

THE HOSPITAL AS A CONVENER IN RURAL COMMUNITIES

CASE STUDY | APRIL 2021

OVERVIEW

Nearly 60 million people—20% of all Americans—live in areas designated as “rural.” The hospital serves as a crucial resource to promote health and well-being in these communities. Rural hospitals often serve as economic anchors in their community by providing job opportunities and purchasing goods and services within the local economy. However, there remains a significant opportunity for rural hospitals to expand their role beyond that of an anchor institution and serve as a convener for other stakeholders with the shared goal of improving health and well-being.

The COVID-19 pandemic has highlighted the need for greater coordination between health care organizations and those that address social needs, such as providing support for housing security, food, education and transportation. We have seen with the pandemic that rural communities are at a higher risk of experiencing disruptions to health care services due to COVID-19 case surges, which may strain hospital capacity and reduce community-wide access to amenities that impact the social influencers of health.¹ As such, rural hospitals should focus on how they can serve as a convener for services that address social or non-medical needs without shouldering the burden of providing those services independently.

There are many ways hospitals can undertake this role in their own community. Not all rural communities are the same—these communities represent diverse backgrounds and demographics requiring a flexible set of solutions. The examples in this case study provide two unique approaches to convening but are not intended to be exhaustive.

This case study examines the convener role, traditional and non-traditional partners and how hospitals can establish themselves as conveners. It also highlights learnings from two examples of successful conveners—Trinity Health and Carilion Clinic.

THE ROLE OF THE CONVENER

As a convener, a health care organization acts as a point of care for patients while also leveraging its community relationships and establishing new partnerships to support population health. These stakeholders come together to plan and design for their community’s health goals by working on issues such as preventive health care, safe and affordable housing, access to healthy foods, transportation solutions, employment, child care and other social services.

A convener’s role differs from that of an anchor institution—hospitals or health systems that leverage their community stature and resources to attract new investments to drive health outcomes. This influence could be directed to meet non-medical needs, such as housing, grocery stores or safe outdoor spaces. Additionally, anchor institutions typically commit to building, buying and hiring locally to invest in their communities.

Conveners act similarly to stewards—entities, people, or organizations responsible for working with others to organize and drive transformative change in a given region.

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Hospitals can act as stewards by supporting and driving the transformation of the population's health and well-being in their area.

Hospitals, whether serving the role of convener or anchor, often act as data collectors of the Community Health Needs Assessment (CHNA), which builds the foundation for identifying needs and issues, and ultimately creates initiatives to address those unmet needs. The CHNA is a requirement put into place by a provision in the 2010 Patient Protection and Affordable Care Act. The provision requires all nonprofit hospitals to conduct a CHNA and develop a plan every three years to implement strategies. Having a common understanding of what is needed sets the stage for goal-setting and the work itself.

The hospital's role as a convener will vary depending on the community's needs. For example, at Trinity Health, a large, multi-institution Catholic health system headquartered in Livonia, Michigan that serves both rural and urban communities, this convener type role is centered on Trinity's community health and well-being strategy. Trinity Health defines its community health and well-being (CHWB) strategy as one that "promotes optimal health for those who are poor and vulnerable, and the communities we serve by connecting social and clinical care, addressing social needs, dismantling systemic racism and reducing health inequities." This is accomplished in part by its "Social Care" program, which coordinates activities between Trinity's health ministries and community-based organizations that address social needs, such as food access, safe and affordable housing, health care and transportation.

Trinity sponsors several grants and community initiatives across the country, including the Transforming Communities Initiative—a highly collaborative program that focuses on improving the health and well-being of communities. This program uses policy levers, environmental change strategies and other efforts to address the social influencers of health. Trinity does not directly provide services to address social or non-medical needs, but rather through its partnership program, promotes better health through community-based partnerships with stakeholders, such as schools and food systems.

The results of this program include increased community motivation, cohesiveness and accountability. These were accomplished in part through increased collaboration with K-12 schools to improve food and beverage choices and increase physical activity. The initiative also generated economic opportunity through partnerships with local communities on food system development. Finally, the program focused on improving health outside of the hospital walls, including the creation of safe play spaces for children and continued community tobacco cessation efforts.

