

Welcome to the  
10<sup>th</sup> 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

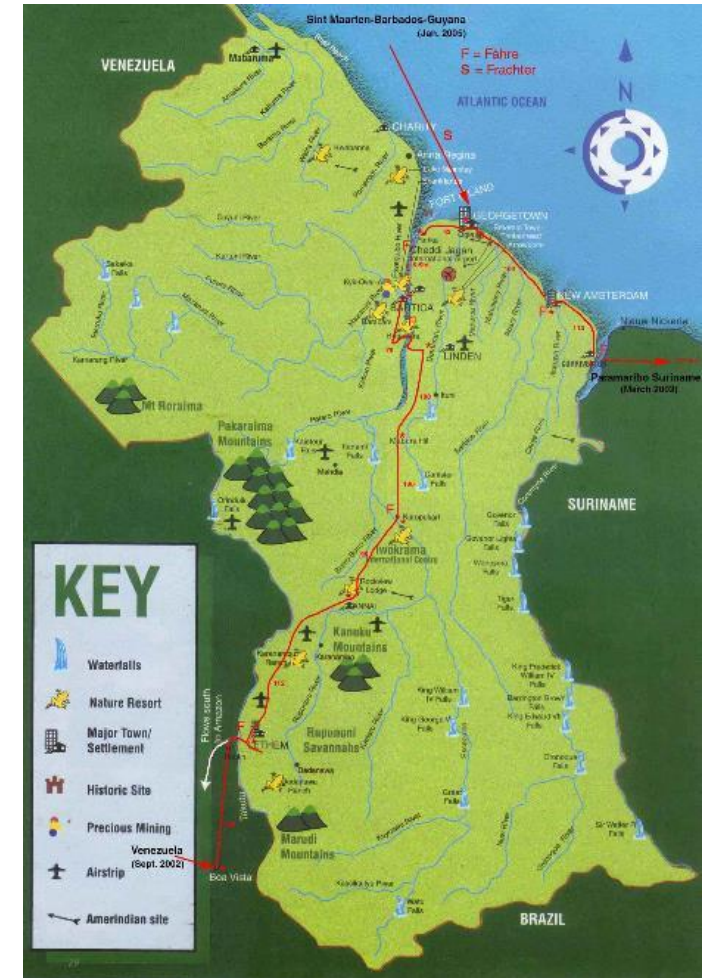




# BAHA'I COMMUNITY HEALTH PARTNERSHIP, RUPUNUNI REGION OF GUYANA



- 16,000 people
- 33,000 sq miles, rural
- No roads, communication, electricity
- 5<sup>th</sup> 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”

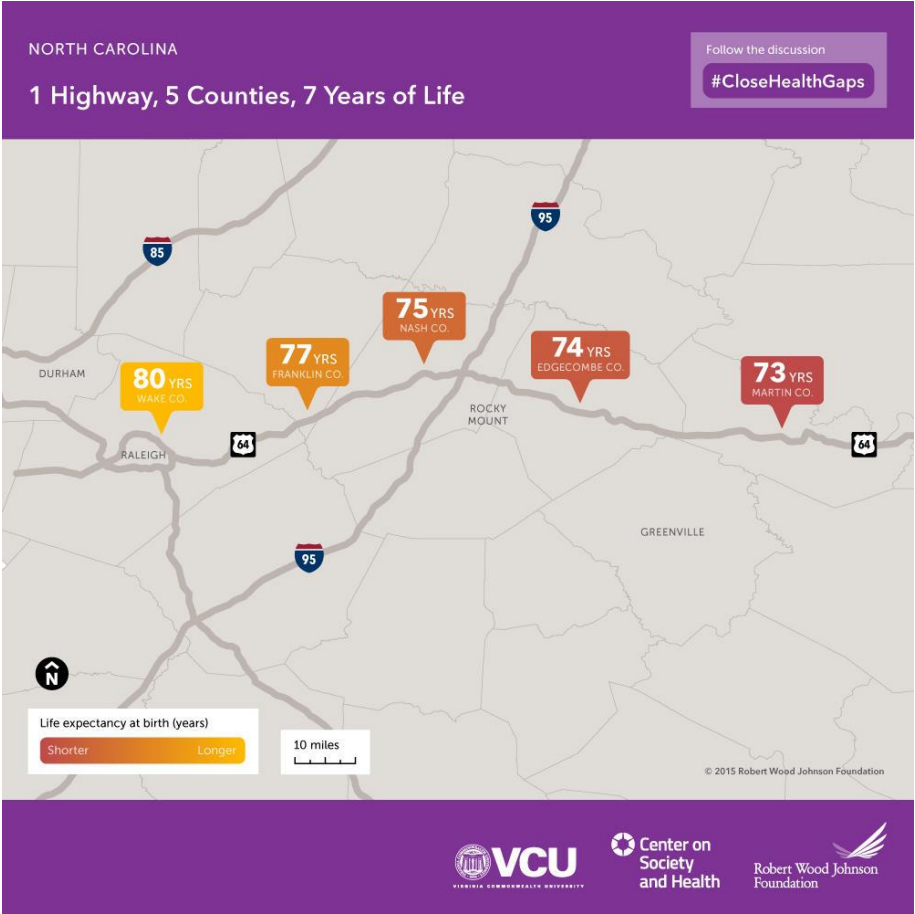


# LARAMIE COUNTY, WYOMING



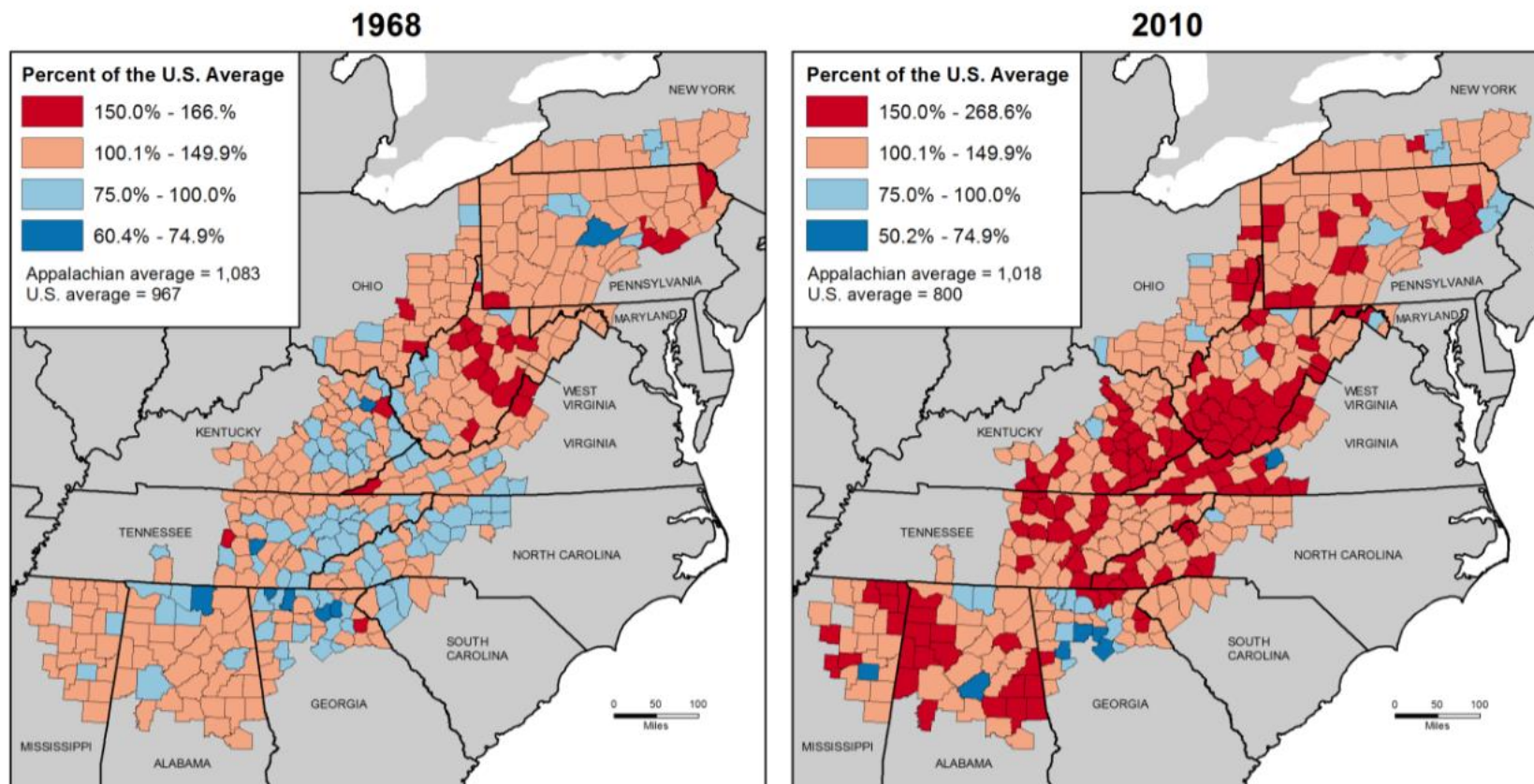


# CONETOE, NORTH CAROLINA



# 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.

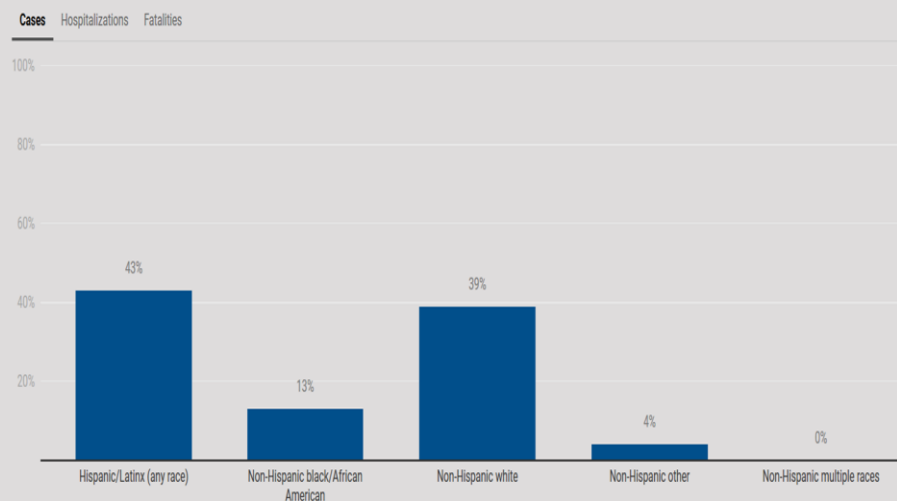
Source: U.S. Center for Disease Control and Prevention, National Center for Health Statistics  
Notes: A mortality rate is computed by dividing the number of deaths by total population and multiplying it by 100,000. These rates are not adjusted to differences in mortality rates by age. The percent of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



# PEOPLE, PLACES, SYSTEMS OF EQUITY

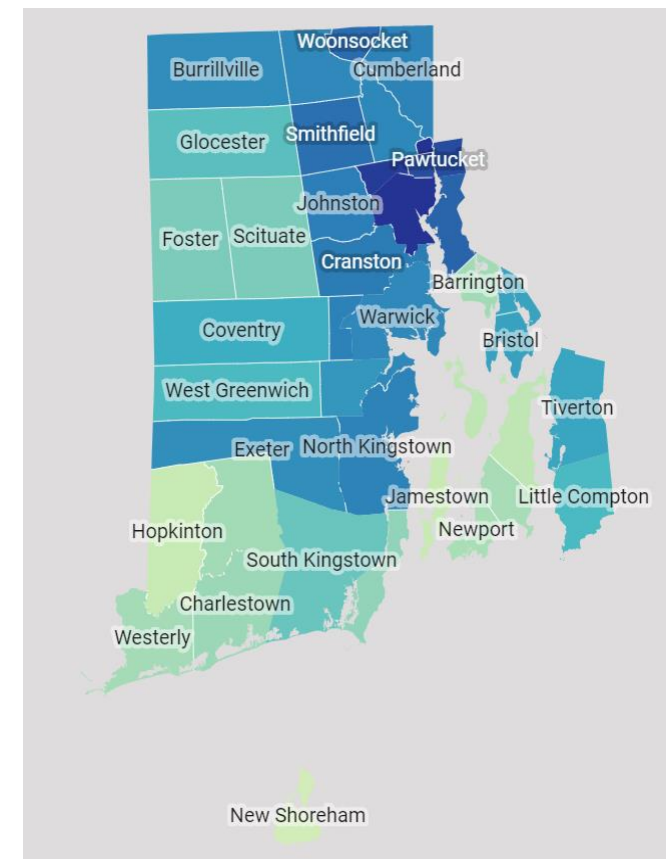
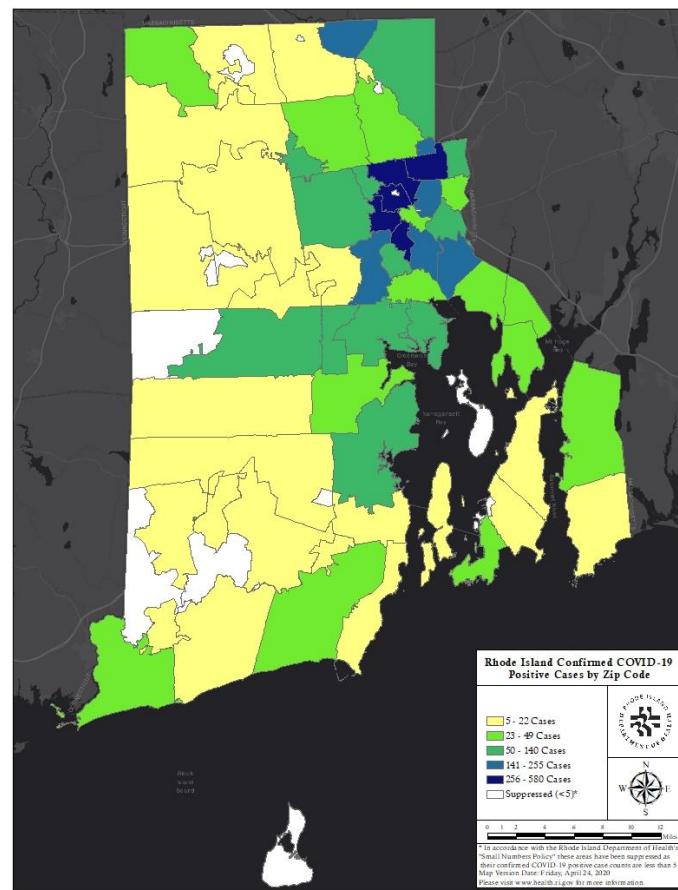
## Percent of COVID-19 Cases, Hospitalizations, and Fatalities by Race/Ethnicity

