthcare sectors on rural state and national economies, as well as the vital relationship between community economic development and the health outcomes of rural residents. So I wanted to introduce you to my team. I have a wonderful partner in Dr. Brian Whitacre who's a professor at Oklahoma State University.

He holds a similar position to the one I have at the University of Kentucky. His area of interest is largely around broadband development, economic development, and rural health. And so he is a partner on several projects with me and a wonderful colleague. I have four folks who are providing support to CEARH. Ms. Simona Balazs who is the Research Coordinator both for CEDIK as well as for CEARH. She's got tremendous expertise in data, data analysis, particularly in rural

places and at the county level. Melody Nall is my Engagement Coordinator and has a background in public health and has worked with AHECs, hospitals, networks, coalitions, you name it in healthcare across Kentucky. Sarah Bowker is my Communications Coordinator and is the one who's responsible for asking, pleading for you to participate in our Listserv so that we can get you information in a timely manner.

And then Mr. Ernie Scott, who is just one of my faves. He is the Director for the Kentucky Office of Rural Health and is someone I've been partnering with since day one. And I'm going to tell you a little bit about my history so that it may help provide some context of why CEARH is located at the University of Kentucky.

So, I've been around for about 20 years doing this work. I used to work at the University of Nevada, Reno with my colleague, Tom Harris, who you'll see on this slide is a member of our Advisory Council. I was part of the Nevada Rural Health Works program and then when I went to the University of Kentucky, led the Kentucky Rural Health Works program, which was an incredibly important program designed to provide support to healthcare leaders to give them a platform and tools to identify and to send the message of why hospitals and local health care leaders and practitioners are so critical to the rural health economy.

And so, upon coming to the University of Kentucky, my research and my engagement work largely stemmed from that and then broadened to work a lot with our State Office of Rural Health with a lot of hospitals to help them, again, think of different ways beyond looking at economic impact analysis of carrying that message about the importance of rural health and local economies. So since I've been at UK, we lead the community health needs assessments for almost all of our rural hospitals in Kentucky. We are a part of the University of Kentucky Rural Health Research Center and just provide a lot of support around the network planning, outreach and development grants, and working with health coalitions, but all within the context of how this is so critical to the vibrancy of small rural communities and economies. We don't do anything clinical. We don't do any kind of training for healthcare providers.

We are simply there to help folks think about how to engage their community so that their community understands how important the healthcare sector is and to help those health care leaders demonstrate their value to local communities. So it goes both ways. So I wanted to introduce the Advisory Council for CEARH. It's a very strong Advisory Council, just tremendous expertise in their field. So we have some academic partners. I had mentioned Dr. Tom Harris for University of Nevada, Reno, Dr. Steve Deller, University of Wisconsin and Dr. Mark Skidmore from Michigan State University.

You'll see here we have some great partners from the National Cooperative of Health Networks Association, Linda, Chris, many of you know from NOSORH, Dr. Bill Auxier who's the Rural Health Leadership Radio and his podcast. If you don't subscribe to it, please do. Absolutely love it. He does just a great job of tackling some of the most important issues around health care and the value of promoting leadership development for folks in that field. And then I have Cory and Ernie, both from Oklahoma and Kentucky respectively, Offices of Rural Health, who provide important insight into what all healthcare leaders are facing.

So I wanted to talk a little bit, this presentation is not going to last an hour and I hope many of you are not disappointed by that. We wanted to just provide an overview of who we are and what we plan on doing, but most importantly, how we can provide the most value to you, your stakeholders and your local communities. So, I want to say . . . talk about what we do. Our goal is to respond to pressing issues that are facing rural communities, and certainly they are not trivial

and they're not few right now. We work closely with our Federal Office of Rural Health Policy, with the Advisory Council and other partners, both healthcare and economic development.

We hope to provide timely, relevant, and useful research-based tools. We are not a Rural Health Research Center. We're different in that regard. Our hope is to try to take recent relevant research and help translate it so that folks who are working on the ground can take this really important research and figure out ways to implement strategies that would improve conditions.

So, our tools are not just designed for healthcare leaders, but they're designed for elected officials, for economic development professionals and community leaders, all to support not just the rural health economy, but the entire economy. And in my work on a daily basis, it is absolutely crucial when I'm wearing my economic development hat that we have all those folks at the table. There's no reason to be having a conversation around economic development without having the healthcare leaders present as well.

