

A Playbook for New Rural Healthcare Partnership Models of Investment



Build Healthy
Places Network

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**Build Healthy
Places Network**

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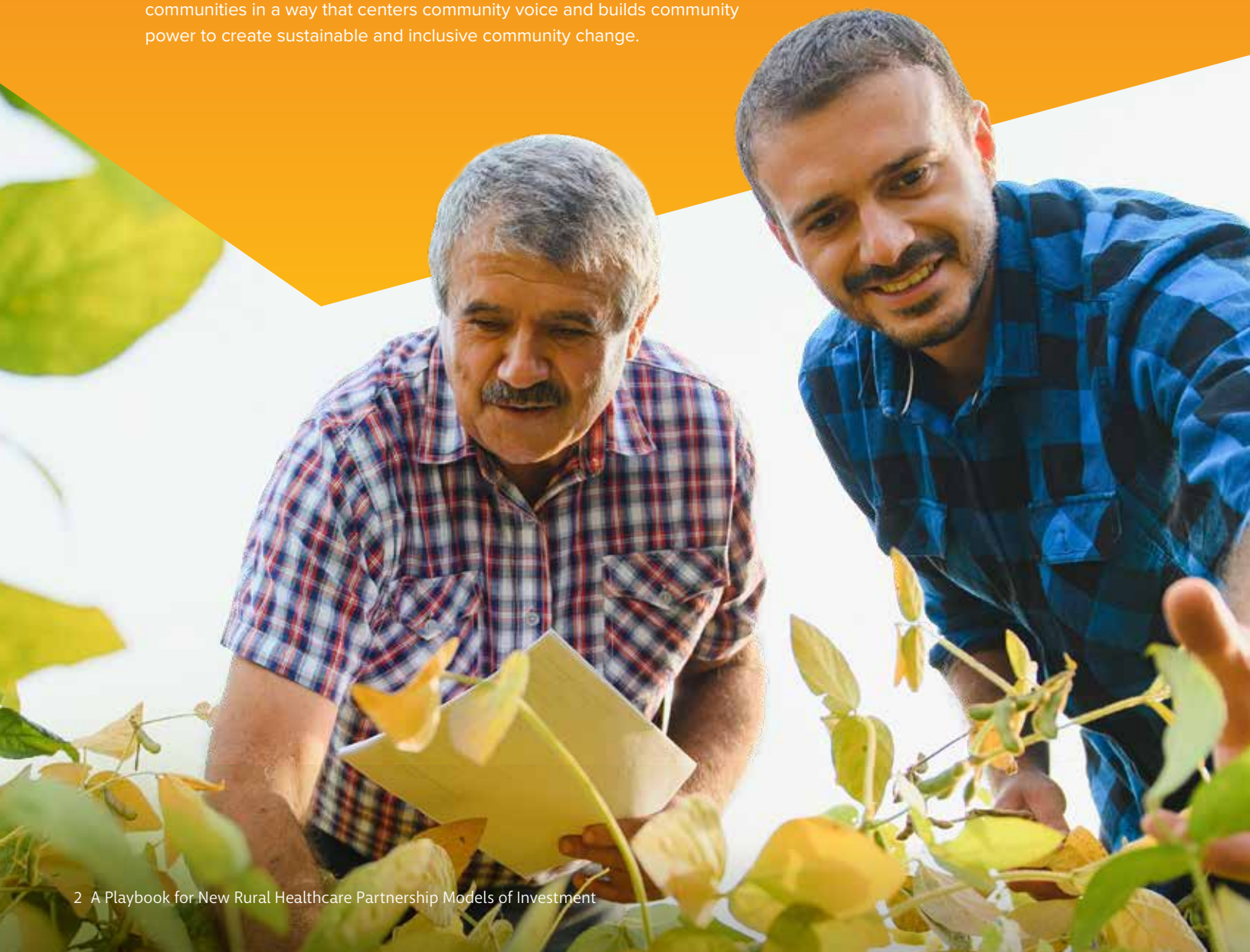
Introduction

Background

Build Healthy Places Network was launched in 2014 with a mission to transform the way organizations work together across the health, community development, and finance sectors to more effectively reduce poverty, advance racial equity, and improve health in neighborhoods across the United States.

From our unique perspective at the junction of health and place, we intentionally position nontraditional partnerships that cut across sectors to leverage the impact of community-centered investments to advance the health and well-being of persistently disinvested communities.

Through our work with national leaders and partner organizations, we elevate the importance of looking outside our conventional work silos to create impactful collaborations that contribute investments beyond the individual to achieve impact across communities in a way that centers community voice and builds community power to create sustainable and inclusive community change.



Purpose

This playbook is an action-oriented guide designed for healthcare organizations wanting to pursue partnerships with local community and economic development and other sectors in rural areas and small towns to create the community conditions that support improved community health. After interviewing dozens of experts, we share case studies highlighting core strategies used by rural healthcare entities as examples for future multisector partnerships to follow.

The playbook builds on work and tools in the field focused on rural economic development and prosperity. While not targeted to a healthcare audience, these resources can be helpful in framing common rural challenges experienced across sectors that impact community conditions affecting health. We include them here as likely tools for multisector rural investment. For example, the Federal Reserve Bank of St. Louis published [Investing in Rural Prosperity](#), which includes the **TRIC (Tailored, Resilient, Inclusive, and Collaborative)** framework for rural development efforts that are tailored to the specific goals, assets, and organizational infrastructure of the community; designed to be resilient to changing circumstances; intentionally inclusive about who is at the decision-making table and who benefits from local development; and created and carried out through a collaborative process. In addition, the Urban Institute published [Three Lessons for Measuring Rural Strengths](#) to outline opportunities to reframe rural economic development through an asset-based lens. Other efforts, such as the [Thrive Rural Framework](#) from the Community Strategies Group of the Aspen Institute, focus on opportunities to build on the unique strengths of rural places throughout the United States to uplift local solutions for economic prosperity and resilience. Most recently, the [White House rolled out its Rural Playbook](#) through a multiagency effort to connect rural

communities with the significant federal funding resulting from the bipartisan infrastructure law. The funding seeks to support inclusive investments in the infrastructure of rural communities.

What is missing from these resources is a focused view of the potentially transformational role healthcare might play in these cross-sector partnerships. This guide aims to fill this space by offering concrete examples and tools for the healthcare sector to leverage its assets to contribute to a vision of inclusive rural economic prosperity and healthy communities. We know rural places are not a monolith, and the examples provided aim to outline some of the diversity in rural places and ways to center the voices of community leaders living in rural areas to drive and sustain change. The healthcare industry is a vital player in rural communities, shaping a vision for growth. Often, healthcare organizations are one of the biggest employers in rural areas, impacting communities through their anchor roles and serving an influential role as local conveners able to align groups to address crucial data on rural communities. Several case studies in this playbook identified healthcare organizations' Community Health Needs Assessments as being a cornerstone of their multisector project success.

Role of Healthcare in Rural Development

Health happens in communities. The healthcare sector in rural geographies represents an influential partner in efforts to build healthy, prosperous, and resilient communities.