Click below to see Hospitalizations and Fatalities

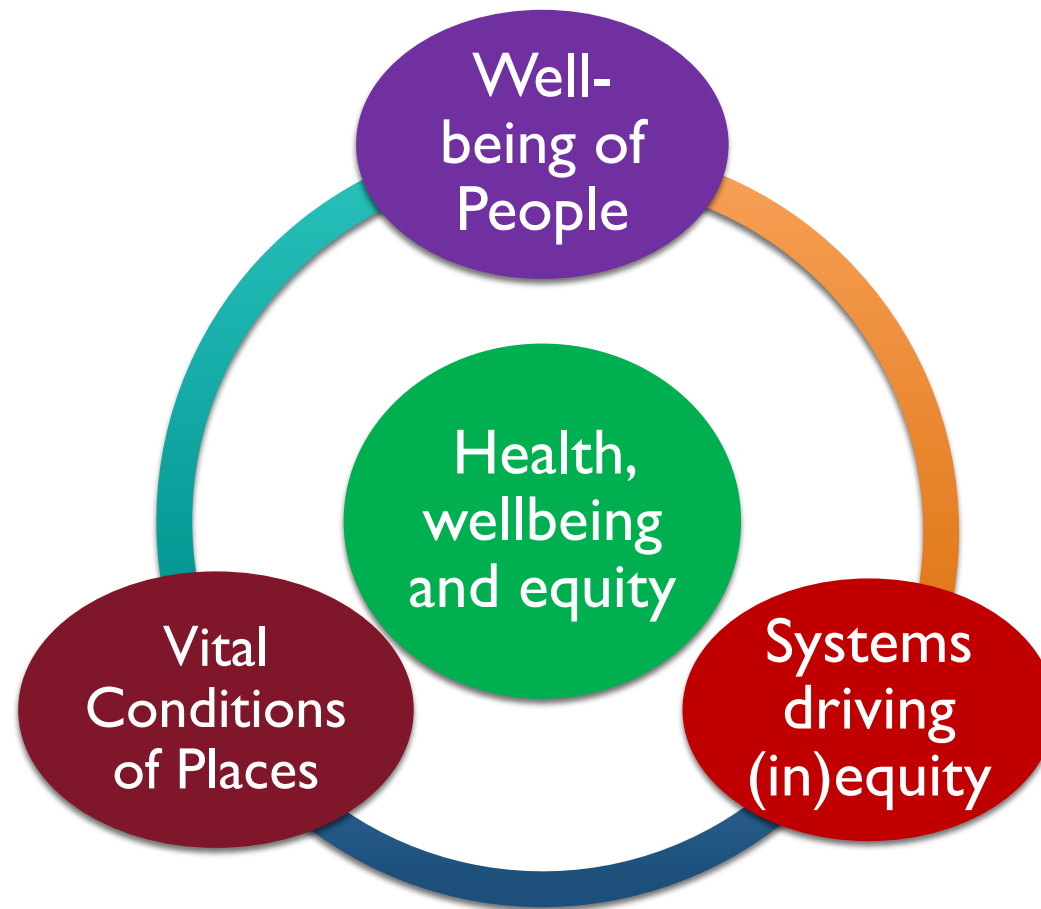


Note: Percentages do not include cases with unknown or declined demographics or those that are pending further information.

Chart: Rhode Island Department of Health • Source: RIDOH • Created with Datawrapper



# 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.

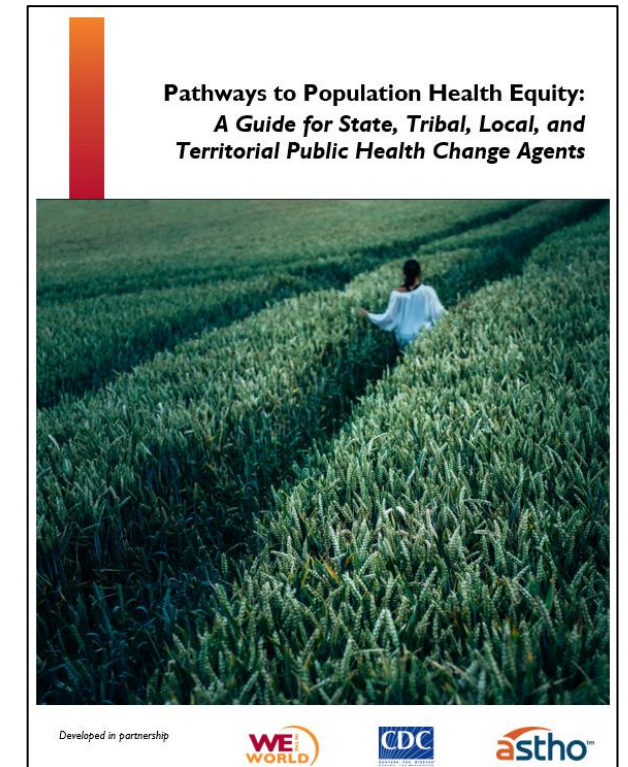




# PATHWAYS TO POPULATION HEALTH EQUITY



- 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

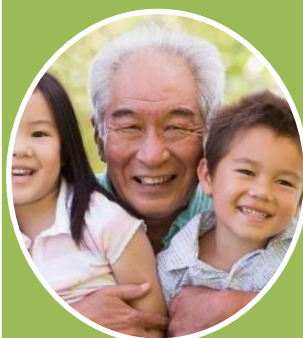




# PATHWAYS TO POPULATION HEALTH EQUITY – FOUNDATIONAL CONCEPTS – BRIEF VERSION



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.