And then, our hope eventually soon is to provide face-to-face and online trainings and workshops. And we'll talk a little bit more about some of the trainings we have coming up, but certainly we look forward to having face-to-face opportunities again soon. We would like to be at NRHA Conference. We'd like to be at some of the regional SORH meetings to just be able to disseminate resources, to listen to some of the pressing issues that folks are dealing with so that we can quickly respond. We want to be able to contribute to RHIhub and the great resources that they have available there as well.

So, you all may have different perspectives about what some of the pressing issues are that are facing our rural communities. Right now, here's sort of our target of what we've been working on. This can change when things change as well, but these are sort of our current projects that we've focused on. The first is to really understand the long-term impacts from COVID and not talking about access per se, but talking about the sustainability of our local healthcare system and what that means for the local economy. So we are interested, when COVID hit and we saw that there were immediate furloughs in both urban and rural hospitals because they were no longer doing elective surgeries. The question remains, how quickly and who bounced back to pre-COVID levels? We knew in some of our urban areas it was a quick furlough and folks came back on payroll almost as soon as elective surgeries were back on board again.

We haven't heard anecdotally that same discussion in rural places. In some rural places, we've heard that this was the way to reduce staffing with already very constrained budgets. And so we are doing a longer-term study to understand those long-term employment and payroll impacts, waiting for all of the year end reports to come in pre and post COVID. The other piece is we are working with the Sheps Center to use their Financial Distress Index and kind of predict out, as well as to better understand how community characteristics, so how our local socioeconomic or sociodemographic characteristics affect hospital survival. The FDI relies a lot on hospital specific characteristics and a few community characteristics, but not really looking at predicted changes in population or income, employment, things along those lines. And so we think and we know that as communities in rural places continue to face economic distress, the changes, the population growth, declines, continue to decline.

And so, we need to have a better understanding of how those future trends might put additional rural hospitals at risk during a time that's already very tenuous. I think one of our biggest contributions to serve the Rural Health Research lately has been around EMS. And I don't know how it kind of snuck up on us, but certainly in the last few years, this became just a super critical, challenging issue about thinking about EMS services. And we did some work a year or so ago looking at what happens when a hospital closes. What does that mean for travel time

to the next nearest hospital? We've heard certainly over and over again, workforce shortages and the competition for individuals with EMT paramedic credentials. I tell folks that I went to one place and I heard that Amazon was hiring EMTs and paramedics for their factory floors at a rate that was significantly higher than they'd be making at any type of service, regardless of the type of ownership.

And so, there was a tremendous amount of competition for those technical skills and just a rate of pay that does not meet the sort of quality of life that's needed in rural places. In many of our rural places, there's been a decrease in public investment. And so those places that relied on public supported EMS services are just dealing with smaller budgets. And so it has become quite challenging. And as population continues to decline in some of our rural places, that will only become more challenging. And so are really, we've done a lot of research around really trying to understand how ambulance services work, the optimal ownership type, the utilization, and then also the different modes. And so there's just recently been, I know for sure in Kentucky, a lot of competition between ground service and air service, and air service is getting a lot more trips than ground service.

And so that puts further pressure on budgets when you're not getting as many runs. And so it's a really challenging issue and we're looking at it because it is one of those amenities in rural places that is critical. If we want to have a rural place that is attractive to senior citizens, and we say, "We want to attract retirees," if we don't have a safety net in place to ensure those individuals if they face a time of crisis, if they don't see a way to get to the nearest healthcare community, then you're not going to be able to attract them to the community. So it is very much a health issue and it's also very much an economic development issue. Some of our colleagues just released some research around OB-GYN and our goal is never to duplicate, but just to complement.

And this has been in my work in Kentucky at least, a really important conversation that as our hospitals and our communities have lost OB-GYN practitioners, what does that really mean for long-term demographic shifts? And I tell my folks that when I drive through the state, which I do often, if I see a car that is flying by me, it is now assumed that that individual is in labor and that they have to get to the Lexington hospital where they may have had a scheduled delivery date and now they are delivering early. That can only happen for so long before it's a deterrent for new residents or for existing residents to live in a community.