WHICH **STAKEHOLDERS** SHOULD THE HOSPITAL CONVENE?

To promote population health strategies, hospitals should convene diverse community stakeholders to identify priorities for the health of the community. In the convener role, the hospital does not take full financial responsibility or directly provide the full-spectrum of services that address social or non-medical needs, but rather partners with other community organizations to coordinate and deliver services.

To improve community health and well-being, hospitals should consider forging meaningful and sustainable partnerships with the following sectors, as well as other key players in their region:

Education

Primary, secondary and post-secondary schools all play a vital role in the physical and mental health development of children and young adults in a community. Health and education have a reciprocal relationship—not only does more education lead to healthier outcomes from childhood through adulthood, but poorer health leads to worse performance in school. The health benefits of better education are life-long; individuals with more education get better jobs, benefit from higher earning potential and can more easily

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access resources, such as nutritious foods, opportunities for physical activity or health services to improve their overall health. More education also means reduced stress, improved social and psychological skills, and greater opportunity to build more extensive social networks.

Behavioral Health

Addressing behavioral health disorders, which include mental health conditions and substance use disorders, in rural communities is challenging due to reduced availability and access to services that prevent, diagnose, treat and/or facilitate recovery. Rural areas have a greater proportion of families with income below the poverty level, higher rates of unemployment and a larger percentage of publicly insured or uninsured individuals—all factors that increase the risk of behavioral health disorders. Furthermore, rural residents face additional barriers to accessing behavioral health services, including stigma, provider shortages, limited availability of specialty services such as inpatient treatment or intensive outpatient programs, and higher under-insurance and uninsurance rates. These problems contribute to patterns of service use in rural communities that drive residents to rely on primary care providers and local hospitals for behavioral health care to a greater extent than their urban counterparts.

Housing

Housing stability, quality, safety and affordability, as well as neighborhood physical and social characteristics, all have impacts on an individual's health and overall well-being. Low-quality and inadequate housing can contribute to chronic and acute health problems, such as respiratory illness, lead poisoning, increased risk of cardiovascular disease and injuries. Communities can promote health by providing a safe place to play or exercise, offering access to grocery stores that stock nutritious foods, as well as being free of crime, violence and pollution.

Overall, housing quality and neighborhood affordability influence health outcomes. Housing is typically considered "affordable" if a family spends less than 30% of its annual income on rent or mortgage payments for their home. When most housing in a given area exceeds household affordability, families may face limited choice about where they live. This could result in being forced to dwell in unsafe housing, overcrowded neighborhoods or housing in locations with fewer resources to promote health, such as grocery stores, well-funded public schools, or safe places to play and exercise. In rural communities, substandard housing is still a concern, and as many as 1.5 million homes outside of metropolitan areas are considered moderately or severely substandard. These homes may not have access to running water or complete plumbing facilities, posing a health risk; more than 30% of households lacking hot and cold piped water are in rural communities. In addition, homelessness in rural communities often looks different than in urban communities, where there may be greater access to service providers and resources. People experiencing homelessness in rural communities are more likely to seek shelter in structures not suitable for habitation, such as garages and barns, further elevating the risk of injury and adverse health outcomes.

Transportation

Access to reliable transportation and the impacts of noise and air pollution influence individual and community health. Well-documented transportation challenges in rural areas include lack of vehicle access, inadequate infrastructure such as dangerous roads with poor lighting and signage, long distances, lengthy travel times to access other services and unaffordable transportation costs, including fuel prices or bus fare. Adequate and reliable transportation plays a significant role in health outcomes, as lack of transportation can lead to delayed or missed health care appointments and increased expenditures on health. Transportation policies also can facilitate improved health, such as walkable communities, bike lanes on roads and bike-share programs to help community members make healthier choices.

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Rural populations face a dearth of reliable public transportation options and variable policies across regions and localities may be a disincentive for transportation providers to enter the market. Reliable transportation is critical for vulnerable populations, such as older adults, those with disabilities and those without reliable access to a personal vehicle to access health services. Nearly 4% of rural households—or approximately 2 million people—do not have access to a car, which means they face significant barriers to accessing not only health care, but other services and resources that impact health such as food, education, employment and community services.