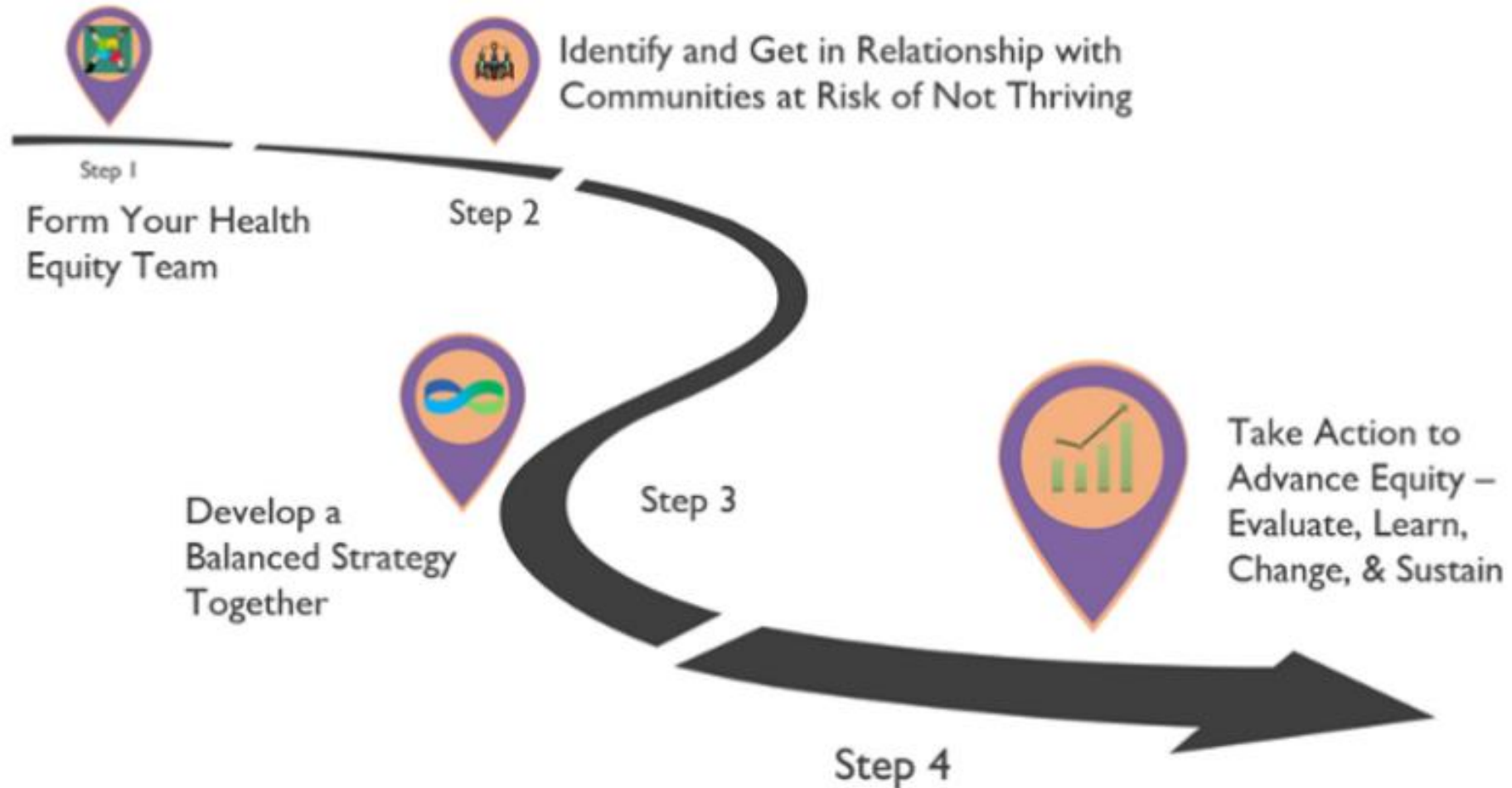


5. Public health can adopt a more balanced and strategic approach to health equity.



6. Health equity requires partnership.

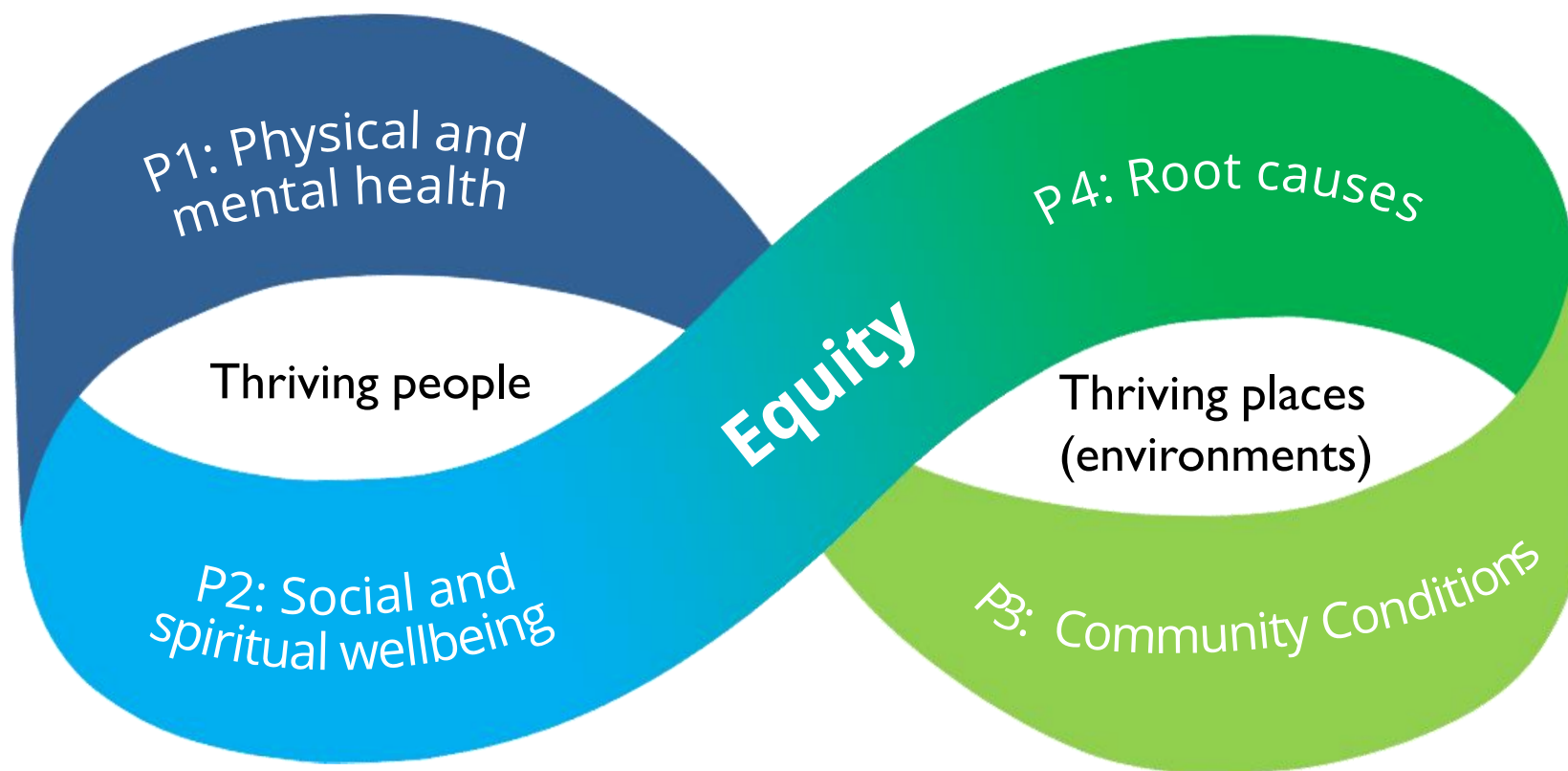
# ROADMAP TO POPULATION HEALTH EQUITY



# PATHWAYS TO POPULATION HEALTH EQUITY



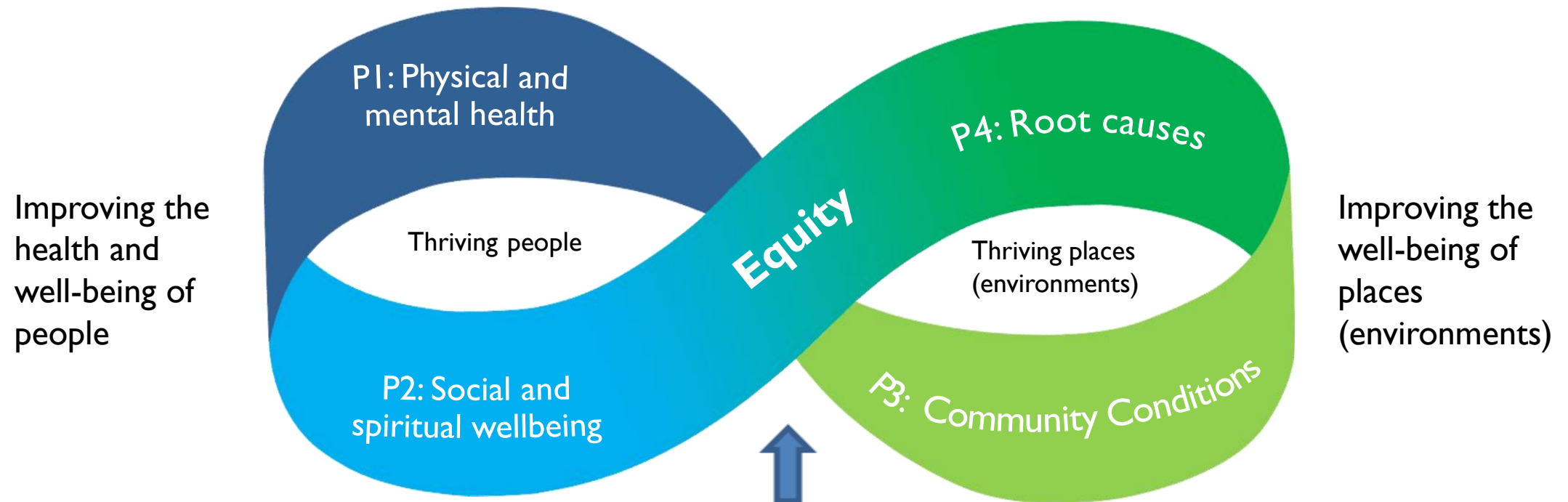
PATHWAYS TO POPULATION  
— HEALTH EQUITY —



# BALANCED STRATEGY PORTFOLIOS TO ACHIEVE POPULATION HEALTH EQUITY



PATHWAYS TO POPULATION  
— HEALTH EQUITY —



Transforming inequitable structures and systems together with those who experience inequities

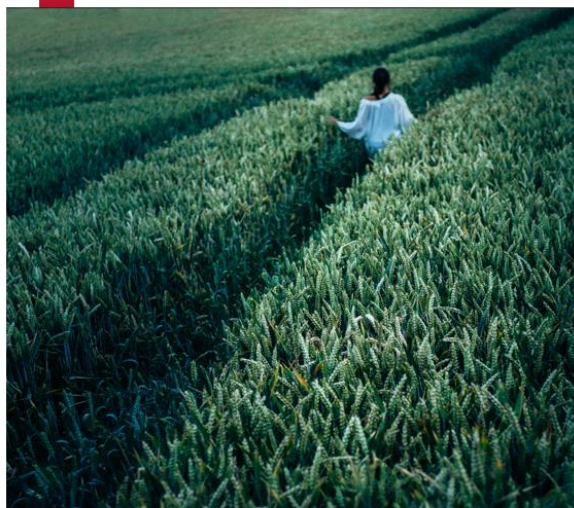


# PATHWAYS TO POPULATION HEALTH EQUITY



PATHWAYS TO POPULATION  
— HEALTH EQUITY —

## Pathways to Population Health Equity: A Guide for State, Tribal, Local, and Territorial Public Health Change Agents



Developed in partnership



FRAMEWORK

### Pathways to Population Health Equity Roadmap

**Purpose** This is a pathway for public health departments to assess health equity efforts using the **Pathways to Population Health Equity** framework. While it looks linear, health departments and communities are encouraged to identify where they are on the journey and start there. This journey is an ongoing process of transformation in which, with every turn, you expand and deepen the partnerships and work. This roadmap aligns closely with the **2023 Public Health Accreditation Board standards** and can help meet these standards.

**Step 1: Form your health equity team**

- Gain leadership buy-in from key community partners and public health practitioners.
- Begin to form your health equity improvement team including a balance of community residents with lived experience of inequities, multi-sector leaders (e.g., health care, business, housing, schools) and facilitative leaders who are good connectors. TIP: A facilitator and data analyst are helpful to include!
- Take the P2PHE Compass assessment as a team for only the health department component if you don't yet have a community collaboration. Identify and act on three opportunities for improvement in readiness.

**Step 2: Get in relationship to communities who are at risk of not thriving**

- Learn about the history of structural inequities and cultural changes which has shaped your communities.
- Show up in community forums in-person and virtually. Get in relationship with those experiencing inequities.
- Conduct or review a **community assessment** with disaggregated data about the health and well-being of communities, vital community conditions, and root causes with community input and stories. Use community sensemaking to identify and risk stratify which groups of people and places are at greatest and rising risk of not thriving.
- Review existing disaggregated population health data by race, place, wealth and other equity factors.
- Use measures and resources like the **PovertyLink Equity Atlas**, **Well-being in the Nation measures**, **County Health Rankings and Roadmaps** or **Community Commons** to identify community conditions and root causes.
- Understand data sharing processes between public health departments and community organizations and use data from across sectors to build the whole picture of community needs and assets.
- Listen to people experiencing inequities; listen to their stories to see the system underlying these stories as well as to their solutions. Take action to implement as many immediate solutions as possible.
- Invite community residents who are at greatest and rising risk of health inequities to join your health equity team (or join their teams if a group already exists). Take the community collaboration portion of the P2PHE Compass together with your expanded team and identify three areas of improvement.

**Step 3: Develop a balanced strategy together with community residents experiencing inequities and key partners across sectors in a community**

- Transforming your health department/collaboration: Develop and implement strategies in the areas you identified on the Compass to build your health equity readiness, processes, and capacity.
- Transforming your community: Based on your community assessment and improvement plan, develop strategies for each portfolio to create a balanced strategy.
  - Mental and physical health
  - Social and spiritual well-being
  - Community conditions
  - Root causes
- Map your existing strategies to the four strategy areas (portfolios) and identify gaps.
- Map community assets to potential strategies that remain to be developed.
- Identify areas for immediate action (**Impact/Effort and**) and areas for sustained long-term strategic effort.

**Step 4: Take action to advance equity - evaluate, learn, change, and sustain**

- Develop and implement a series of 90-day equity action cycles in each strategy area or portfolio guided by your health equity improvement team.
- Identify outcome, process, and balancing measures aligned with your strategies and overall objectives for national goals like **Healthy People 2030** and the **PHAB standards for accreditation** around equity.
- Together with community residents, evaluate your progress in real-time and adapt as you learn.
- Regularly engage additional community leaders as a stewardship group to assess and shift strategies as needed.
- As things emerge that work, ensure they are sustained by making them a new norm through policy and practice.