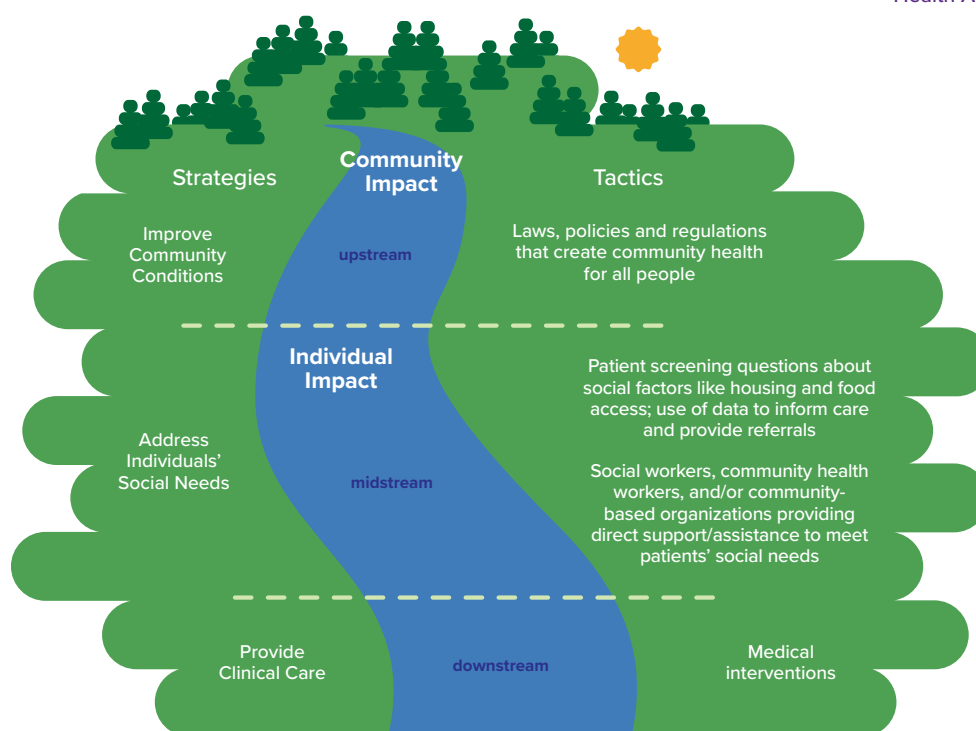
We define the healthcare sector as hospital systems, public health departments, managed care organizations, private health insurance plans, health foundations, community clinics and Federally Qualified Health Centers, and social service organizations. This definition includes rural hospitals operating as part of larger, more urban healthcare systems. The healthcare sector not only offers assets for holistic investments in health but often faces unique challenges in rural places that make partnership a win-win proposition. All

these healthcare organizations, as employers, consumers of goods and services, influential conveners, and sources of critical community health data insights, are leaders in rural development.

Consolidation of services in population hubs at a distance from rural residents results in additional challenges, such as transportation for patients to access care. Shrinking and aging populations in rural communities mean loss of patients

FIGURE 1. UPSTREAM SOCIAL DETERMINANTS AND DOWNSTREAM SOCIAL NEEDS AND MEDICAL CARE

Figure adapted from
Castrucci & Auerbach,
Health Affairs 2019



Upstream interventions focus on the root causes of health inequities and the factors in the lived environment that impact health outside of clinical delivery and services.

for health systems, with negative effects on the financial projections of current care delivery systems, especially in the wake of the movement to value-based care. Historical fee-for-service models are being replaced by value-based care, which limits payments and prioritizes keeping patients well. In the long term, focusing on prevention is the right direction for investing in the health of communities. However, the business model of rural health systems often cannot keep up, and over the last nine years, over 100 rural hospitals

have closed, with more at risk, indicating an increasing crisis for rural communities. The ongoing struggle for workforce recruitment and retention in rural areas, exacerbated by the COVID-19 pandemic, is directly impacted by availability of housing and quality childcare options. All of this suggests that hospitals and other health systems can and should be proactive in ensuring the vibrancy of their surrounding communities and seeking collaboration for investment in economic prosperity and health.

Nationally, shifts in the healthcare sector have also created conditions for partnership. As healthcare institutions move toward value-based care models that incentivize health, those entities are increasingly seeking to operationalize commitments to reduce health inequities. Traditional healthcare provision has focused on downstream impact through clinical care and medical interventions (see Figure 1). Increasingly, there is a call for upstream interventions for healthcare, addressing factors known as the **social determinants of health** or, in a more recent framework, the **vital conditions** (Figure 2). These upstream interventions focus on the root causes of health inequities and the

FIGURE 2. VITAL CONDITIONS FOR THRIVING PEOPLE AND PLACES

THRIVING NATURAL WORLD	<i>Sustainable resources, contact with nature, freedom from hazards</i> Clean air, water, soil; healthy ecosystems able to sustainably provide necessary resources; accessible natural spaces; freedom from extreme heat, flooding, wind, radiation, earthquakes, pathogens
BASIC NEEDS FOR HEALTH & SAFETY	<i>Basic requirements for health and safety</i> Nutritious food, safe drinking water; fresh air; sufficient sleep; routine physical activity; safe, satisfying sexuality and reproduction; freedom from trauma, violence, addiction, and crime; routine care for physical and mental health
HUMANE HOUSING	<i>Humane, consistent housing</i> Adequate space per person; safe structures; affordable costs; diverse neighborhoods (without gentrification, segregation, concentrated poverty); close to work, school, food, recreation and nature
MEANINGFUL WORK & WEALTH	<i>Rewarding work, careers, and standards of living</i> Job training/retraining; good-paying and fulfilling jobs; family and community wealth; savings and limited debt
LIFELONG LEARNING	<i>Continuous learning, education, and literacy</i> Continuous development of cognitive, social, emotional abilities; early childhood experiences; elementary, high school, and higher education; career and adult education
RELIABLE TRANSPORTATION	<i>Reliable, safe, and accessible transportation</i> Close to work, school, food, leisure; safe transport; active transport; efficient energy use; few environmental hazards
BELONGING & CIVIC MUSCLE	<i>Sense of belonging and power to shape a common world</i> Social support; civic associations; freedom from stigma, discrimination, oppression; support for civil rights, human rights; civic agency; collective efficacy; vibrant arts, culture, and spiritual life; equitable access to information; many opportunities for civic engagement (voting, volunteer, public work)

Thriving Together: A Springboard for Equitable Recovery and Resilience in Communities Across America is a project of the Well Being Trust, coordinated with Community Initiatives and ReThink Health, with support by the CDC Foundation.

The community development sector in particular brings a range of financial resources and capital with the potential to coordinate with many rural healthcare organizations to meet community investment goals.

factors in the lived environment that impact health outside of clinical delivery and services. Healthcare can be most impactful in these interventions when partnering with other sectors in the community, stemming the flow of adverse experiences that lead to downstream social needs and medical interventions, and, thus, enabling improved population health and reduced health disparities.