And so, what does this mean? We saw the research that talks about where this is happening, but what does this mean for the future vibrancy of communities if your strongest workforce, your working age population, doesn't feel like they're in a place where they can support a young family? And so we are getting ready to release an article that looks at what that might mean. And then we started this research before COVID and it will only continue to expand I'm guessing, but my colleague, Brian Whitacre, looked at some research to understand as we've had all of this investment in EHR and Sentinel Telehealth equipment and processes and software. How has this impacted hospital costs?

As we keep trying to find innovative ways to increase revenue and to decrease costs, how has EHR impacted their situation? And we found pretty significant differences between urban and rural places. That urban places have seen reduction to costs and rural places have not. And we looked very specifically at the type of EHR use, and I think there's some interesting findings from that, and that will be coming out I think very shortly that policy brief.

The other thing, and this is we're just starting this. It's still potentially a little clunky, but we have been working for years now with a bunch of different databases. I know in my work in Kentucky

how absolutely critical it is to have good data that's visually appealing that tells the story that needs to be told. And so we have been working and will continue to work to make this as useful as possible to anyone who wants to use it, but to provide a spatial visualization of what we consider to be the important access affordability, and then the sociodemographic and economic data.

We tend to talk about these two in a vacuum and I think we lose a lot of the story when we do that. And so our hope is, as we deal with some of the restrictions that we have working for a university and on a university website, we hope to continue to provide these resources. I think this was released officially a week or so ago. And again, we're still working on this, but our goal is to provide reliable data that highlight at the county level different factors that we know are important for decision-making.

So, whether it's around in rural healthcare industry. In terms of looking at... I know folks are still really antsy to think about highlighting that healthcare is often the largest or second largest employer in a rural community. That hasn't changed. It's still a really important talking point. And so we want to make sure you have access to those data. We know that in a lot of states, the hospital associations have been doing this work now. They've taken on the responsibility of doing economic impact reports for all the hospitals, so we really don't want to duplicate that work. We want to make sure the work is being done well. And in most instances, it looks like it is, but to make sure people understand what that report is saying or what it's not saying, but also to be equipped with some other tools and data points.

And so, we have right now these five different categories and each one has a series of different variables that we've included. We have when we created this map, it's just for rural counties and rural is defined based on HRSA's definition. And so if you see a bunch of counties that aren't included, then they would be considered urban. We have all the counties. So, if you ever needed to see urban versus rural, we can, but you lose any of the kind of visual aspects of this because it's such a stark difference in a lot of these situations. So we have employment and payroll and those types of characteristics under health care industry. We have some access to healthcare, looking at providers. We have rural health characteristics that are stemming from county health rankings. And we have just some very basic sociodemographic characteristics just looking at race, ethnicity, and poverty.

And then our last one is shift share and this is an economic concept that is essentially assessing the economic competitiveness of industry in a particular place. And one thing, anytime I go into a rural community and we note that healthcare is increasing, which we're all very proud of, but when we look at something like the shift share analysis, that isolates a national boom to the economy, as well as overall trends in an industry. It isolates how one place is doing compared to another. For me, that's a really important tool to assess how are we really doing? We may be growing, but we're not growing at the rate we should be. And so what does that mean? How do we use this information so that we can get up to speed? So that resource is available.

We'll continue to refine, add data. The data will be updated. It is a little bit slow sometimes to load just because there's so many different counties. So just, if you can be a little bit patient. Any feedback, we're not sensitive about any criticism or feedback, so please send it our way. Any data that you think you'd like to see added, we're happy to do.

As I talk about data, I do want to talk about, we know how difficult it is to find really good data for rural places. And if you're in a tribal community, you might as well just forget it. So we do access a bunch of different data sources to fulfill this map. We'll use census data, but we know margins of error on census data in rural communities is really large. For our economic data, we

tend to use... Well, it's called JobsEQ or Chmura, which is again, not perfect. It's now a very widely accepted database, but it's not perfect. And the more rural you are, the less perfect you are, but it's something that we've been using and we've noticed a lot of governments state governments are using it as well. So we use that. We do use the OurFund's database as well. So we try to list where all the data are coming from so that you feel secure about what you're looking at.