ROADMAPS



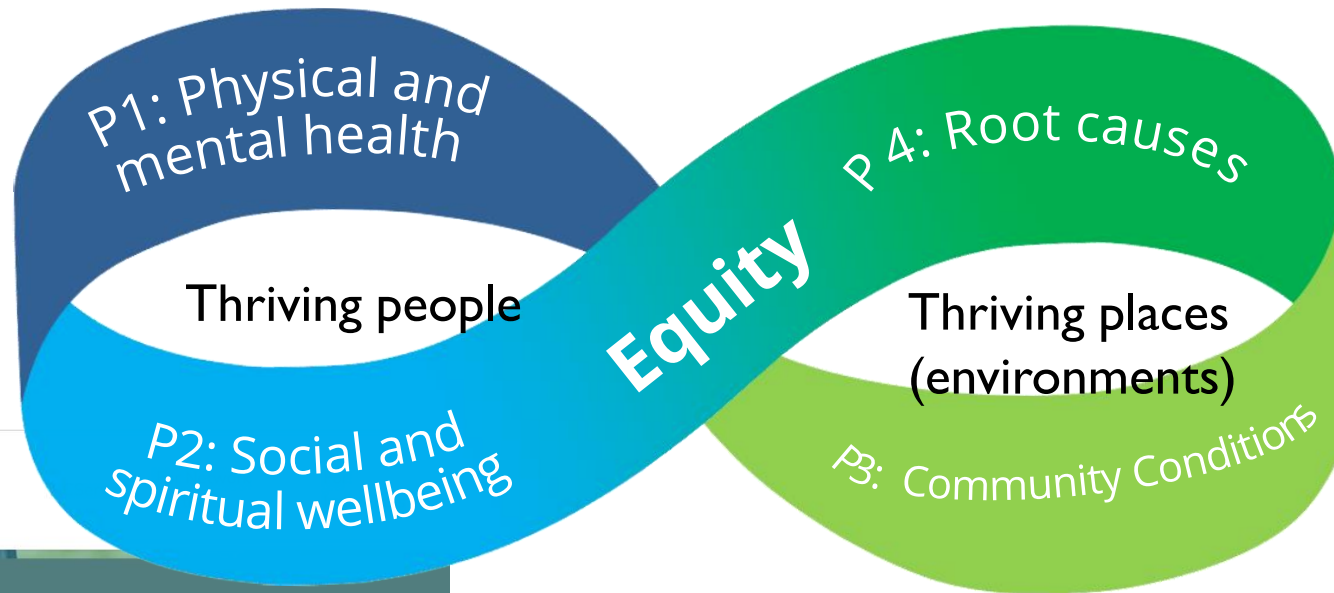
COMPASS

# 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



About

News &  
Events

Funding  
Opportunities

Last updated: December 1, 2021

100

Counties Activated

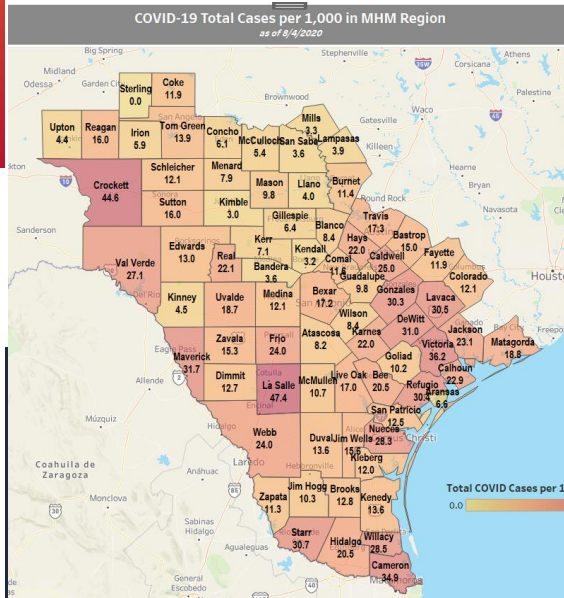
2,500<sup>+</sup>

Organizations Onboarded

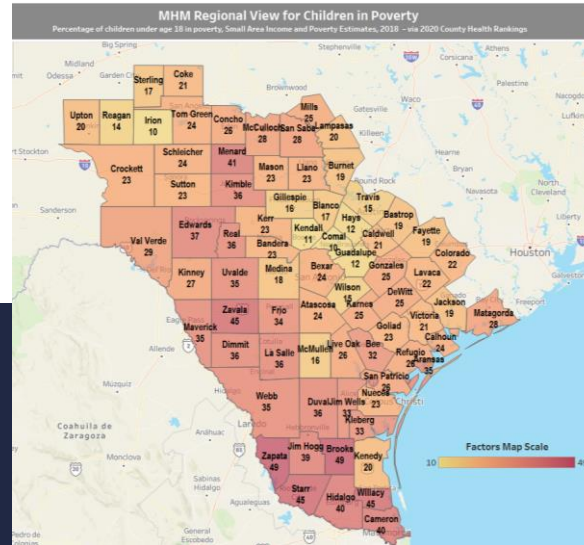
42,000<sup>+</sup>

Users Onboarded

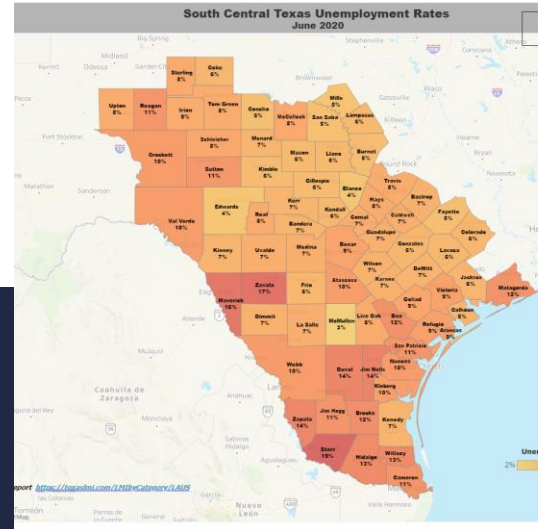
## COVID Cases



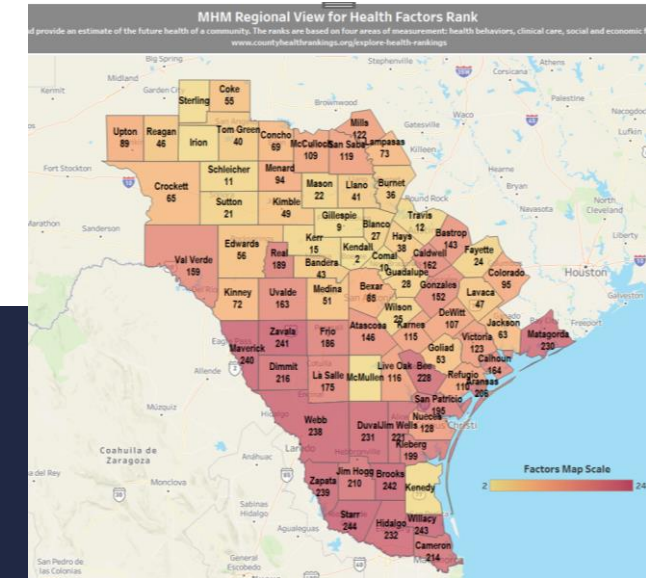
## Child poverty



## Unemployment



## Health status



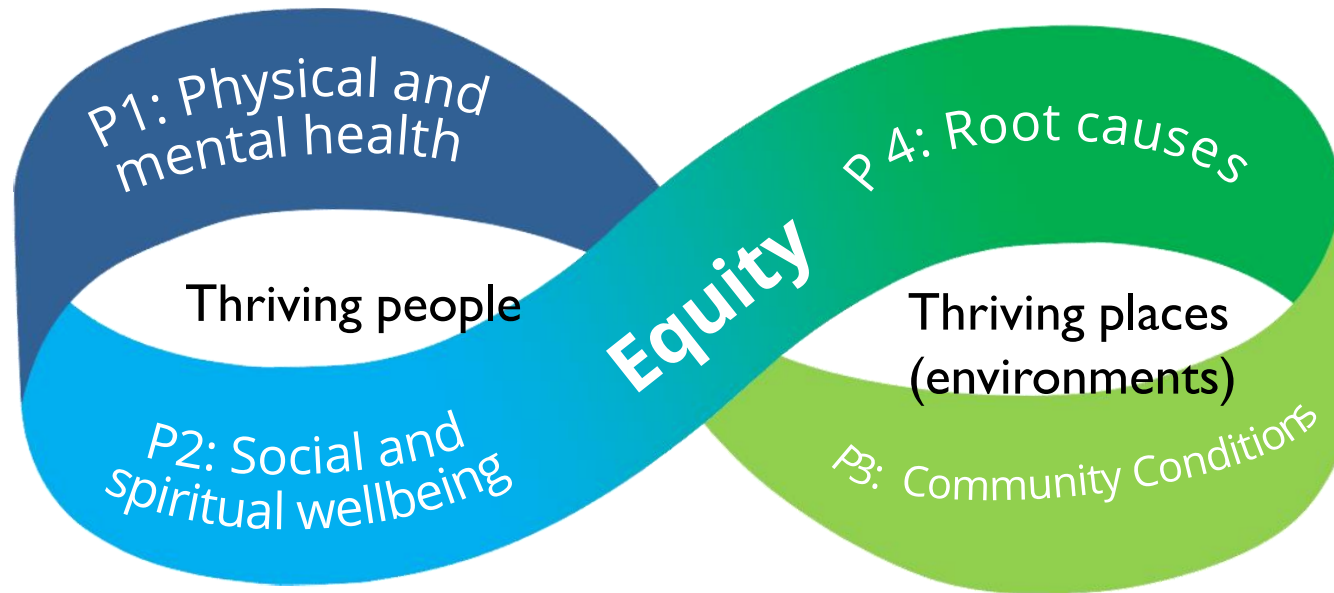
# APPLYING AN ASSET-BASED APPROACH IN THE SOUTH OF TEXAS



# Advancing health equity in Southern Texas

Equitable access to mental health and physical health in rural areas

Expanding Medical-Legal partnerships; screening for social needs



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

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](http://www.publichealthequity.org)

Well-being and Equity (WE) in the World - [www.weintheworld.org](http://www.weintheworld.org)

Well Being In the Nation Network – [www.winnetwork.org](http://www.winnetwork.org)

Somava Saha – [somava.saha@weintheworld.org](mailto:somava.saha@weintheworld.org)



# Philanthropy: Rural Health Assets and Equity

## Q&A Session



# 10<sup>th</sup> Annual Public-Private Collaborations in Rural Health Meeting

# Break

Join the discussion on twitter with the  
[#ruralhealthphilanthropy](#)



# 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



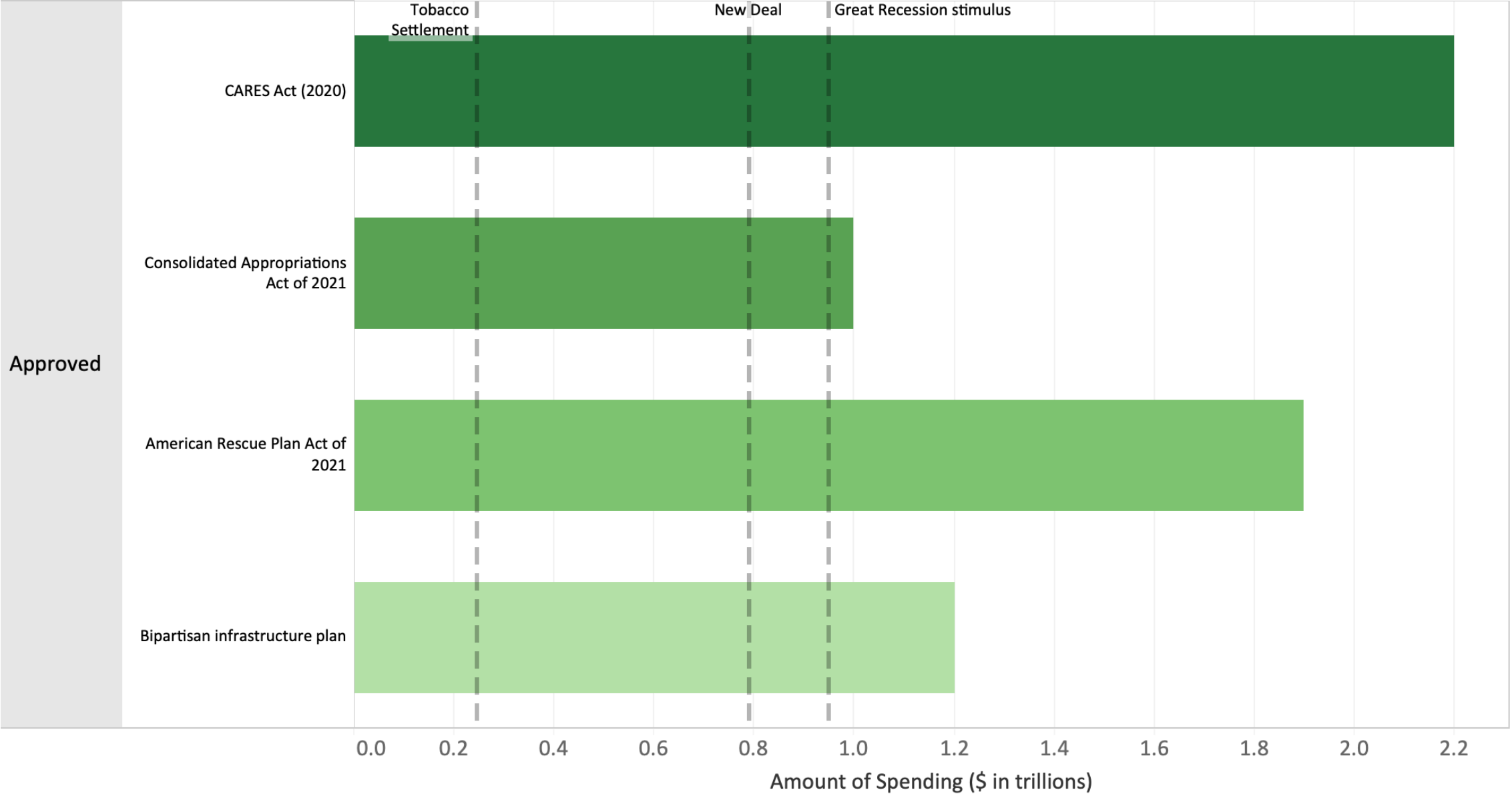
# RURAL BROADBAND & THE ROLE OF PHILANTHROPIES

**Karen Minyard, Ph.D.**

**CEO, Georgia Health Policy Center**

**June 2, 2022**

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

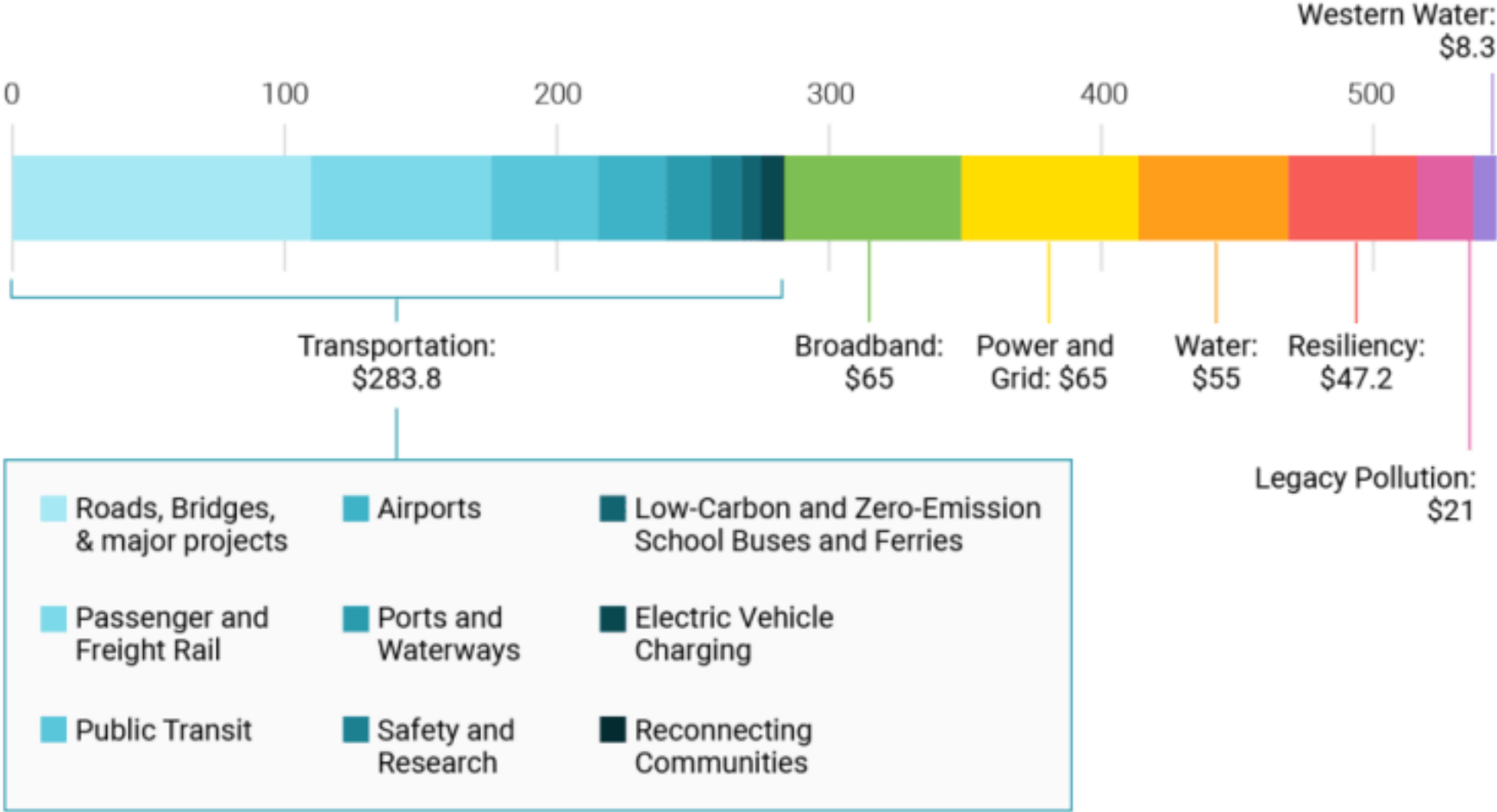


# Infrastructure Investment and Jobs Act (IIJA)

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

# 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



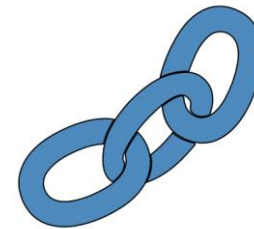
Educate clients  
about federal  
funds



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

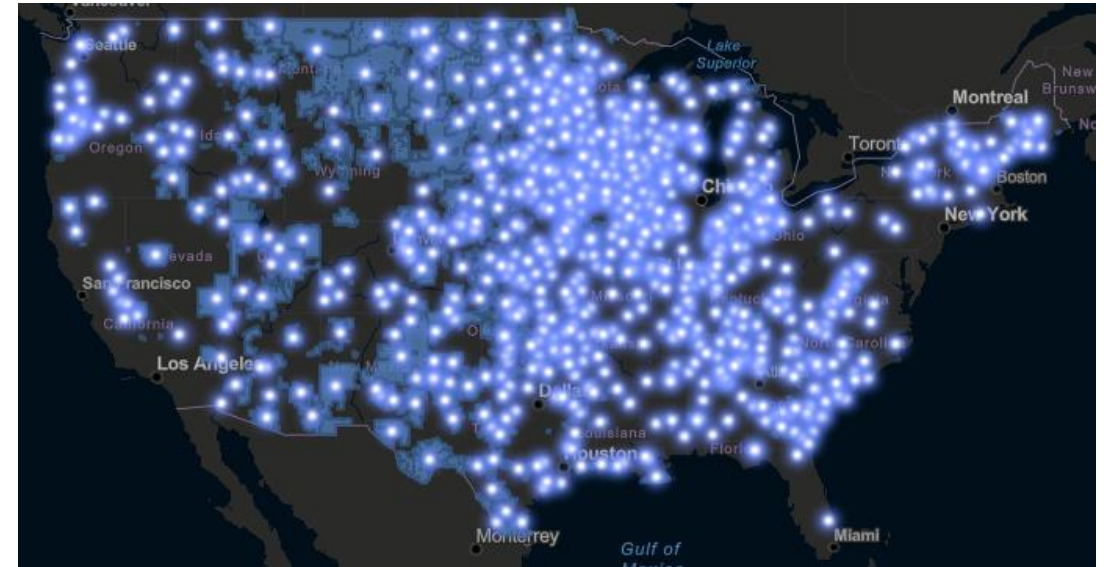
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# Ecosystem of the Rural Renaissance