Partnering with other sectors, including the community development and finance sectors, is essential to meet the current needs of the rural healthcare sector in terms of reducing costs but also leveraging rural assets, resources, leadership, and commitments to create healthy and resilient rural communities. This type of partnership requires consideration of the multiple factors that influence health and well-being. The **Vital Conditions for Thriving People and Places**, launched by ReThink Health, Well Being Trust, and the CDC Foundation in 2020, are a set of vital conditions

essential for everyone to reach their full potential. The vital conditions are built upon a foundation of belonging and civic muscle and include a thriving natural world, basic needs for health and safety, humane housing, meaningful work and wealth, lifelong learning, and reliable transportation.

These vital conditions and close-knit ties are interconnected and embedded in the fabric of rural and small-town communities, and they all support centering belonging and civic muscle. **Creating collaborative partnerships** for rural revitalization, as well as building on existing relationships and partnerships within rural communities, can deepen meaningful change and expand creative partnerships in a way that reflects the unique context, social fabric, and infrastructure of each rural community.

Positioning the healthcare sector to address the vital conditions through cross-sector upstream investments has the benefit of bolstering a struggling sector while leveraging assets for holistic approaches to rural health and prosperity. As an example, the community development sector in particular brings a range of financial resources and capital with the potential to coordinate with many rural healthcare organizations to meet community investment goals.

This playbook highlights a variety of strategies that can be adopted by the healthcare sector in partnership with community development and other sectors to target investments that impact community conditions in rural areas, creating infrastructure that supports health and offers opportunities for all, including persistently marginalized communities.





Development of the Playbook

The playbook builds on the work and experience that Build Healthy Places Network has garnered in producing [previous playbooks](#).

In producing this playbook, our bench of partners was deep. We learned from several published resources, noted earlier, created by others working in this area. We began this journey with research and preparation of a [primer](#) making the case for cross-sector partnerships and gathering resources for those interested in multisector partnerships in rural areas.

We convened a rural roundtable with national leaders in the rural development space to further explore our hypothesis that cross-sector partnerships can leverage each partner's strengths and expertise to build resilience in under resourced rural communities. Such partnerships are especially relevant in light of the COVID-19 pandemic and the accompanying federal investment to address infrastructure challenges to rural health equity. All this information sets the context, parameters, and focus of this playbook for rural healthcare investments.

The production of the playbook would not have been possible without the guidance, advice, and rich conversations with our Advisory Committee, made up of representatives of national networks of rural partners from across several sectors (see acknowledgments). In addition, we drew from partner resources and literature, and we researched and conducted in-depth interviews with rural practitioners to create a panel of case studies highlighting strategies that emerged from this work.

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TO VIEW PREVIOUS PLAYBOOKS, VISIT buildhealthyplaces.org/tools-resources/build-healthy-places-network-playbooks/

Central Strategies

Four broad strategies that the healthcare sector can use to collaborate with cross-sector partners for rural health and prosperity emerged from our research, interviews, and group discussions. Reflecting the geographic, demographic, and economic diversity of places labeled “rural,” one strategy does not fit all. To draw attention to multistrategy approaches, we include icons for each strategy alongside the case studies that follow. Any approach a healthcare system considers should take into account the unique assets of the rural community of focus.



Strengthening Economic Opportunity and Workforce Support

Economic stability and community health are interdependent: one cannot be sustained without the other. As anchor institutions and major employers, rural healthcare organizations are often significant economic drivers in the communities that surround them. Additionally, lack of economic stability is a major factor in poor health outcomes, so the fate and stability of rural healthcare institutions, both as service providers and as employers and economic drivers, can impact community health. As employers, competitive recruitment and retention of healthcare staff is a challenge for many rural hospitals. In a competitive market, sufficient housing and childcare opportunities can be critical strategies in recruiting great candidates. This strategy deploys economic and workforce development strategies to create stability and increase health outcomes. It includes strengthening local career pathways, healthcare workforce housing for recruitment and retention (see Southwestern Vermont Medical Center case study), and access to childcare (see Sky Lakes Medical Center case study).



Supporting Local Control

Increasingly, rural healthcare is deploying strategies to support community ownership models that help close the racial wealth and health gap. These models are geared toward supporting collective ownership of land through a land trust (see Saint Alphonsus Health System case study), promoting food sovereignty or the right to healthy, culturally appropriate food defined by a community’s own agricultural systems (see Winnebago Comprehensive Healthcare System case study), or advocating for policy change to advance community investment or needed land use changes.



Strengthening Infrastructure to Support Healthcare Access

This strategy seeks to build and strengthen the infrastructure that supports healthcare delivery and responds to the challenges of physically connecting rural healthcare with those needing services. The work can take several forms, such as collaborating with partners to co-locate services to improve access, supporting community hubs for health, expanding reach through broadband availability, or improving transportation for individuals to access needed services (see Dartmouth-Hitchcock Medical Center case study.)



Increasing Resources

A common strategy for healthcare investment in rural development is increasing access to resources. Successful approaches can include diversifying the funding base and finding innovative resources, such as a hospital’s use of general obligation bonds and loans to fund a New Market Tax Credit allocation (see Tippah County Hospital case study). Another trend is to donate land to support community-based projects such as affordable or supportive housing. An increasing number of healthcare institutions are reaching out to partners in rural community development that have expertise in creatively deploying capital in support of housing, workforce development, and other issues central to rural healthcare’s impact on community health.

Cross-Cutting Themes

In addition to the specific approaches, some important overarching themes emerged from this project, synthesized from advisory group discussions, rural roundtable discussions, and case study interviews.

Build Trust and Social Capital

Successful multisector partners in rural areas consistently highlighted the importance of building social capital in advance of making investments. Trust and social capital are particularly important in isolated rural areas, where understanding and helping partners by exchanging information and cooperating can catapult efforts to achieve common goals. A key ingredient in developing a network of partners is building trust and relationships over time. Successful partnerships often require intentional efforts to gain trustworthiness (from the Association of American Medical Colleges) and build relationships (from the American Hospital Association), both between organizations and the community and between partner organizations, especially in different sectors. Working with local faith-based organizations can be influential in building community trust and buy-in.

Center Community Voice in Defining Problems and Crafting Solutions

A central theme underscored in conversations with advisors and practitioners alike is the need to listen and treat community members as experts in defining their own challenges and crafting solutions. Centering community voice in health partnerships can help identify key needs as defined by local residents, along with relevant and sustainable community change solutions.

Reflect on Systemic Biases and Exclusionary Systems

This understanding is critical in addressing the experiences of groups within rural communities that have been subject to multigenerational disparities that impact their health outcomes.

Incorporate Civic Muscle and Belonging

The vital conditions framework centering belonging and civic muscle can be considered a foundational element across all the strategies and approaches outlined in this playbook. Coupling civic muscle and belonging will give agency to communities to drive change. Healthcare can play a role in establishing the social support people need to thrive as part of the community and in developing the power to co-create solutions.

Chart a Pathway from Community Engagement to Ownership

Healthcare can support revolutionizing community engagement efforts in rural settings to advance community-driven solutions. The key to grappling with underlying health disparities is direct participation by communities in the solutions and decisions that directly impact them.

Inclusion and Community Engagement

Understanding the inequities that data and people’s lived experiences might illuminate is critical to all the strategies in this playbook.