So, I wanted to talk a little bit and again, I'm almost done here, which is good. So we have a chance to answer any questions you might have, but we want to be as useful as possible. And we don't want to duplicate the Rural Health Research Centers. That's not the capacity of our team. We certainly have research capacity, but I think our team is particularly aware of that integration of research and its implementation in small places. And we have tremendous research coming out of our Rural Health Research Centers that gets widely publicized. And I think we want to be a resource that helps folks figure out what does this mean for my little town in Western Kentucky with 4,000 people and a hospital that's struggling or a place that doesn't have a hospital or a place that just can't seem to find workforce or a place that's lost OB-GYN services.

So, we want to be that translation device just because that's what we have done for the last 15 years is be able to do that. So we will see as topics emerge from really great publications that are coming out of the centers. We'll work with those authors to help figure out how we can help get that information in the hands of folks who are making local and state decisions. I know that folks are still really interested in understanding the economic impact of healthcare. There are a number of folks who are doing some work around this. And as I mentioned, I know in many states the hospital associations have started doing this work for their hospitals. And I think that economic impact doesn't change very much over time. And so redoing that analysis or us having to retrain people over and over again is not necessary.

I think what our hope is, is to be able to help you all think about how you tell that story. We know it's jobs, we know it's the largest employer, but what does that really mean? When a hospital leaves a community, what other sectors go with it? When a hospital leaves a community, what jobs are replaced by it? So what's the quality of job? What types of jobs? What jobs leave? What industries potentially leave? So how can we make that story just a bit more robust?

The one piece I think, the second and fourth bullet points I think are particularly important. And this is my role, I do a lot of professional development for economic development leaders across Kentucky and nothing frustrates me more when I go into a board and do strategic planning or just do some training or some type of technical assistance and there's no one representing healthcare. So our hope is to build capacity with our health care leaders so that they are leaders in economic development. The future of our healthcare sector in rural communities depends on how successful communities are in economic development. So by golly, we need to have folks at the table who understand the lingo, understand their role, what it should be, what it shouldn't be, what it can be, what it can't be, understand just terminology, strategies, all that stuff.

I've seen places where healthcare leaders are absolutely front and center and I'll give an example. In Kentucky, although he's retiring at the end of this month, Joe Grossman, who runs the Appalachian Regional Hospital System, which has I think 11 or 12 hospitals now over two states, he considered himself first and foremost, and I hope I'm not misspeaking for him, an economic development professional.

And so, when I would go to communities and do economic development work, he was there at every single meeting. He wasn't there at every single hospital meeting. He was there at every single economic development meeting. He helped stand up stronger Chambers of Commerce. He helped fund an economic development professional across a region, because that's how important it is for the local economy to be successful. If the local economy loses jobs, the healthcare sector suffers. And so we want to be able to provide support and not just for hospitals, for physicians, for nurses, whomever is a leader in a healthcare community. We would like you to think that this is really valuable.

Certainly, through our work with community health needs assessments, there's often as one of the priorities as we continue to see the hospitals over-utilize for non-emergent healthcare situations, when we do the needs assessments, one of the priorities that often comes out of it is that we need to find some afterhours care that doesn't put pressure on hospitals or not getting reimbursed at the rates they used to. We need to be able to support after hours, whether it's urgent care, or clinic, or what have you.

And so, it's important to know what is needed for that? What type of revenue? What's the feasibility of these new market services? Just because it's a priority doesn't mean that it's something at this point that we can do. And so we can provide tools for how to do that. The other piece that's coming up, and again, this is one of those things that slapped us in the face a bit is housing. And it's an economic development issue. It's a workforce issue. It's a healthcare issue. And it has been largely ignored in many economic development conversations. And in talking to lots of rural communities, it is now the number one priority. Even though they call it economic development, they don't have housing to support teachers or nurses.

It's like they forgot the low to middle income class, and so now we just have affordable housing and we have high income housing, and it makes it really challenging to keep staff at a place if the housing isn't available locally. And so it makes you more vulnerable to folks moving out to a place where that kind of amenity is readily available.

And so, we want to talk about what does housing look like? How can you assess your housing needs? Really understanding housing data. We've done a lot of surveying around with different entities to understand, what do we do about this? This is not a quick fix, it's not an easy fix and it's not a cheap fix. So what does this mean? And so this is something that we're going to be doing a workshop on soon. And I had mentioned as topics emerge from rural health research centers, we want to be helpful where needed and helping to translate that.