TELEMEDICINE  
AND RURAL  
HEALTH



REMOTE  
WORK



SMALL  
BUSINESS  
GROWTH



EDUCATION









# Rural Broadband and the Role of Philanthropies

## Q&A Session





# 10th Annual Public-Private Collaborations in Rural Health Meeting

## Lunch



# 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



# 10<sup>th</sup> 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



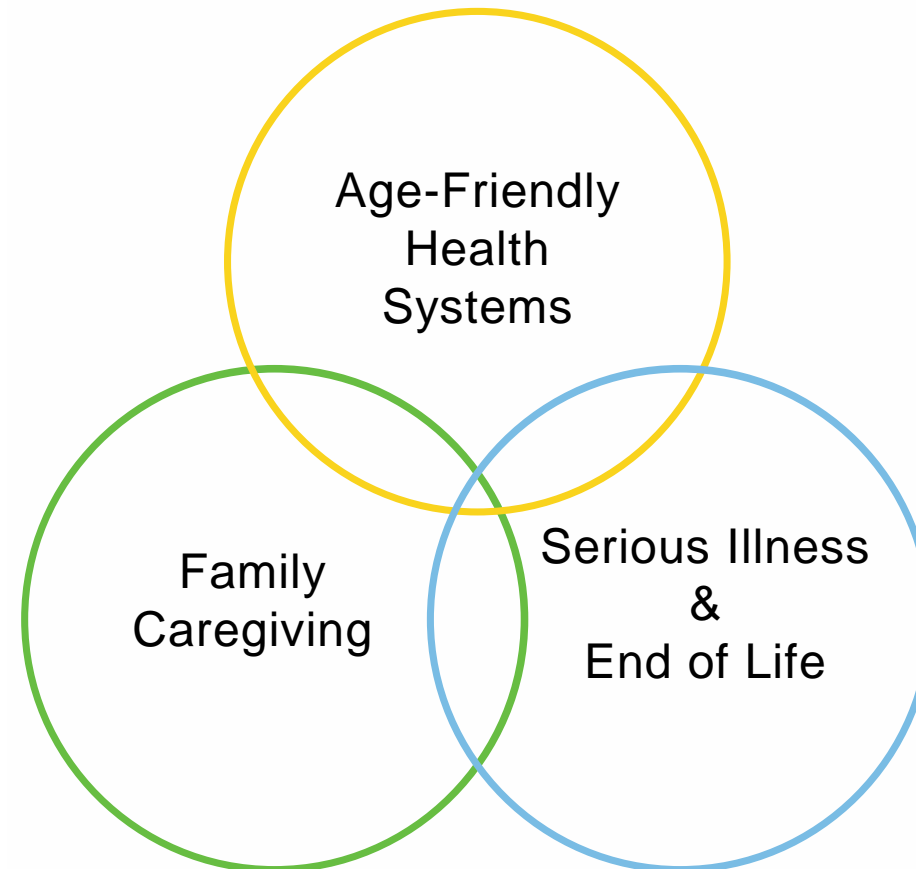


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# Mission & Priorities

DEDICATED TO IMPROVING THE CARE OF OLDER ADULTS

## PRIORITY AREAS



DEDICATED TO IMPROVING THE CARE OF OLDER ADULTS





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# Older Adults and Rural Health



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

[www.ruralhealthresearch.org/assets/4588-20320/aging-in-place-slides-011822.pdf](http://www.ruralhealthresearch.org/assets/4588-20320/aging-in-place-slides-011822.pdf)





# Aging in Place for Rural Older Adults

## 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



# To Age in Place Well...



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Foundation



You need:

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





# 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





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Foundation

## *Mission*

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







## *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



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Foundation



## ***New Frontiers for Funding***

An Introduction  
to Grantmaking  
in 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

[www.giaging.org/initiatives/rural-aging](http://www.giaging.org/initiatives/rural-aging)



# GIA Rural Health and Aging Funders Community: Resources



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## 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](http://www.giaging.org/initiatives/rural-aging/rural-aging-resources-for-funders)



# Rural Health & Aging: JAHF Activities



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DEDICATED TO IMPROVING THE CARE OF OLDER ADULTS



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# Age-Friendly Health Systems

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







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# Age-Friendly Public Health Systems

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



[www.afphs.org](http://www.afphs.org)

**Age-Friendly**   
PUBLIC HEALTH SYSTEMS

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



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[www.npaonline.org/member-resources/strategic-initiatives/pace2-0](http://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)



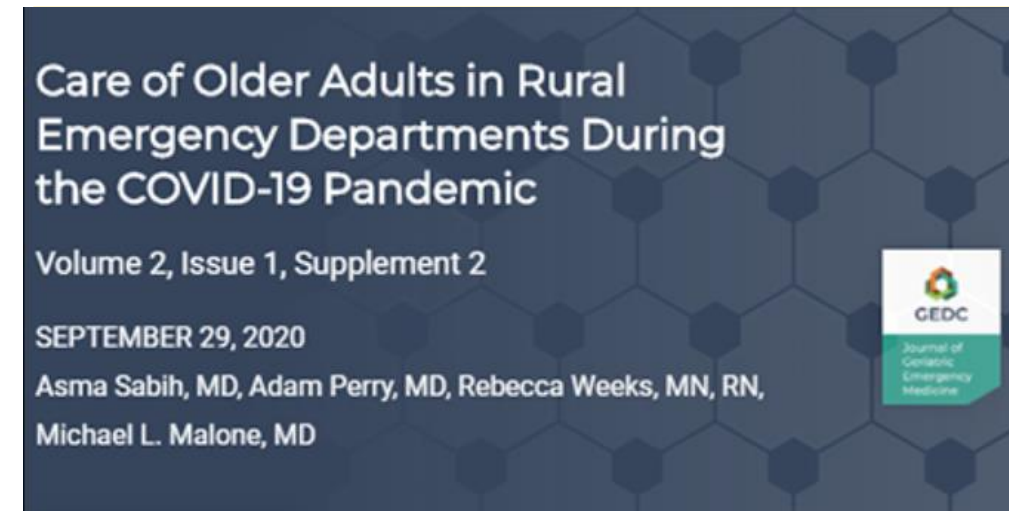
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GEDC: nationwide collaborative dedicated to improving quality of care for older people in EDs with goal of reducing harm and improving healthcare outcomes

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>



[www.acep.org/geda](http://www.acep.org/geda)



[www.gedcollaborative.com](http://www.gedcollaborative.com)



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# 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](http://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](http://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](http://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



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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

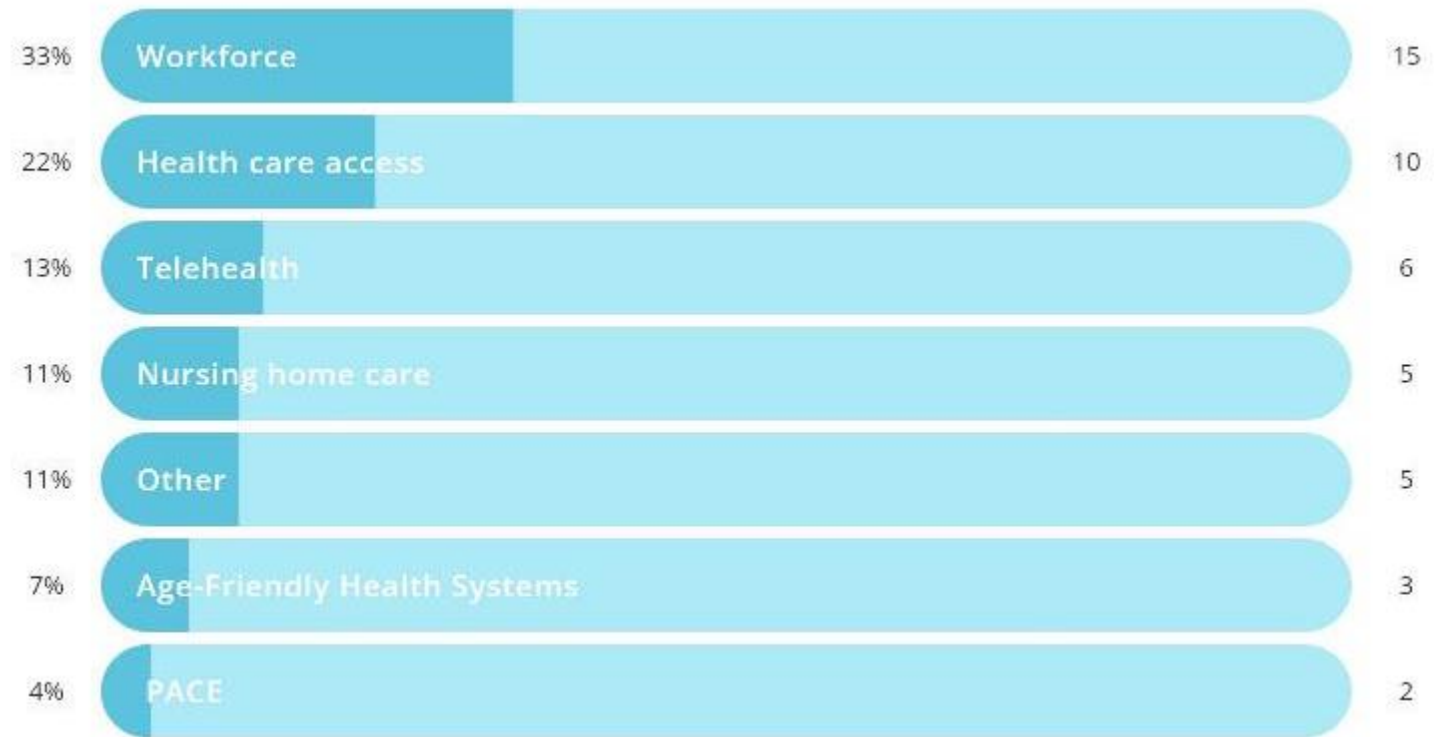


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## Rural Health & Aging Brainstorm Meeting Feb 17, 2022 - HRSA Partnership

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

Aging and Rural Health Survey Statistics Chart 2.17.22  
What are the top three priorities in rural health and aging?



[www.hrsa.gov/rural-health](http://www.hrsa.gov/rural-health)



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# What's Next:

- Working with FORHP to identify opportunities
- Exploring workforce and CHW training
- Please follow us at [johnahartford.org](http://johnahartford.org)







The  
John A. Hartford  
Foundation

# Thank You!

[Rani.Snyder@johnahartford.org](mailto:Rani.Snyder@johnahartford.org)

[WWW.JOHNAHARTFORD.ORG](http://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



# What is happening besides COVID?



**Allen Smart**

*Founder*  
PhilanthropywoRx



**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



# 10th Annual Public-Private Collaborations in Rural Health Meeting

# Break

Join the discussion on twitter with the  
[#ruralhealthphilanthropy](https://twitter.com/ruralhealthphilanthropy)





# 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*



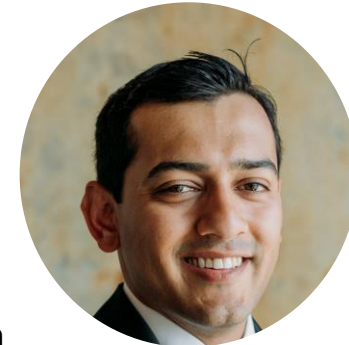
**Lin Hollowell**

*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



A blurred background image of a business meeting. Several people in professional attire are gathered around a table. One person is holding a smartphone, and another is holding a white coffee cup. In the foreground, a laptop screen displays a circular diagram. The overall scene suggests a collaborative work environment.

# 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 catchment 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



# 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.





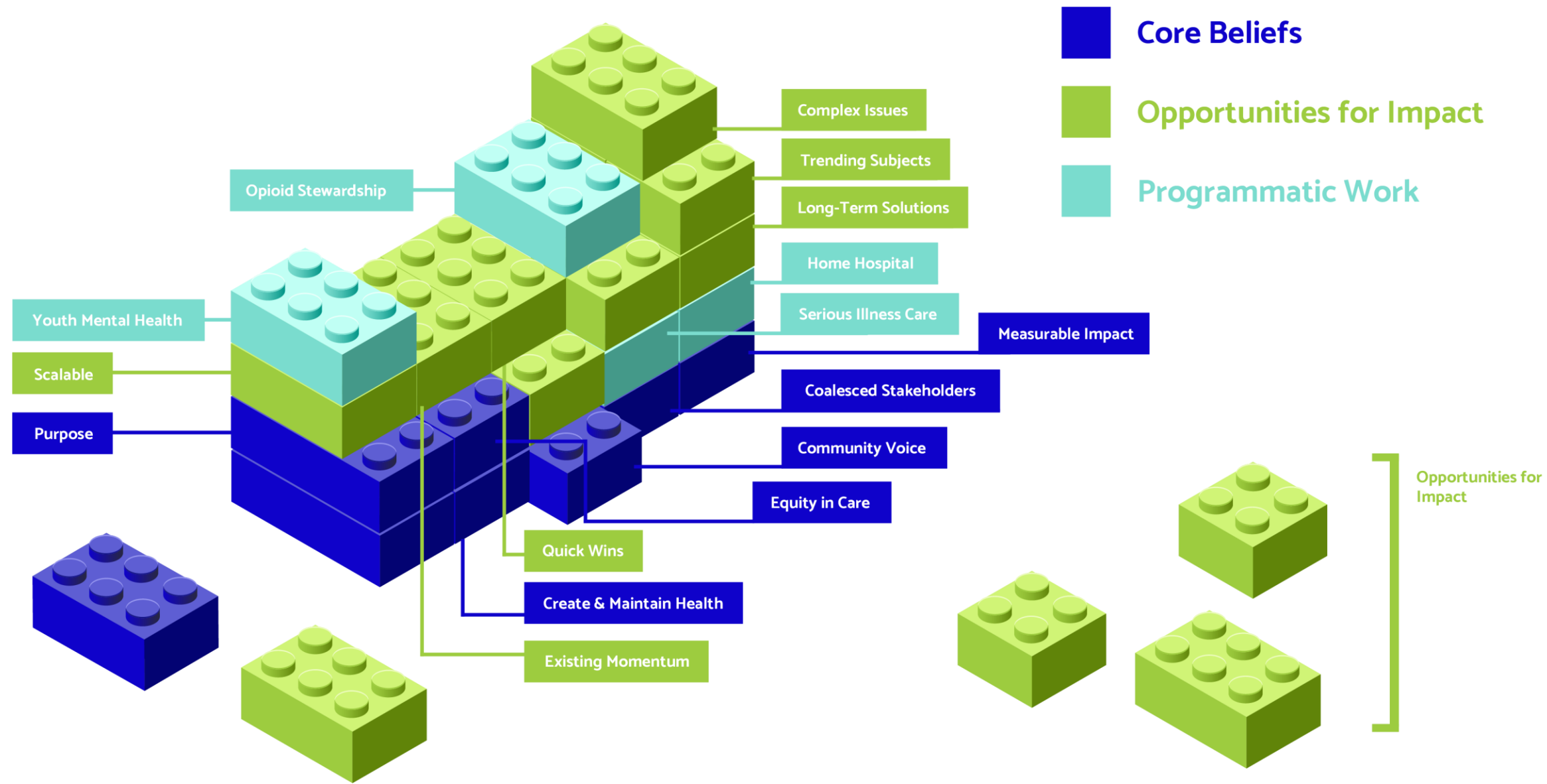
## What sparked the idea?