The practice of applying an equity lens to rural populations and places is essential when addressing the root causes of documented health disparities. These health disparities often disproportionately impact groups within rural populations that have been historically and persistently marginalized due to discriminatory policies and practices targeted by race and ethnicity. This approach will help identify opportunities for inclusive and equitable healthcare community investments.

Building from this awareness of communities and addressing exclusion, healthcare leaders are in a position

to guide partnerships to more effectively close the health equity gaps through direct participation by impacted communities in setting goals that move toward greater community ownership. A useful tool that supports this work is [The Spectrum of Community Engagement to Ownership](#), developed by Rosa Gonzalez and Facilitating Power, which seeks to strengthen local democracy by deepening community participation. The centering of rural communities, particularly groups within rural communities whose voice and power are commonly excluded, is important in rural development and investment partnerships.

Identifying Cross-Sector Partners in Rural Communities

Any multisector initiative begins with identifying potential collaborators in the region. This process is especially important when embarking on innovative approaches that might benefit from partnerships leveraging assets and engaging nontraditional partners.

Health partnerships can take shape by making connections across institutions and sectors that all have a stake and interest in creating healthy and resilient places. Entities may have different perspectives, incentives, and motivations for collaboration, and each will bring unique and valuable skills and resources that can be leveraged to increase the impact of multisector approaches. Healthcare leaders can look for other healthcare institutions, nonprofit organizations, community-building and community development organizations, and local governments to form these types of multisector partnerships. Figure 3 outlines the types of organizations that might constitute multisector partnerships in rural areas and small towns.

A foundational consideration for locally rooted partnerships is how to center the needs and priorities of local community residents and leaders. Meaningful engagement with the community in ways that center the community voice is

foundational to creating successful, sustainable, and inclusive solutions that relate to the specific challenges and context of a community. Helping local people and organizations get the skills they need to be as effective as possible in community organizing and leadership is a powerful tool for building assets and leveraging knowledge and lived experience from within the community as opposed to imposing outside “expertise.”

One major sector outside of healthcare that is the focus of Build Healthy Places Network’s work is the community development sector. Additional sectors indicated in Figure 3 should also be considered as important stakeholders contributing to the health partnership ecosystem: public health (with its breadth of community knowledge, data, and relationships with community-based organizations), faith-based groups (which can be instrumental in community engagement efforts), K-12 and college educational

systems (which can support communitywide activities and workforce development strategies), and chambers of commerce. Wrapping around all these community sectors, the outer circles consist of philanthropy, government, and national capacity-building networks that play a key role in the partnership ecosystem and can impact each

of the stakeholders described earlier. In rural areas, local governments can take considerable action to support community change through their housing authorities, economic development programs, extensive recreational assets and programming, infrastructure services, and social service functions.

FIGURE 3. MULTISECTOR RURAL HEALTH PARTNERSHIPS

Rural Health Partnership Ecosystem



Community Development

The community development sector is a multi-billion-dollar, mission-driven industry that invests in low- and moderate-income communities to tackle poverty in underresourced neighborhoods. Community development corporations (CDCs) and community development financial institutions (CDFIs) play a critical role in the support and promotion of neighborhood development.

Driven by a mix of public and private resources—federal and state grants and tax incentives as well as federally mandated investments by for-profit banks—these organizations bring in needed capital for undercapitalized rural communities, enabling more efforts to address the vital conditions that impact health. Their efforts include development and financing of safe and affordable housing stock, schools, grocery stores, Federally Qualified Health

Centers, rural and critical access hospitals, health clinics, small businesses, job training programs, childcare centers, and other community support services. These organizations work in places, including rural areas, challenged by poor infrastructure and with a concentration of residents who struggle financially. With 47% of rural renters burdened by **excessive housing costs**, which have direct implications for health, attracting capital to address these needs is critical. However, community development finance is a competitive system, geared toward urban economies of scale and impact. This **urban bias** can impede the work of rural community developers, but strong partnerships with local health organizations that are able to advocate for health outcomes represent an important asset for overcoming these barriers.



47% of rural renters are burdened by excessive housing costs

HIGHLIGHT

Civil Society Organizations and Community Action Agencies

In addition to the community development sector, and in some cases in the absence of community development corporations, many rural areas have a strong history of civil society organizations like Lion Clubs, Rotary, FFA Alumni, and similar nonaffiliated local organizations that play some of the same roles as community development corporations, such as building new parks, fundraising for community revitalization projects, and providing other social service functions. These organizations are helpful partners for healthcare organizations to bolster their role in creating healthy, vibrant communities.

Community action agencies—networks of private and public nonprofit organizations working locally in most counties across the country—are another ready source of community partnership. The federally supported Community Action Agencies target poverty and address social determinants of health by improving conditions that support better health. These include childcare, housing services, weatherization of homes, and food programs, to name a few.

CDFIs are important partners to include at the table, with expertise in leveraging private capital with public and philanthropic dollars

Community Development Financial Institutions

Community development financial institutions (CDFIs) are nonprofit banks that coordinate financing with innovative financial tools to meet needs of persistently marginalized communities such as affordable housing, Federally Qualified Health Centers, and other community infrastructure. Most community development investments require the braiding of multiple streams of capital: philanthropic dollars, tax credits (Low Income Housing Tax Credits and/or New Market Tax Credits), investments motivated by the Community Reinvestment Act, and market-rate loans. This complex approach to obtaining necessary resources demands a high level of financial expertise, which CDFIs provide.

The community development sector now extends to over **4,000 community development corporations in addition to over 1,000 CDFIs** working across the country. Some work locally, while others are state-based or national networks, such as NeighborWorks America (community development corporations) or Opportunity Finance Network (CDFIs), many of which can be located through Build Healthy Places Network's **Partner Finder tool**.

Partnerships that leverage the strengths of the financial ecosystem can take shape in a wide variety of projects. The community development sector is particularly well positioned to partner with healthcare organizations on efforts such as redeveloping properties, leveraging tax credits and loans, and providing other creative financing for neighborhood revitalization. CDFIs are important partners to include at the table, with expertise in leveraging private capital with public and philanthropic dollars. Their range is broad, with space for healthcare organizations to be creative in adapting to local needs as well as leveraging existing partnerships for new investments.



HIGHLIGHT

Native Community Development Financial Institutions

Rural Native American communities experience higher rates of poverty and unemployment than most of the nation and face systemic barriers affecting access to broadband, career pathways, and healthcare. In fact, **86% of Native communities** lack a single financial institution within their borders. These barriers are compounded by health disparities in these communities representing historical trauma and poor socioeconomic conditions. Healthcare systems with a geographic presence in or around tribal areas can be a catalytic partner in improving community conditions to support health by working directly with the community and partner organizations to create access to health services, businesses, jobs, and homeownership. A rising number of tribal governments are interested in partnerships that take a holistic approach to improving community conditions impacting health. The growing network of organizations collaborating to develop healthy, vibrant Native communities and economies includes the national **Native CDFI Network** composed of Native-focused CDFIs, such as **Oweesta Corporation**, and philanthropic movements (e.g., **Native Americans in Philanthropy**, **NDN Collective**).