So most importantly, that was a spiel of who we are, but most importantly, we want to hear from you. And so, I know we have a Q&A session, but I wanted to ask you two questions. And so, I'm going to skip out of here real fast.

So, it looks like we're just switching between the first three right now and it seems like... So the first three, if you all can see, is provide economic development tools, provide economic analysis tools and then translation of research. And the other two... and I know, I mean, I am not ignorant to the fact that there are lots of people working in this space. And so I want to be efficient and effective, and I've got a tremendous team and I want them to be able to use their expertise as much as they can. Wow. It's almost like a complete tie there. So that's really helpful information for us. And I know there's an other, and now on this next one, hopefully this works.

What types of resources would be most useful to you? And this is you have to write this one in. Sorry about that, but I know I'm a fan of both quantitative and qualitative data. So thinking about... And I don't think we're a replacement for the Rural Health Works program. We have a

different mandate, but I understand those tools that came through the Rural Health Works program were really important. And so, we are we are we're here to see what we can do. So you can see as things come up here, just keep on going. I'm going to leave this open for just a minute or two.

Anything else? Okay, infographics. Oh, infographics. I'm also a journal editor and we have an infographics theme and everyone has... there are some that really need help. And Sarah Bowker who's on, she does presentations on how to make a great infographic. So I'm sure she'd be more than happy to help with that. That's interesting. So I will say this is, and I won't give any names here, but there's one here that says description of the impact of a hospital's community involvement. And this is something that I will say, again, no location. I was asked to work with a hospital that was thinking about different funding mechanisms, public funding mechanisms to support their operations. And the first thing I'll do, and maybe I'm biased, is I go to their community health needs assessment, because for us when we do it, we take it very, very seriously.

We work incredibly hard based on the IRS mandate to reach out to those underserved needy populations. And we take it very seriously. So we go look at a CHNA if it's one we haven't done, and I opened up the CHNA and I knew immediately the hospital's not going to have support. It was very clear that that effort of being engaged and involved and communicating with the community wasn't there. I think, and it was true. I mean, so when all was said and done, the support wasn't there. So I think that is incredibly important. And I think in some places like, "Oh, we should start our involvement now because now we're in crisis mode." It is too late. It is something that we have to do well beyond crisis mode so that it's genuine, it's natural and it's impactful.

This is really great. There's all kinds of things in here. I am happy to... I'll figure out, yes, this is really, really helpful. I'm happy to put this in a document and maybe share it with RHHub who can send out. I don't know exactly how we can do that, but you can see info on housing, the tie between social determinants of health and outcomes, the description of... I had mentioned that one. Hospital's community involvement, description of what others are doing and how we contact them, or yes tools to spark conversations. Yeah, this was really, really helpful. And I think it makes me feel like we're on the right page, because this is what we have generally in mind. And then Brian, you can see here, I know he may have gotten off, but broadband efforts. I mean, we knew when COVID hit how critical that was for patient interaction.

This piece right here, we know employing X people has X economic effect, but how do we understand the less quantifiable? This is really, really important because as I said, we get it now with economic impact. We know there's a multiplier typically between 1.3 and 1.8 in a rural community. We know that. It doesn't change much over time. But what we've done in other places is really tried to take that economic impact and surround it with context of what does this really mean? You're talking about losing 0.4 people. Okay, that's not even a full person. So what does that really mean?

And so, we've really tried to take them an add on some other data pieces, other industries, long-term effects, commuting pattern, things along those lines to really tell that more robust story. So this is really wonderful. I'm excited to see this and feel free to keep adding to that if you think about it as we go through the Q&A session.

Full screen. So that's it. I don't know what time it is. I can't see the clock, but I think we certainly have some time for Q&A. One thing I'll say, because Sarah is on and she would kill me, is we do have a website and there is an opportunity to sign up for updates and newsletters and things

like that. And we of course have to have Twitter and Facebook. And so if you want to follow us, here are our handles. I now know how to say that. So, and again, if you have things you want us to share for other people, we're happy to do that. Right now we've been just doing a lot of sharing of others and trying to put it in context of what it means for local economies. So, I think with that, I think we're on to questions.