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.

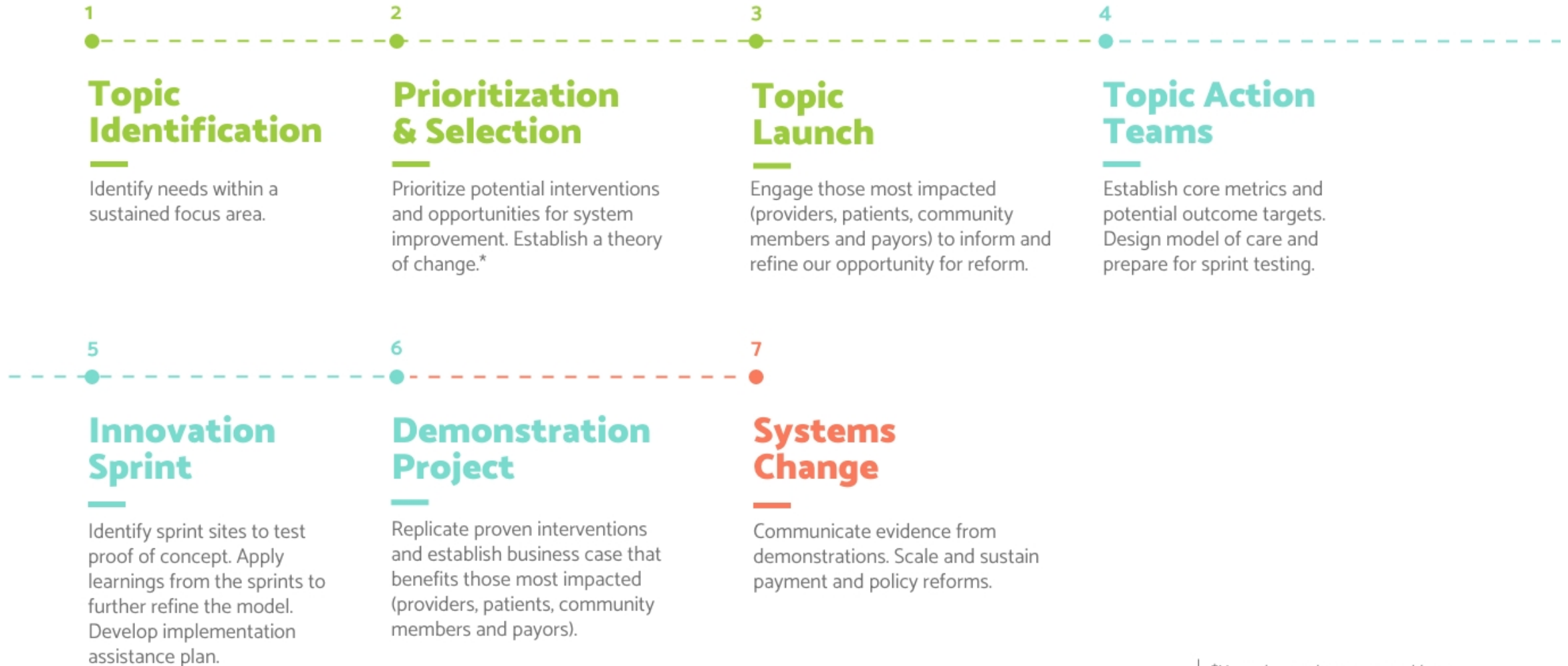
### co-design

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.)



\*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.





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

## Q&A Session



# 10th Annual Public-Private Collaborations in Rural Health Meeting

## Informal Networking





# 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



# Welcome to the 10<sup>th</sup> Annual Public-Private Collaborations in Rural Health Meeting

June 2 -3, 2022 | Washington, DC



**National Rural  
Health Association**

GRANT  
MAKERS  
IN  
HEALTH

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

**Humberto Carvalho**

Substance Abuse and Mental Health  
Services Administration

**Xinzhi Zhang**

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

**Chitra Kumar**

Office of Environmental Justice  
U.S. Environmental Protection Agency

**Moushumi Beltangady**

Early Child Development  
Administration for Children and Families

**Carolyn Taplin**

Office of the Assistant Secretary for  
Planning and Evaluation

**Kellie Kubena**

Rural Development  
U.S. Department of Agriculture

**Mary Moran**

Business & Workforce Investment  
Appalachian Regional Commission

**Bill England**

Office for the Advancement of Telehealth  
Health Resources and Services Administration