VISIT BHPN'S PARTNER FINDER TOOL

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CASE STUDIES

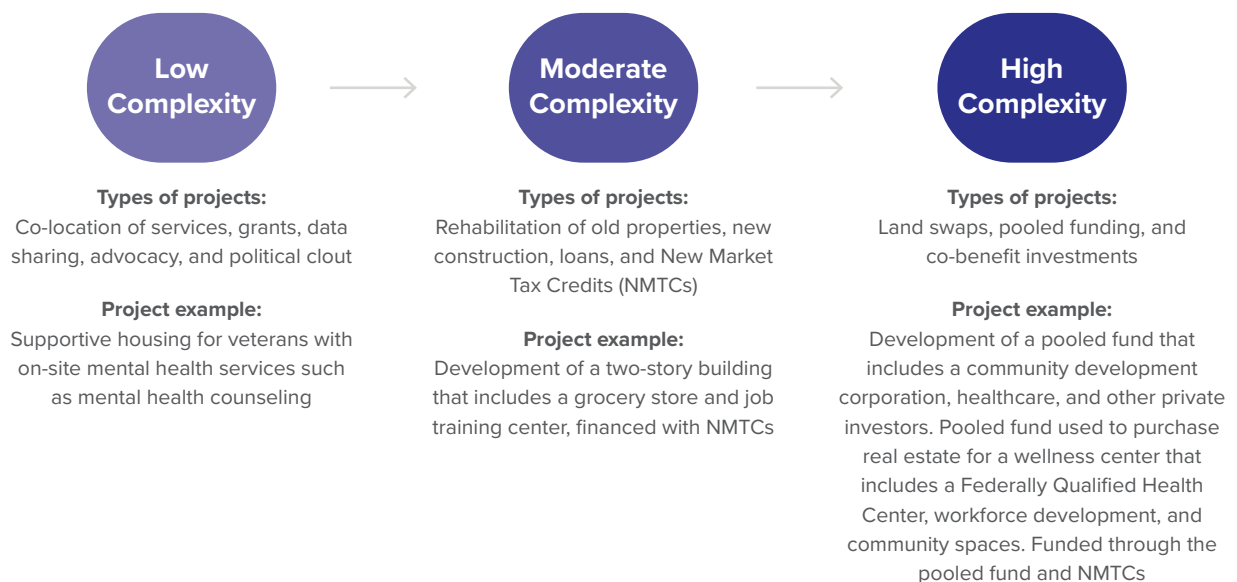
Health Partnership Strategies for Cross-Sector Rural Work

By partnering across sectors, in particular the community development and finance sectors, healthcare organizations can increase community-centered investments to support opportunities for all individuals to live longer, healthy lives, regardless of their income, education, race, or ethnic background.

The case studies included in this playbook represent a sample of the breadth of innovative and promising practices being used across the country today, putting an end to any misconception that nothing much happens in rural areas. Organizations considering healthcare-community partnerships should be aware of the range of complexity of such projects (Figure 4) when selecting an initial area of focus. The list is not meant to be exhaustive or a rigid blueprint but to represent an illustration of the possibilities and entry points for those considering how they might approach this work in their rural communities.

Through the case study interviews and research, as well as the advisory discussions, we identified four broad strategies for forming rural healthcare partnerships with community development and other key stakeholders (listed in Figure 3 earlier). The case studies were gathered from key practitioners across the country, and we hope they bring these strategies to life. As might be expected, in reality the described projects often don't fit neatly into discrete categories, so several of the case studies described here illustrate multiple strategies within their projects.

FIGURE 4. RANGE OF PROJECT COMPLEXITY IN HEALTHCARE-COMMUNITY PARTNERSHIPS





To assist the reader, we have included icons for each strategy that appear alongside the case studies.



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)

Klamath Falls, Oregon, is a rural community of just over 21,000 people. The region's abundant character includes the Klamath Basin, Klamath River, and the ancestral lands of the Klamath Tribes.

Never fully recovering from the decline of the timber industry and the great recession of 2008, the region continues to experience economic hardships and challenges. The unemployment rate remains **20%-40% above Oregon's averages** with labor participation rates significantly lower than the state average, while the retirement-age population has grown by a third since 2000.

The largest employer in the county, Sky Lakes Medical Center, banded together with other local institutions to reverse these trends by creating Klamath Works. This partnership is developing a new integrated social service model and campus focused on empowering community members through employment and fostering a sense of self-worth and self-sufficiency.

Social services in Klamath Falls are dispersed, requiring community members to go from location to location for housing assistance, unemployment, or Medicaid, which results in individuals falling through the cracks. Sky Lakes Medical Center aims to address this drop-off through infrastructure that brings these agencies and services together. Paul Stewart, past president and CEO of Sky Lakes Medical Center, explained, "Klamath Falls has a great deal of need but not a great deal of resources. We need to leverage the resources available in the most effective way possible. Cooperation is a force multiplier where any dollar or work-hour goes further."

Medicaid reform sets the scene

Transformation of Oregon's Medicaid program formed the backdrop for this work, as the system migrated to a capitated system, a value-based reimbursement model that provides a fixed income for services. The shared risk incentivizes hospitals to move interventions upstream and keep people healthy to control service utilization. This shift normalized the concept of upstream hospital investment, with the board adopting a long-term investment strategy to "bend the curve" on social determinants of health. By the time the Klamath Falls project took place, there was already solid buy-in from the board for this type of investment.

Klamath Falls is a place with limited resources but robust relationships. Sky Lakes Medical Center maximized this social capital by becoming the convener that brought together the business leaders, government agencies, faith-based organizations, and other local civic groups that eventually formed Klamath Works. These groups share the philosophy that an integrated social service model will provide a pathway for able-bodied individuals to become self-sufficient and active contributors to their community. Klamath Works is now an independent nonprofit housed in a building owned by Sky Lakes Medical Center. The medical center also continues to play a role as a convener and investment partner to help turn this vision into reality.

Klamath Works Services Campus and Gospel Mission

In 2014, Sky Lakes Medical Center purchased a vacant 18-acre parcel next to the community's Federally Qualified Health Center and near a childcare facility and preschool serving low-income families. The goal is to convert this property into the Klamath Works Services Campus, a convening space for nonprofits and interrelated social service agencies. The effort is intended to be inclusive and culturally responsive in planning and design, especially related to Native populations and Latinx communities. The programs will include a detox and sobering station, mental health services, a tribal food bank, Medicaid managed care offices, and a **job program** that aims to support individuals in securing employment by providing services like job coaching and life skills programs. Relocating onto the property together will support their long-term self-sufficiency.

The site will also house the Klamath Falls Gospel Mission, made up of emergency shelters for men and women in addition to a commercial kitchen, dining hall, and chapel. Klamath Works had struggled to fundraise for the land and buildings needed for the Mission, so Sky Lakes Medical Center agreed to a land swap, providing the nonprofit 2 acres of the 18-acre parcel. The \$2.4 million fundraising campaign to locate three separate buildings on the campus is complete. **Sky Lakes Medical Center's contributions** also

include \$50,000 of seed capital for the buildings and letters of support for additional grant funding.