Kristine Sande:

Great. Thanks so much, Dr. Davis. This was great information and fun to hear what you're working on. And obviously a lot of things that you've done a lot of work and put a lot of thought into. So we will open it up for questions. Now we do have a few in there already, but if you have additional questions, please go ahead and put those in the Q&A using the little Q&A icon on the bottom of your screen. And the first one, and I think you've talked a little bit more about this one since the question came in, but if there's anything more you'd like to say about it, can you say more about the center's vision for how rural health leaders can most effectively be part of the multi-sector community economic development process?

Alison Davis:

Yeah. I mean, I think I had mentioned this a little bit. I mean, I think... I used Joe Grossman's example that he was more of an economic development professional than a hospital CEO. I mean, certainly he needs his hospital to run smoothly, but he's got some great folks on staff to do it. His job was to be a part of making the community more competitive and more attractive for new investment and for ensuring existing industry stayed, including other healthcare leaders. Let's see. And there's ways to do that. One is you have to be able to understand what economic development leaders are doing. What are their goals? What are their strategies? What does all this lingo mean? How has economic development done? How do we do incentives? I was doing an interview in one county around economic development and I interviewed the CEO and he was just tremendous.

He said to me, "I would do anything to bring industry here. I can give incentives, I can do benefits, I can do whatever it takes." It was so critical to him, again, to ensure that economic development was progressing. So there's ways to do that, but I think the first part is really having folks understand what is economic development and what are the strategies that are deployed. Some of our rural communities don't have paid economic development staff, and so there's no one out there advertising, promoting the place to outside. There's no one ensuring that local industry is being supported, so the existing industry stays where they are. So there's lots of different ways, but for me, that is one of the most critical pieces moving forward.

Kristine Sande:

All right. Thank you. Next question is, what about the impact of telemedicine? Is that something you've looked at?

Alison Davis:

We haven't yet, but as we've watched COVID unfold, I have to say it's given me a little bit of the heebie-jeebies and it's wonderful to have access to telemedicine, assuming you have the ability to access it. My bigger concern, and I know I'm not alone in this, is that now you've got big players who can now enter these rural markets. And so there is some additional competition. There's the potential to crowd out. And now if I'm in a rural community and I know I can access someone in Lexington, Kentucky, an urban area, and I can do it via computer, I don't need see, don't need to go to my local healthcare provider anymore.

And so, what does that mean for having folks stay there? And what does that mean for a local hospital? And so I think it's a matter that everyone can play together, but I think we need to... That just further exemplifies why the hospital has to be engaged in community and not just being a place where we just serve people with emergent issues, but being a trusted partner so that when this... I mean, we already have seen places where this has happened.

So, it's not like I'm just making this up. We know that there is going to be a great market for folks through the big urban systems to come in. And then there's the other side to make sure that we have the infrastructure in place, and there's a ton of money coming to support broadband and telemedicine and distance learning and all that great stuff, which is wonderful. But we have to think of those unintended consequences.

Kristine Sande: All right. The next question is, with all of the funding from ARPA, we need to get communities to work together to apply and prioritize the funding. Are you focusing on that opportunity?

Alison Davis: We haven't yet focused on that at the national level. We've seen a lot of it in Kentucky. My big concern is we're not very regional when we all go for money. And so we become very very county centric or place centric. I'm happy to talk more about this. I know there's just going to be a ton of opportunity. And in a lot of instances, rural places get extracted because there's such a good study area for stuff like this. And so people come from outside and come in and do stuff. But if there's anything in terms of, we're thinking about feasibility analysis, now's the time because funding's available to do after hours care or additional equipment. That's probably where we could probably fill that space, but again, happy to think about that if there's something specific.

Kristine Sande: Do you work to engage both public health and the health care system, or is your work primarily focused on health care delivery and its economic impact?

Alison Davis: Right now, and certainly in the work we do in Kentucky, we certainly engage public health. I use hospital a lot in discussions just because I think A, they're... I love rural hospitals. They're my little babies, but they cannot act in isolation. And particularly with COVID, we saw the absolute importance of a strong public health system and the entire system as a whole.

So, in terms of what does this mean for local communities? A community can't survive with just the hospital. We have to be thinking about what makes up the entire system, whether it's mental health, public health, EMS, what have you. I think having that diverse healthcare system is critical. We have not done a lot on the economic impact of a provider, a dentist or a nurse, or what have you. I don't think that's the angle we want to take. We want to take what makes a community attractive to new residents in industry. And that is a robust healthcare system. So that's the angle that we would take.