Food

Access to nutritious food that supports healthy eating habits is essential to promoting good health. Healthy eating and a balanced diet can lower the risk of chronic diseases such as high blood pressure, diabetes, and cancer. Disparities and barriers to food access include significant distance to a well-stocked grocery store and lack of transportation options, such as a personal vehicle, safe walking paths, or insufficient public transportation such as busses. Additionally, “food deserts”—where food options are limited to venues such as convenience stores or small food markets—can contribute to poor nutrition, as these types of stores typically stock food with lower nutritional quality. This problem is particularly concerning for rural communities, where the closest full-service grocery store may be more than 20 miles away. Access to food also can mean greater access to jobs, as it is estimated that 24 new jobs are created for every 10,000 square feet of retail grocery space.

State and Local Governments

Sustainable partnerships with state and local government officials also are paramount to promoting and improving community health. State and local governments undertake health-impacting issues, such as public health, Medicaid, hazardous waste and chemical spills, homelessness, water quality and sewage, lead poisoning and certificates-of-need. This action can include direct intervention through agency projects, such as waterway clean-ups performed by state or local employees, or through funding and grant opportunities to facilitate community partner programs. Hospitals should leverage strong partnerships with all government levels to improve community health and well-being, including using the convener role to identify and reduce duplication of services across agencies and among other stakeholders. The importance of these relationships has been highlighted during the pandemic, given the synergies across health care providers, local public health departments and local governments to meet the needs of communities.

These suggested partnerships should serve as a starting point. Hospitals ready to undertake a convener role should be empowered to engage additional non-traditional partners and programs to deliver services for their communities. Other key partners to convene could include religious institutions, local businesses, arts and humanities organizations, local agencies on aging, not-for-profit organizations, and sports and recreation facilities.

EXAMPLE: CARILION CLINIC

Carilion Clinic provides an excellent example of how a convener hospital can transform a community. Although not all hospitals may have the financial resources to make similar-sized investments as Carilion Clinic, it is useful to see how embracing its role as a convener helped Carilion become a significant community player and support the economic revival in Roanoke, Va.

Carilion Clinic serves both rural and urban communities in southwestern Virginia, as a not-for-profit health care organization and network comprised of hospitals, primary care practices, specialty physician practices and other services. It serves nearly one million patients each year. Carilion’s

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mission is to “improve the health of the communities we serve,” which they achieve through significant financial investment into their patient communities and through building meaningful partnerships with other community and public organizations to improve the overall well-being of their service areas.

In 2018, Carilion Clinic invested \$38.1 million in education, including at the K-12 level, and spent another \$5.9 million in community outreach initiatives. Carilion leverages a continuous Community Health Assessment (CHA)² process to both inform its community health and outreach program strategy and uncover opportunities for partnership, improvement and action to improve community health. Carilion Clinic’s continuous CHA cycle and close community partnerships allow them to continuously operationalize these data into practical response strategies. The CHA process is performed in conjunction with health assessment teams throughout southwestern Virginia, ensuring that each community is being assessed by individuals familiar with its unique needs and local barriers to health. Carilion also provides community grants and community sponsorships to strengthen its partnerships and further its mission.

In an interview³ with Shirley Holland, vice president of planning and community development at Carilion Clinic, and Cynthia Lawrence, member of the board of directors of Carilion Clinic Foundation and leader of strategic and education partnerships, education was highlighted as one of the most important community investments made by Carilion in recent years. Carilion has made investments in K-12, college and post-graduate education in its service region. These partnerships also extend to local employers who hire graduates of Carilion-partnered educational programs. However, the most prominent partnership for community benefit undertaken by Carilion was creating the Virginia Tech Carilion School of Medicine, whose charter class entered in August of 2010. The medical school started as a private institution, but was fully integrated into the Virginia Tech University system as its ninth college on July 1, 2018. This integration meant that Carilion Clinic successfully co-founded, jointly-funded and transferred a fully accredited medical education program to the Commonwealth of Virginia.