Looking forward

To date, Sky Lakes Medical Center provided in excess of \$300,000 in financial and in-kind support for the Klamath Works project. The partnership has already developed offices on site for case workers and nonemergent transportation to help shepherd those in need to the right resources, helping them remain out of the emergency room and on track to flourish as individuals no longer in need of these services. The Sky Lakes Medical Center is continuing to fundraise for grants to pay for additional job trainers on site and to support new infrastructure for services like the sobriety center. More agencies, such as the Department of Human Services, are considering relocating to the campus, and the hope is that other service providers will follow the same path.



Sky Lakes Medical Center, lot purchased near health center and childcare serving low-income families, Klamath Falls, Oregon



Wagner Community Memorial Hospital Avera & Yankton Sioux Tribe (South Dakota)

Wagner is a community of about 1,500 people located in Charles Mix County in south central South Dakota. It is adjacent to the Yankton Sioux Reservation and is 120 miles from the closest major tertiary hospital, in Sioux Falls, South Dakota. Almost a quarter of the population in Charles Mix County is living in poverty, double the rate for South Dakota.

Wagner Community Memorial Hospital Avera (WCMH-A) serves the community through a mix of public pay services, Medicare, Medicaid, and the Indian Health Service, providing over half of its services to Native Americans and members of the Yankton Sioux Tribe. This mix of diverse cultures, where healthcare practices and local politics play an intricate role, affects how healthcare is managed and delivered. Addressing the population's formidable social determinants of health is a high priority in that approach.

One part of this effort was the revival of the dormant Wagner Area Growth, a nonprofit economic development corporation. WCMH-A helped Wagner Area Growth hire an economic development director and recruited a major store chain in the community to adopt a sales tax rebate through the City of Wagner. As a result of the improved product quality and selection, WCMH-A's revival of this economic development corporation ultimately led to the doubling of retail sales, increased jobs, and better economic stability.



Southwestern Vermont Medical Center & Healthy Homes

Southwestern Vermont Medical Center (SVMC) partnered with the Bank of Bennington and the Town of Bennington to develop the **Healthy Homes program**.

The collaboration led to additional funding pledged by the Bank of Bennington to support municipal infrastructure repair by the Town of Bennington. The SVMC provides majority of the funding for this program, which buys properties with the intention to renovate them and provide affordable housing opportunities. Although SVMC employees receive preference for potential homes, all community members have access to apply for the program. The Healthy Homes

program seeks to actively encourage homeownership to support the overall well-being of community members, retain valuable employees, and enable healthier and safer lifestyles. Healthier home environments can improve population health by contributing to stable and supportive community environments. Through this program, four distressed downtown homes have been rehabilitated for homeownership by SVMC employees.



Southwestern Vermont Medical Center, renovated house from the Healthy Homes program, Bennington, Vermont



Supporting Local Control





Saint Alphonsus Health System & LEAP Housing Trust (Idaho)

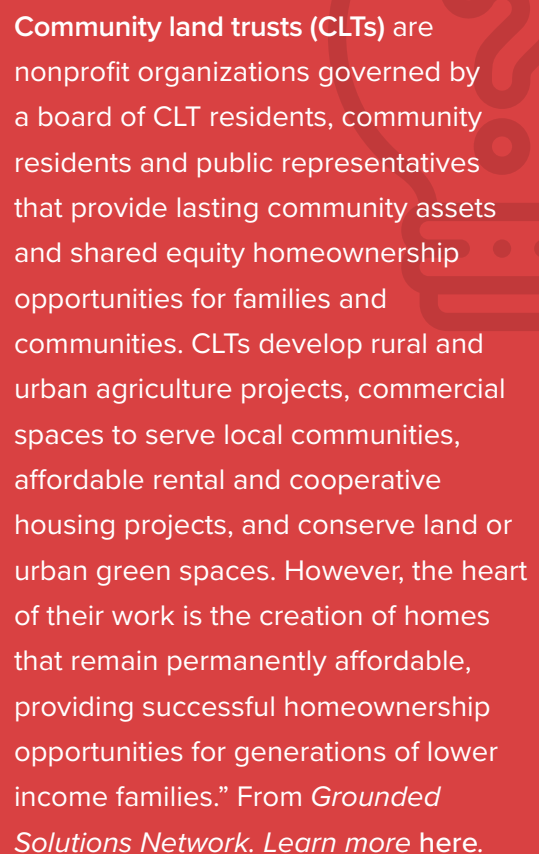
Saint Alphonsus is a not-for-profit health system with five hospitals in Idaho and Oregon and is a member of Trinity Health, the nation's second-largest Catholic healthcare system. In 2019, Saint Alphonsus created a community health and well-being department, establishing a formal structure with a budget and leadership fully dedicated to community health efforts.

Since the formation of the department, Saint Alphonsus' investments into affordable housing include a contribution to Idaho's very first land trust. The first housing developments that are part of the trust are in urban Boise, Idaho. Thanks to an initial investment from the hospital system and a growing list of investors, the trust continues to expand, creating affordable housing and opportunities for homeownership in rural parts of the state.

LEAP Housing Trust

Through the Saint Alphonsus 2020 Community Needs Assessment Survey and additional surveys and focus groups, substandard housing and housing affordability became clear as two of the biggest areas of concern. Saint Alphonsus was introduced to LEAP Charities, a local nonprofit, not long after it had completed one development of rental properties through a partnership with IndieDwell, a manufacturer of affordable, LEED-certified, high-quality shipping-container-style homes. For its next project, LEAP Charities purchased nearby land that included properties for home buyers as well. To keep these homes affordable, the nonprofit created **LEAP Housing Trust**, a community land trust. In the land trust model, homeowners own their homes, while the trust retains ownership of the land. This allows homeowners to gain some equity with rising home values while also guaranteeing that properties remain affordable when sold to the next buyer.

Drawn to the idea of high-quality homes remaining permanently affordable, Saint Alphonsus became the first investor in the land trust, deploying community benefit dollars, hospital foundation funding, and grant funds intended to address a social determinant of health. Saint Alphonsus' initial \$240,000 contribution helped build 14 affordable units in Boise, and this seed money was leveraged to attract other investors, such as the Blue Cross Foundation, growing the fund to \$2.1 million. The growing land trust allowed the partners to plan additional developments across the state, including in Mountain Home, Idaho, a community with a population of just over 14,000. Like other properties, this one will include wrap-around services, with on-site options like a residential services coordinator also under consideration.



Community land trusts (CLTs) are nonprofit organizations governed by a board of CLT residents, community residents and public representatives that provide lasting community assets and shared equity homeownership opportunities for families and communities. CLTs develop rural and urban agriculture projects, commercial spaces to serve local communities, affordable rental and cooperative housing projects, and conserve land or urban green spaces. However, the heart of their work is the creation of homes that remain permanently affordable, providing successful homeownership opportunities for generations of lower income families.” From *Grounded Solutions Network*. [Learn more here.](#)

The impact of a rural boom

Many of the rural communities near Boise are not experiencing population loss but rather a population boom. As urban home prices skyrocketed 72% from 2017 to 2021, areas like Mountain Home have seen an inflow of former city residents looking for more affordable housing options. This phenomenon creates the threat of displacement for current residents and a greater demand for new, affordable housing stock in nearby rural communities.