Kristine Sande: And a related question is, how do you define who or what is part of healthcare? So this person says, "We are involved in housing and community development for people with disabilities, aging options other than nursing homes and the like. So how are these issues... How they're addressed can affect economic development. So do you consider those to be part of health care?"

Alison Davis: I hope so. Yeah. I mean, I think about community development in general. And community development requires this foundation of all of these services. And as we continue to think about... I know we've talked about rural communities trying to be a place for retirees to be attracted to. We've talked about a place now with COVID that we want to attract remote workers. When folks decide to move somewhere, they're looking at the whole of something. They don't look at one single entity. If I'm thinking about moving, I'm retiring. I want to see that this is retirement community friendly, community.

So, I consider it to be much more holistic than just healthcare. Certainly around mental health has been critical. Individuals with disabilities, we spent a lot of time, a couple of years ago, trying to help employers understand the assets associated with individuals with disabilities as

employment as we have such a shortage of workers. So that whole system has to be there. We can't just say, "Oh, we provide healthcare." That's just one piece of it. So, I would consider it to be more it's larger.

Kristine Sande: All right. Are you planning to give hospital tools to define the why, so that economic development is a strategy to address social determinants to improve health outcomes and that sort of thing? And how do you ensure that rural hospitals are aware of the carrots?

Alison Davis: That's so funny because I was wondering who asked this question now. I was correct in my question. Yes, definitely. I think there are some really good case studies out there that now can help tell that story better than an academic like I can. So I think it's so critical to understand that linkage. And we put that in as one of the questions, do you want us to prioritize it? And not many people answered yes, and I'm hoping it's because maybe there are other resources out there that do that as opposed to, "We don't consider it important," because it is so important. It is a self-fulfilling prophecy. If you don't take care of one, the other one will go down and it will continue to cycle out of control. So I very much think it's critical to help folks understand that strategy.

Kristine Sande: Great. And the last question here is, with three hospital closures in the last five to six years, accompanied with the closure of their associated Rural Health Clinics, we are the only FQHC in the area and we're left with a huge burden of care coupled with downturns in the economy. We are working to address social determinants, shortages in staffing and little infrastructure. Where would you suggest we find tools and suggestions to engage communities and finding solutions?

Alison Davis: That's not a big challenge at all. Okay. Yeah. I mean, that is really what's going on all across much of rural America, particularly in those persistent poverty communities. It is a big load to carry.

The tools and suggestions in terms of engaging communities, the first thing I would say is I am a huge proponent of the Rural Health Network Planning Grants. It allows a short period of time and it helps fund that conversation to some extent. We have just a myriad of ways that we do that. We do it with all of our community health needs assessments. And as a community development organization, we're always trying to, for different engagement tools, so I mean, certainly the easy ones are the surveys and the focus groups. We have done focus groups at the edge of a senior citizen swimming pool.

We have done them in funeral homes. We've done them wherever we think those that haven't had a voice have that opportunity. I think it's really critical that we engage all of the community. We tend to rely on the same voices over and over again. And so being able to go to those people who are most needy is really important. So we have tools that we use. We're happy to continue to fine tune those to figure out exactly what you might be looking for. There's all different types of democracy tools that are out there. There's all types of ways to engage conversation and get input from varying audiences. So, I'm happy to follow up and find out more, how we can be of use.

Kristine Sande: All right. And I think with that, we will wrap things up. Thank you so much for joining us today, Dr. Davis, and I would really encourage everyone to watch for the upcoming webinar series that CEARHs is going to be doing. And Dr. Davis helped us review our recently updated Community Vitality and Rural Health Care Topic Guide that's on the Rural Health Information Hub and she was just a wealth of knowledge. And so I'm sure you would all enjoy that upcoming series to learn more about their work and the economic impact of rural health.

So, with that, we will wrap up and I'd like to thank everybody for joining us today. A survey will automatically open at the end of the webinar, and I encourage you to complete that survey to give us some feedback about what we can do better next time. The slides used, as well as the transcript and a recording will be shared with all the participants in the next few days and you can share those or watch again. And that might be an opportunity where we could send out a list of those responses as well. So thanks again for joining us and I hope everybody has a great day.

Alison Davis:

Thank you.