In addition to its academic investments, Carilion Clinic also sponsors programs to address healthy lifestyles, mental health recovery, injury prevention and environmental health. Holland and Lawrence also highlighted that although Carilion has provided grant opportunities for external organizations, it is regarded as a neutral stakeholder and convener to liaison with non-health care entities in the community.

Carilion Clinic’s convener role consisted of significant economic investment in particular sectors of interest, most specifically, education. It is important to acknowledge there are many pathways to becoming a convener, some of which do not require significant up-front financial investments. Rural hospitals should work with community partners to craft solutions based on their communities’ unique needs and available resources.

CONVENERS: MEASURES TO EVALUATE SUCCESS

Convening efforts may be challenging to capture through traditional quantitative measures. As such, health care organizations can build and define qualitative indicators for success, such as the strength of partnerships and patient satisfaction, to measure their efforts’ effectiveness.

As an example, Trinity Health evaluates the success of its convening actions through more qualitative means. In an interview with David Spivey, vice president of community health and well-being, he described a need for appropriate metrics to evaluate community initiatives. From his experience, Spivey pointed out that evaluation as a concept can be overly academic and miss bigger-picture improvements in community connection. To describe the success of Trinity’s community initiatives, Spivey provided examples of measures, such as sustainability and how community members “[vote] with their feet”—meaning if they are serving more patients consistently, they are successful in their community outreach efforts.

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Hospitals undertaking a convener role should consider how best to measure their success as a convening entity. Progress may be tracked using metrics such as the number of partnerships formed, programs sponsored or dollars spent and saved. However, hospital conveners also should incorporate qualitative metrics, such as patient and community satisfaction, community-perceived health improvement and positive feedback from community stakeholders.

BECOMING A CONVENER FOR YOUR COMMUNITY

There are several steps health care organizations can take to start building their reputation as a convener. Below are a few examples of how to begin this journey, even with limited resources:

1. **Own the leadership role** as a convener by setting the tone and defining accountabilities across stakeholders in order to build trust. Because population health is a community endeavor, hospital leaders should require buy-in from each stakeholder to remove siloes and to ensure commitment to advance agreed-upon goals in a way that does not tip the power dynamic too heavily toward the hospital.
2. **Anticipate increased accountability** to achieve population health outcomes, particularly as government and commercial payment policies continue to shift from fee-for-service to value-based programs. As a convener, the hospital should leverage its role to facilitate care coordination and to track changing payment policies to meet population health goals.
3. **Develop relationships** with local public health departments and other governmental agencies to provide input into the decision-making process for state and local budgets. A strong relationship with policymakers also could position the hospital to advocate for funding that addresses the social influencers of health.
4. **Work creatively** with community stakeholders and philanthropic partners to fund community health initiatives, as well as focus on efforts to engage with state and local policymakers to advocate for increased funding opportunities. This allows hospitals to budget accordingly to support these initiatives and plan for their future sustainability by creating self-sustaining programs that can persist after grant-funding ceases.
5. **Establish relationships** with traditional and non-traditional partners that may already be serving as informal conveners through their services. Some stakeholders, like K-12 schools and behavioral health entities, were mentioned above. Other examples include local business associations, churches and banks. A strong partnership with another stakeholder can help attract others to participate and thereby more quickly spread and scale efforts via a robust network of community partners.
6. **Leverage the existing information** collected through evaluative processes such as CHNAs and encourage community members' involvement when collecting data. Although it may be challenging to create an extensive network of partners immediately, information gathered from CHNAs or other assessments can help set priorities.

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NOTES

1. Trinity Health uses the phrase “social influencers of health” rather than the “social determinants of health” as they believe that to call these factors “determinants” is to suggest they are pre-determined and therefore unchangeable.
2. Carilion Clinic uses the term “Community Health Assessment” and acronym “CHA” to describe their community health needs assessment (CHNA) process.
3. Interview conducted by Alliance for Health Policy staff members Madeline Cree, Kathryn Martucci and Bailey Wilbanks via Zoom video conference call on Oct. 12, 2020.

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