New developments, including affordable housing, are met with hesitation from some locals. Concerns around increased density, rezoning rather than preserving agricultural land, and replacement of open spaces with new infrastructure create fear that rural communities will be transformed into urban centers.

Through Saint Alphonsus' work in rural areas, the hospital system is learning to overcome these challenges by sharing information, storytelling, and forming broad partnerships in the community. Rebecca Lemmons, Saint Alphonsus' regional manager for community health and well-being, explained, "We bring data for the head and stories for the heart." One example is illustrating housing affordability challenges by presenting the number of jobs paying less than \$20 per hour and calculating the unreasonable number of work hours needed to purchase housing on that wage. The combination of data with relatable storytelling humanizes low-income residents, helping to dismantle misconceptions about affordable housing.

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

REBECCA LEMMONS, SAINT ALPHONSUS' REGIONAL MANAGER FOR COMMUNITY HEALTH AND WELL-BEING

Another critical piece of the work is the broad coalition of trusted local partners who champion the effort and shape messaging so it resonates with community members. For example, hospitals, schools, and other organizations can effectively advocate for more affordable housing that supports a growing workforce and, as a result, greater economic opportunity. Similarly, to tackle concerns about urban sprawl, Saint Alphonsus is exploring creative ideas with partners to increase density by integrating new housing into the existing built environment, such as retail spaces.

The future

Saint Alphonsus continues to speak with future investors interested in the land trust, excited to spread the word that "housing is healthcare." The healthcare system has learned that whether in rural or urban areas, no one entity can fund community health work alone, which is why Saint Alphonsus champions cross-sector partnerships across the region.

Celebration following the ground blessing ceremony for the 14 homes at the Caritas Commons site, one of the first developments in the the LEAP Housing Trust in Idaho.





Winnebago Comprehensive Healthcare System & Ho-Chunk Community Development Corporation (Nebraska)

Progressive increases in urbanization have resulted in the Ho-Chunk people of the Winnebago Tribe of Nebraska becoming disconnected from their origins, in which they traditionally enjoyed a close connection with their environment.

The result was ever greater reliance on external producers for nearly all of the community's food requirements, with negative consequences for the health of the community. In response, the Winnebago Tribal Council initiated community planning and organization around food sovereignty, forming the Winnebago Food Security Task Force. The Ho-Chunk Harvest Community Food Project was born, administered by the nonprofit Ho-Chunk Community Development Corporation (HCCDC), a local nonprofit community development organization serving tribal communities, along with a broad coalition of local stakeholders, including the Winnebago Comprehensive Healthcare System.

In 2018 HCCDC won a grant from the U.S. Department of Agriculture (USDA) to plan a food sovereignty project in collaboration with other tribal representatives and council. Food sovereignty is defined as the right of peoples to healthy and culturally appropriate food produced through ecologically sound and sustainable methods, and their right to define their own food and agriculture systems. Many efforts related to the project were based on initiatives

and tangible acts of food sovereignty like purchasing and distribution of goods and development of gardens, markets, and farms. The focal point of the project was the development of a \$265,000 structure into an indoor farmers market, allowing vendors who might normally set up along roadsides to have greater access to customers. Participants are linked with a nutritionist from the Winnebago Tribe's Health Department, who provides seminars and cooking classes to demonstrate how to prepare the produce grown. The project supports economic development by inspiring local entrepreneurship and upholds the goals of the health initiatives through greater community access to fresh and healthy foods, within a food sovereignty framework.

This project was a key component of the health initiatives developed by HCCDC. The indoor farmers market funding was achieved through collaboration with HCCDC, Ho-Chunk Inc., and the USDA. Construction was completed in 2019, and the market serves as a central community marketplace for fresh, healthy foods.



Strengthening Infrastructure to Support Healthcare Access





Dartmouth-Hitchcock Medical Center & Southwestern Community Services (New Hampshire)

In 2019, Dartmouth-Hitchcock Medical Center made a significant contribution to support a long-desired bus route connecting the cities of Claremont and Lebanon in New Hampshire. Dartmouth-Hitchcock, New Hampshire's only academic medical center, was one of the first partners in the collaborative effort with Southwestern Community Services, a community action agency. Dartmouth-Hitchcock helped fund the new commuter bus route and positioned the community action agency partner to obtain necessary state funding.

A tale of two rural communities

Two rural communities, Grafton and Sullivan counties, live side by side. Lebanon, the location of Dartmouth-Hitchcock Medical Center, has one of the highest median incomes in the state. More affluent, this community in Grafton County has access to services, economic opportunity, a prestigious hospital, and nationally recognized free public transportation services. Thirty miles away, neighboring rural Sullivan County struggles with large-scale changes from the historically high industrial base of the last 50 years. The results have been lower household median incomes and more health challenges. Claremont, with a population just under 13,000, the only city in Sullivan County, had a much smaller, fee-based bus service that was discontinued because of the lack of financial support and viability.

Challenges for an anchor institution

Dartmouth-Hitchcock employs around 14,000 people in Lebanon, yet one of the downsides of having an economically strong community is that housing near the hospital is very expensive. To retain and recruit the breadth of workforce needed to support the operations of a large medical center, the hospital needed to prioritize access to more affordable locations. Building transportation networks to give people opportunities to live in communities where housing is more affordable was an institutional imperative. The business case to senior leadership was clear: Dartmouth-Hitchcock had to fill the missing link between where people live and where the hospital hoped they will come to work.

Ultimately, many of Dartmouth-Hitchcock's employees are also the hospital's patients. Its patients also come from the lower-income Sullivan County and include people living with more health disparities and those who cannot access important resources because of lack of transportation, so the benefits of improved transportation would be twofold.

An investment kicks it off

Dartmouth-Hitchcock's initial investment of \$50,000 capital from community benefit dollars was a catalyst that generated the additional and diverse funding needed to ensure cross-sector support of the transportation project. Dartmouth-Hitchcock partnered with Southwestern Community Services to achieve this support. In the context of rural areas with limited resources of revenue and labor, it can take real commitment to launch tangible projects others want to invest in. Dartmouth-Hitchcock's early commitment lent legitimacy to the project that supported Southwestern Community Services as the agency approached other stakeholders for investment. Other community-based organizations were able to bring their collective knowledge and relationships to access funding from state and federal resources.

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

Two community needs, one solution

Transportation is key for healthcare, as it serves the dual purposes of allowing patients to access resources and supporting healthcare workforce recruitment through wider access to affordable areas in which to live. In this way, investment in parts of the county not directly in the hospital's catchment area can still play an important role for the healthcare institution. Dartmouth-Hitchcock has a large volume of jobs but needs to continuously certify people to enter the workforce. The hospital also runs a career school to train people for a number of front-line and direct care roles. Thanks to the new transportation link, there is a larger workforce pool for development.

The frequent daily bus route has opened up a new era of public transportation for the region. Access to funding has been historically challenging. As described by Beth Daniels, the chief executive officer of Southwestern Community Services, "Nothing happens at the Department of Transportation level without local match. Dartmouth-Hitchcock stepping in wasn't just a nice thing to do; it would not have been possible for us to do this without [the healthcare partner]."