**Dawn Morales**

National Institute of Mental Health  
National Institutes of Health

**Bob McNellis**

Office of Disease Prevention  
National Institutes of Health

**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](https://twitter.com/ruralhealthphilanthropy)



# 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





# 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



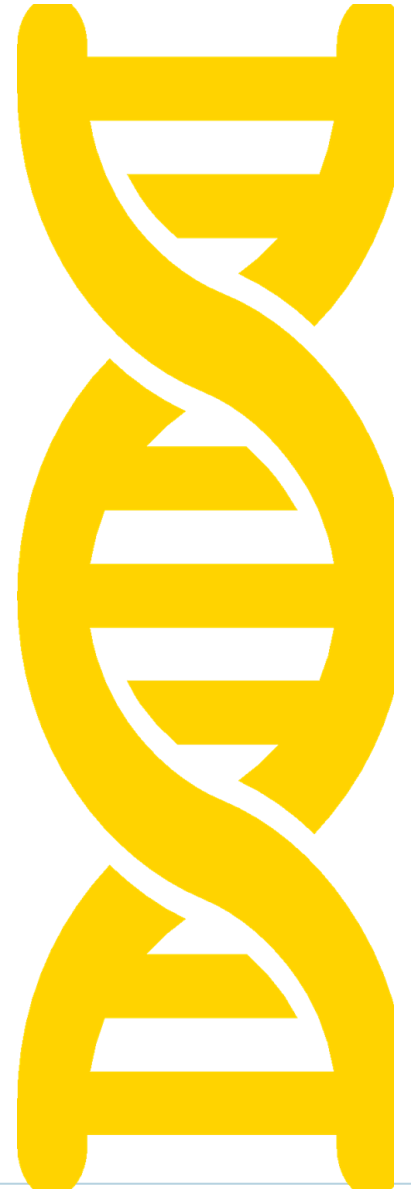
Synthesize

# Health Happens in Neighborhoods



Community Development creates health in neighborhoods

43025 >

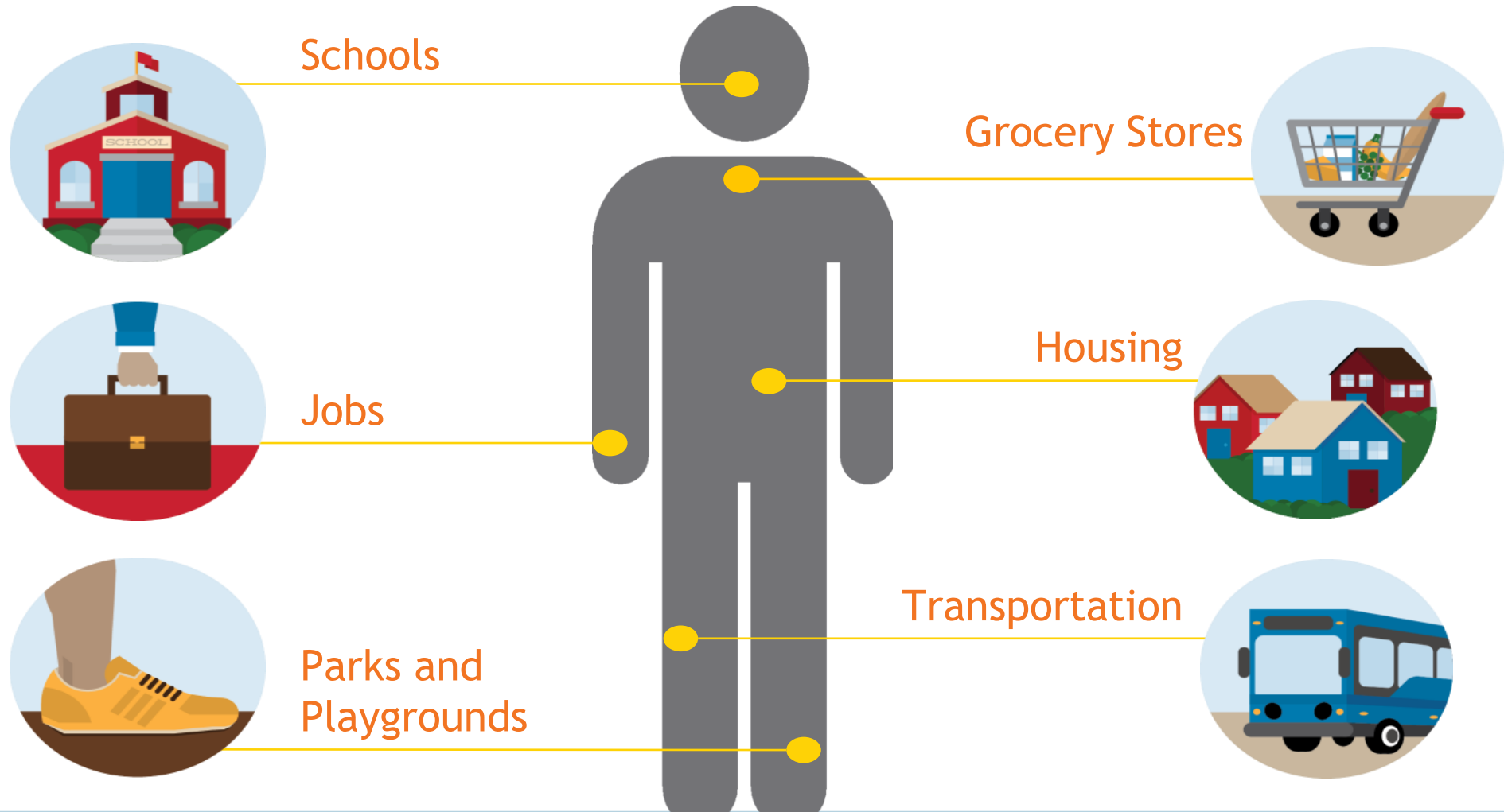








# People Get Sick Because Of Their Social And Physical Environments



# Vital Conditions for Well Being



Thriving  
Natural World



Basic Needs for  
Health & Safety



Humane  
Housing



Meaningful  
Work & Wealth



Lifelong  
Learning



Reliable  
Transportation



Belonging &  
Civic Muscle



# Deepening impact through upstream investments in social factors driving health

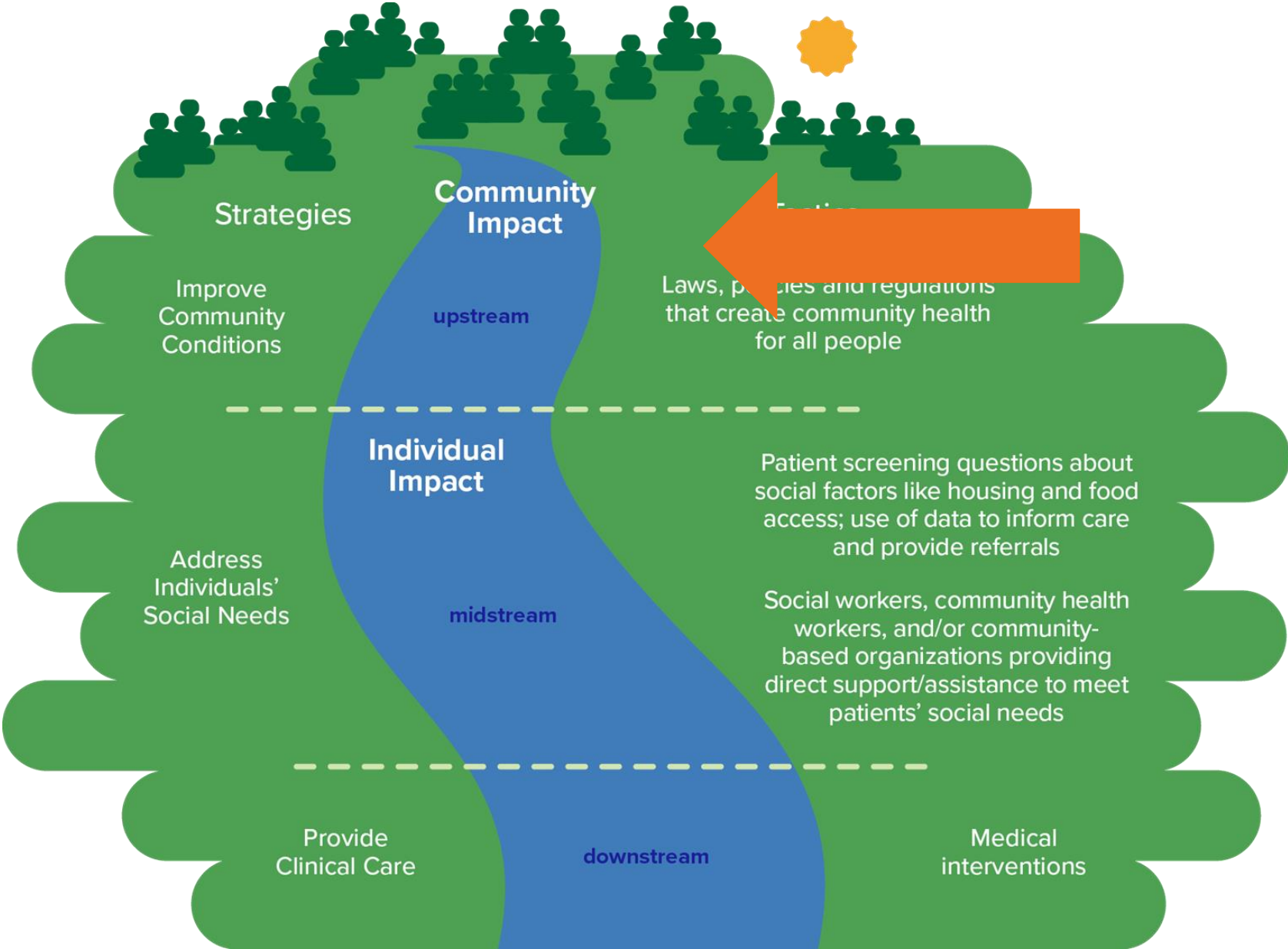


Figure adapted from Castrucci & Auerbach, *Health Affairs*, 2019

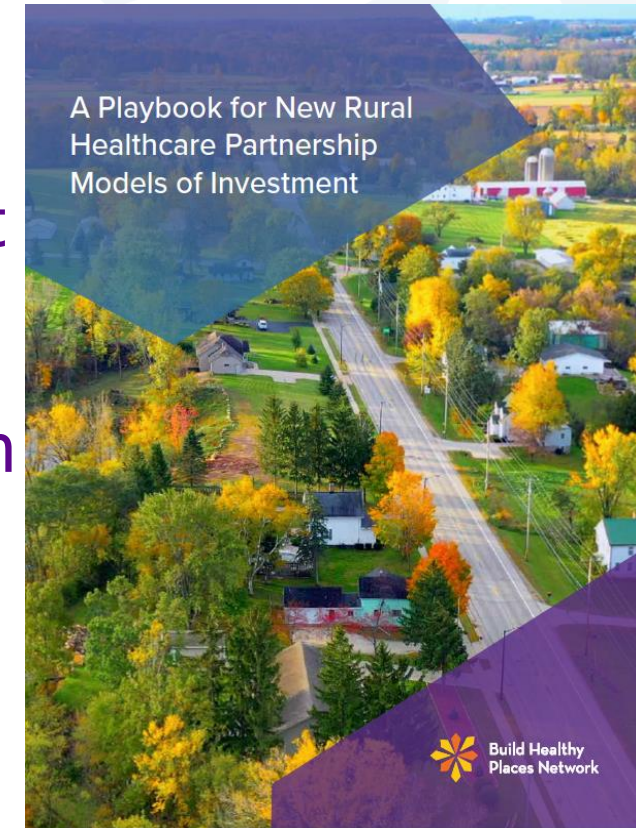
# Community Investment: Healthcare's Role

- 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 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.*





© Children's Hospital of Philadelphia

Partnerships for Health  
Equity and Opportunity:  
*A Healthcare Playbook for Community Developers*

# Community Economic Development & Healthcare Playbook



# 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  
Committee**

**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



### **Strengthening Infrastructure to Support Healthcare Access**

e.g. healthcare delivery support in the form of co-location, community hubs for health, transportation, and telehealth



### **Supporting Local Control**

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



### **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



**SITE**

**Stiles St.**

**S 6th Street**

**Owens St.**





# Supporting Local Control



## 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*









# 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







# Increasing Resources



## INCREASING RESOURCES

# Sanford Health & Bemidji 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



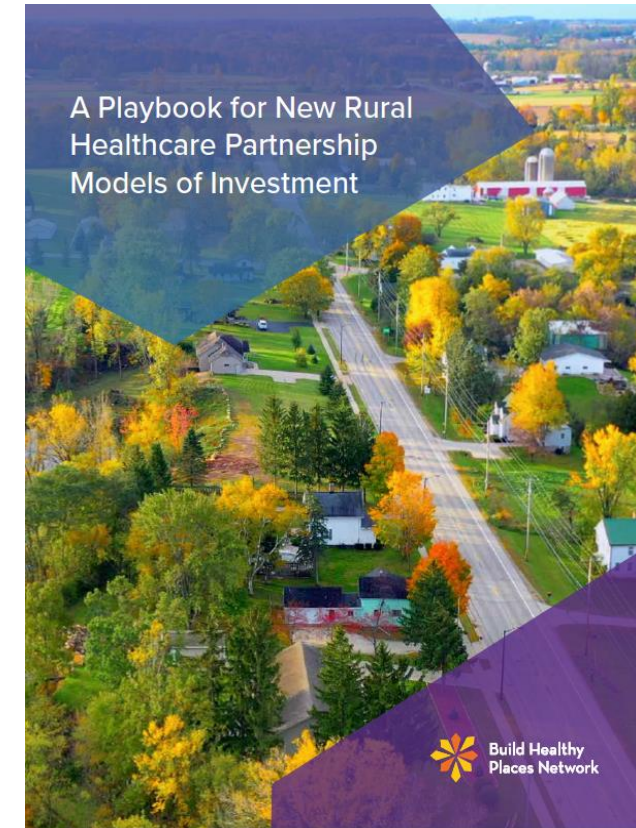
# Other Cross Cutting Themes identified:

- 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

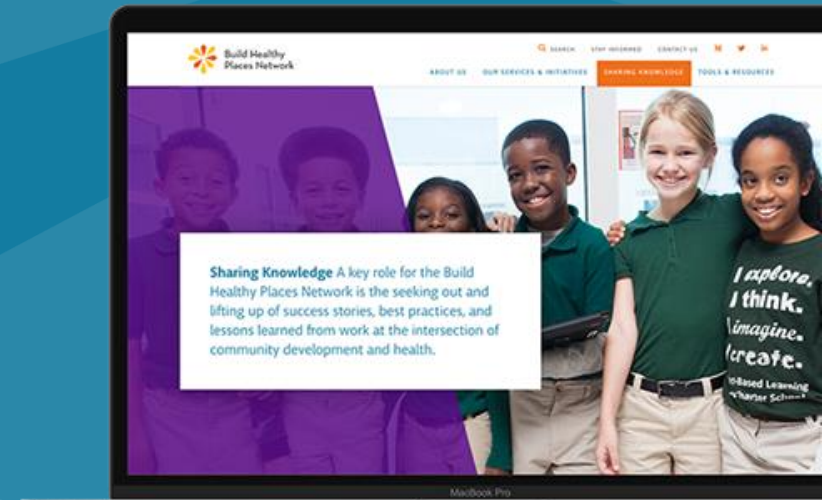
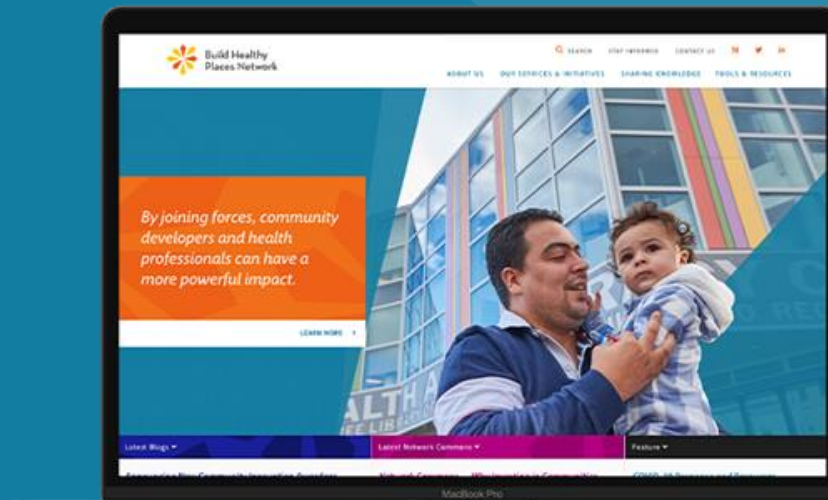
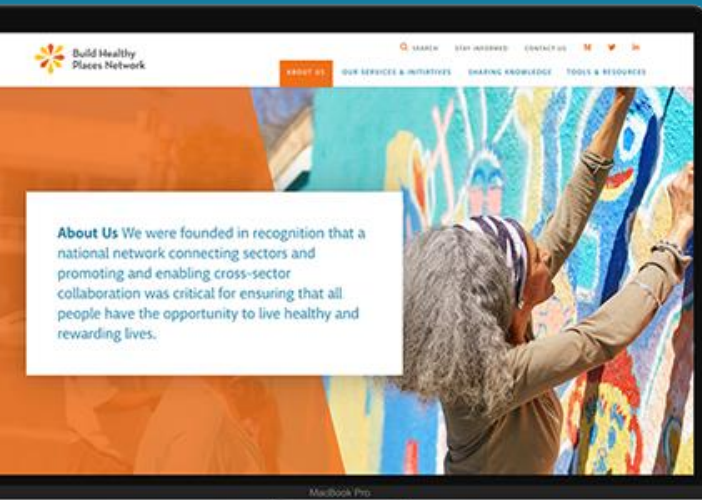
- Engage regional approaches to advance rural health and multisector efforts
- Operationalize the Rural Playbook and strengthen commitments to health equity
- Initiate a learning cohort of rural healthcare leaders
- Develop targeted case-making tools that encourage and support cross-sector rural conversations
- 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

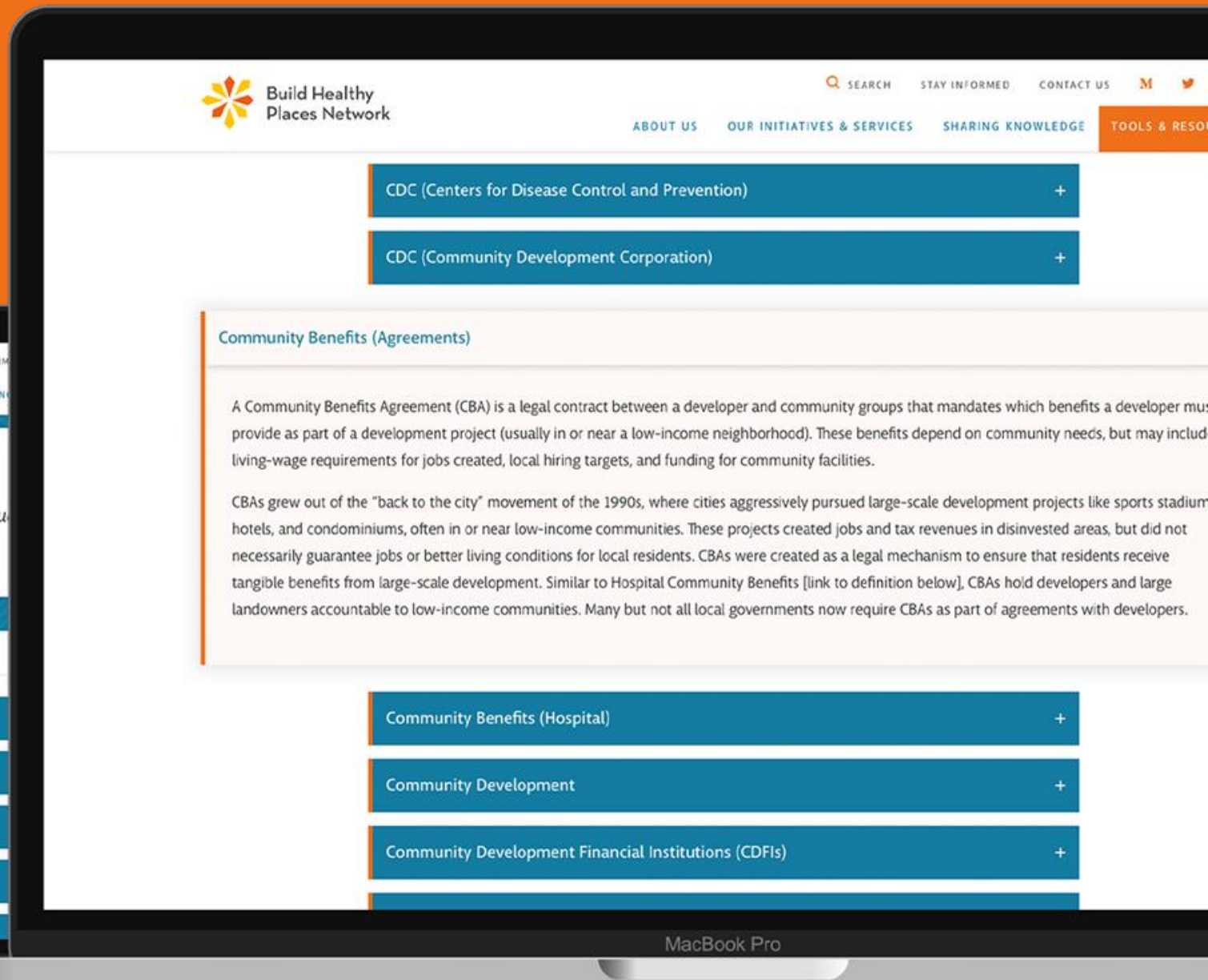
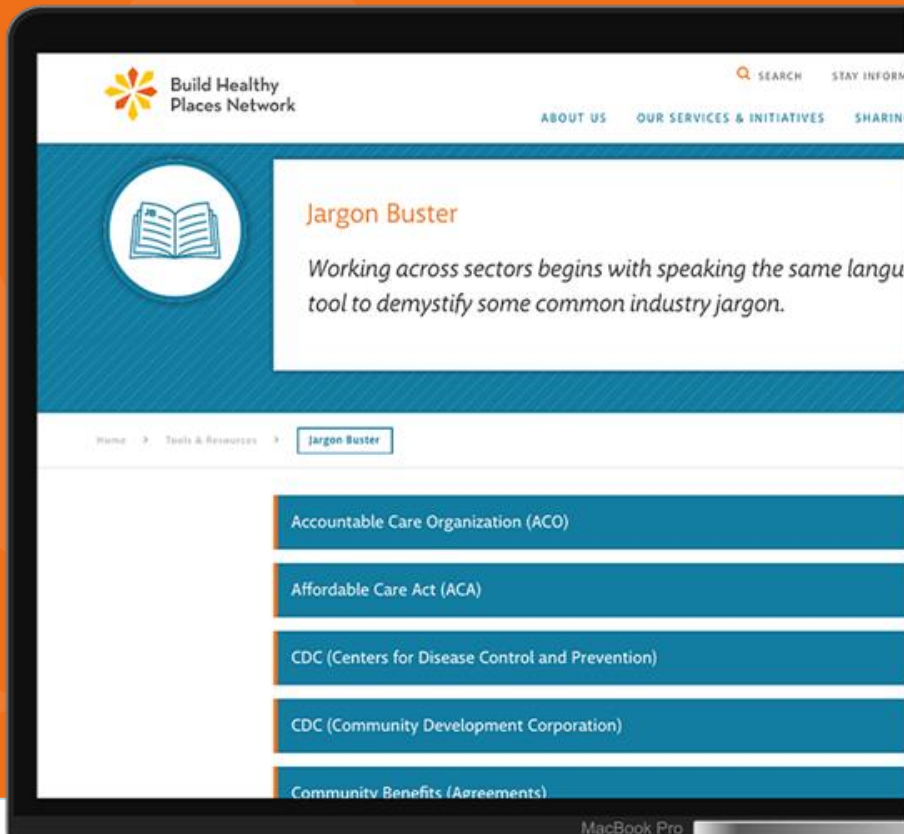
BuildHealthyPlaces.org







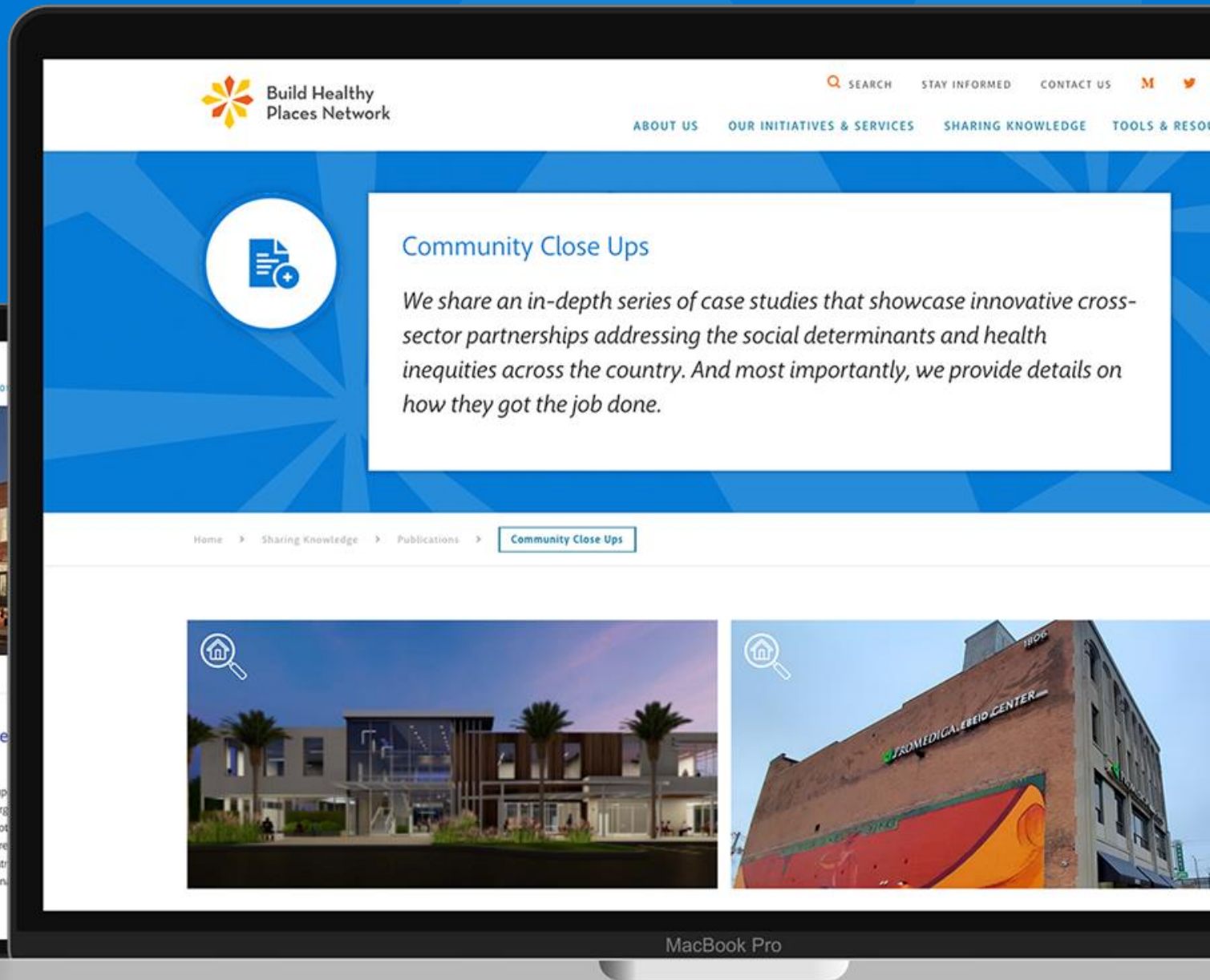
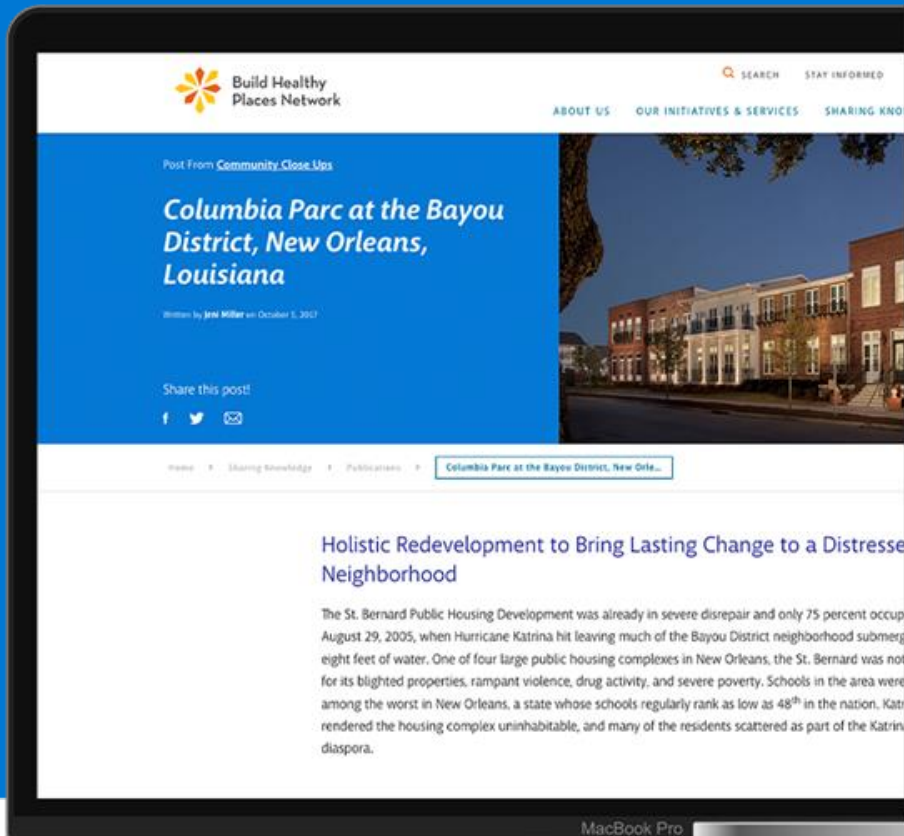
# Jargon Buster





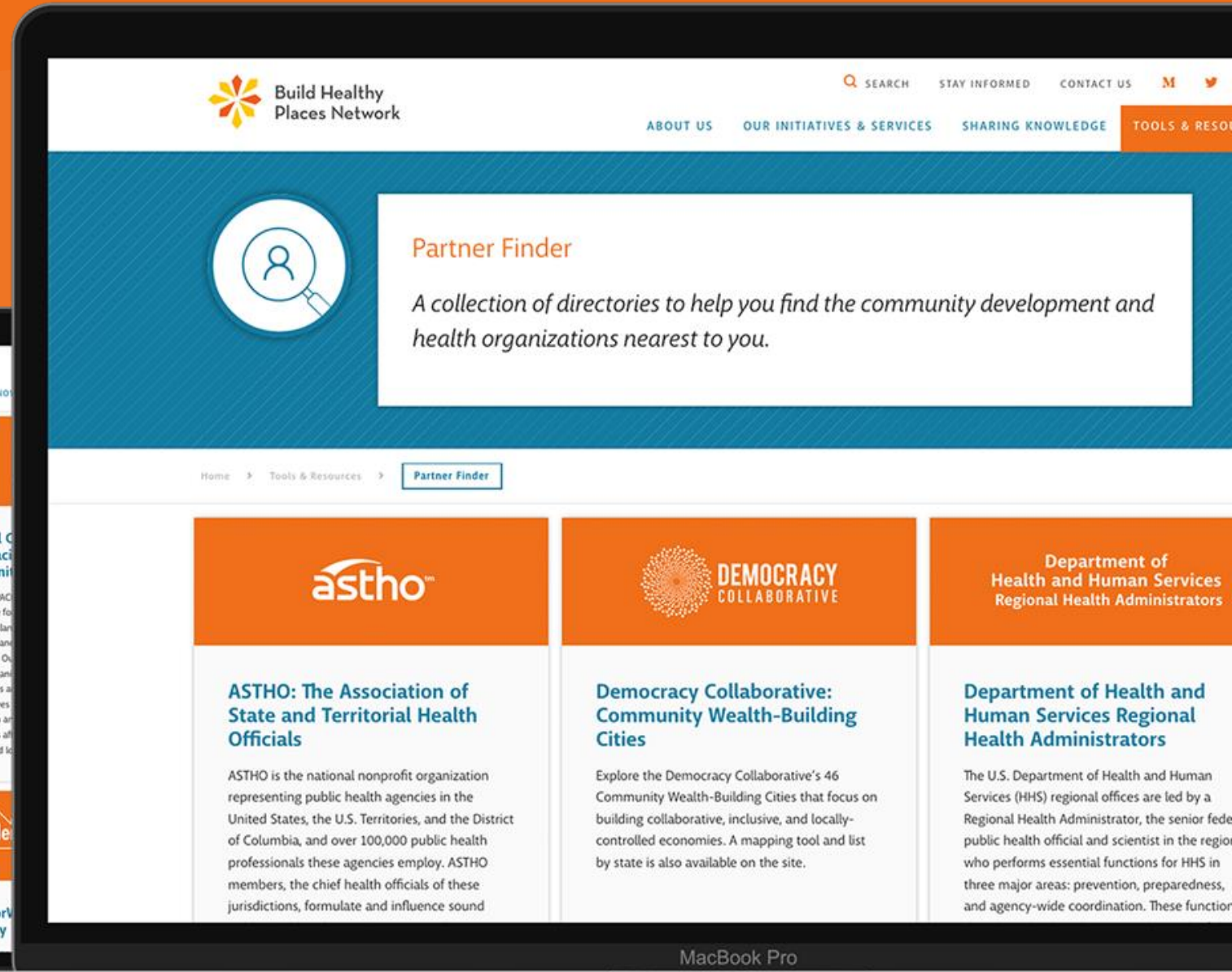
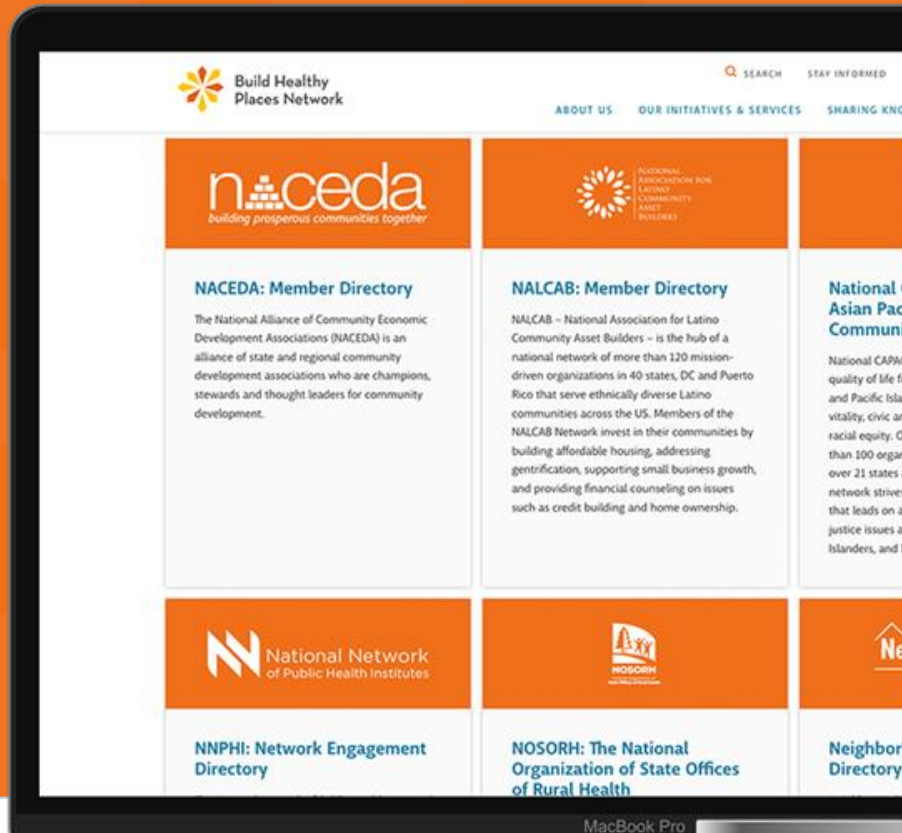


# Community Close Ups





# Partner Finder







Build Healthy  
Places Network



[BuildHealthyPlaces.org](https://BuildHealthyPlaces.org)



[@BHPNetwork](https://twitter.com/BHPNetwork)



[linkedin.com/company/  
Build-Healthy-Places-Network](https://linkedin.com/company/Build-Healthy-Places-Network)



[djutte@buildhealthyplaces.org](mailto:djutte@buildhealthyplaces.org)



# Building Healthy Places Network

## Q&A Session





# 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!