Texas A&M University & Gateway Community Healthcare

Texas A&M University's Innovative Readiness Training (IRT), led and funded by the Department of Defense, helps increase self-sufficiency and enhances the quality of life for residents of colonias along the Texas-Mexico border.

Colonias are unincorporated rural communities that lack basic necessities such as drinkable water, sewage systems, electricity, and paved roads. In Webb County, Texas, IRT focused on rebuilding infrastructure and healthcare access through a partnership with the local Federally Qualified Health Center, Gateway Community Health Center. Gateway provided medical care follow-up after the initial medical screenings. This government and healthcare partnership is bringing social safety nets to remote locations with poor economic conditions and cultural segregation.



Palmetto Care Connections & South Carolina Telehealth Alliance

Spurred by the COVID-19 pandemic, healthcare providers have turned to innovative strategies to safely and effectively bring care to the population. An essential tool for the growth of that care is telehealth.

In South Carolina, healthcare providers are partnering with community development financial institutions (CDFIs) and networks that assist in connecting rural communities to quality services through broadband and telehealth programs. Addressing digital literacy, an important social determinant of health, underpins the success of telehealth and the advancement of health equity. The nonprofit health organization Palmetto Care Connections co-chairs the South Carolina Telehealth Alliance with the Medical University of South Carolina in addition to partnering with like-missioned organizations to address this social determinant of health. Palmetto Care Connections received a \$19,500 grant from Rural Local Initiatives Support Corporation (a CDFI) and an additional \$25,000 pledge from the South Carolina Department on Aging to implement a digital inclusion program for seniors in five counties in South Carolina. The program assisted 100 seniors with digital literacy training, a free digital tablet, and free cellular service for 12 months.



Hawaii Department of Health,
Naalehu Library, the first pilot site
for the digital navigator program



Hawai'i Department of Health & Pacific Basin Telehealth Resource Center

Circumventing geographical challenges to accessing healthcare is an experience shared by many rural communities across the country, be it through physical barriers, as in the case of this study, or weather-impacted travel or sheer mileage. The COVID-19 pandemic illustrated the transformative role that broadband access plays in supporting health, economic, and educational equity.

The multisector approach is not new to those working in Hawai'i. The need for creative solutions to the shortfall of resources means the wearing of multiple hats has become a familiar mode of operation. The Hawai'i State Department of Health, in partnership with the Hawaii State Public Library System and the Pacific Basin Telehealth Resource Center at the University of Hawai'i at Mānoa, is employing American Rescue Plan funds, Federal Communications Commission Connected Care Funding, and in-kind support to bring digital navigators and telehealth services to 15 libraries in underserved and rural areas, strengthening community infrastructure to provide health.

A Digital Literacy Workgroup is turning to the community to assist them in embedding sustainability into the fledgling system. Working with the community, the workgroup determined a need for individuals who could teach community members how to use digital tools and assist them in navigating their health services. Digital navigators are recruited from the community, consisting of college and high school students with an interest in healthcare or information technology fields. Digital navigators become paid employees of the Hawaii State Public Library System. Hiring within the community is fostering trust and helping youth build connections and employment-relevant experience.



Increasing Resources





Sanford Health & Bemidji Veterans Home (Minnesota)

Rural America is home to a disproportionately high number of service members and veterans. Providing housing and needed services for veterans can be complicated in rural areas due to vast geographies, limited resources, and insufficient social service infrastructure.

In early 2023, a new veterans' home will be completed in the Bemidji region of Minnesota, providing much-needed affordable homes for 72 veterans. This important community project was enabled by the strategic donation of land 10 years earlier by Sanford Health, a large healthcare system headquartered in Sioux Falls, South Dakota, serving communities in 26 states through its hospital network.

In 2012, Bemidji was number 10 on a list of communities to become the site for one of three veterans' homes to meet the growing needs of veterans in the northwestern region of the state. The Northern Minnesota Veterans Home Task Force had come together to make the case for the new veterans' home, but it was the game-changing commitment to donate the necessary land and assist with operational costs at the facility by Sanford Health that would become the center of a successful campaign to build the project.

The land was excess and underutilized property located south of Sanford's WoodsEdge Senior Living campus and near the Sanford Bemidji Medical Center. It had easy access to transit and was located next to the new North County Park, which had trails and other amenities.

The project financing and commitments included \$10 million assembled for a local match to secure a federal grant. The State of Minnesota committed \$12.4 million in 2018. An additional \$2.3 million was raised from local governmental units, organizations, and private donations. In April 2021 the U.S. Department of Veterans Affairs announced its commitment to the final piece of funding to reach the total development cost of \$42 million for the project.

"This is a true community success story. We cannot be prouder of Sanford Health's early commitment of land to this effort. The partnership in this community to serve our veterans and all residents in our community in need of housing is what makes this a healthier place we call home," said Susan Jarvis, President and CEO of Sanford Health of Northern Minnesota.

The most recent donations of land and buildings by Sanford Health of Northern Minnesota have supported a new day center for residents experiencing homelessness and a mental health facility serving the Bemidji region. The Nameless Coalition for the Homeless received the building donation to drive its mission to provide day shelter and services for residents. The new mental health facility is a partnership with the insurer PrimeWest Health to consolidate and expand mental health services in the community. In total the land and building donations total over \$2 million in value enabling the housing and community health projects to move forward.

This case study highlights important assets that rural healthcare entities have at their disposal beyond finance resources and philanthropy. Healthcare organizations hold land/property, expertise, relationships, community voice, and a strong balance sheet that when creatively used in partnership with the community can effectively address the vital conditions that support health.

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

Adapted from an article by Eric Muschler, director of housing and health equity for Greater Minnesota Housing Fund.



Tippah County Hospital & HOPE (Mississippi)

Tippah County Hospital has served as a critical access provider for rural communities in the northern Delta region of Mississippi since 1950. The hospital stands 25 miles from the nearest neighboring emergency department and serves a high proportion of low-income residents and elderly, dual-eligible Medicaid and Medicare recipients.

The hospital was struggling to provide top-quality medical care in an outdated facility, but finding cost-effective ways to improve the existing building proved to be challenging. Dr. Patrick Chapman, Tippah County Hospital CEO, learned about the **New Markets Tax Credit** program when he attended a presentation by **HOPE** at a seminar sponsored by the Office of Rural Health Policy. HOPE is a family of community development organizations dedicated to strengthening communities, building assets, and improving lives in the Delta and other economically distressed parts of Alabama, Arkansas, Louisiana, Mississippi, and Tennessee. It is composed of a regional credit union (Hope Credit Union), loan fund (Hope Enterprise Corporation), and policy center (Hope Policy Institute). “Tippah County Hospital’s idea of building a new facility was cemented when the partnership with HOPE was born,” Dr. Chapman said. “Before that presentation, we didn’t know anything about New Market Tax Credits. HOPE was there to walk us through it every step of the way.”

After much consideration and discussion, the Tippah County Hospital Board of Trustees and the Tippah County Board of Supervisors approved a plan to build a new facility adjacent to the existing hospital allowing provision of emergency healthcare to residents of both Tippah County and Benton County (which does not have a hospital), with a goal to radically improve patient outcomes as well as attracting local medical talent.

In 2020, the hospital was able to leverage funding from general obligation bonds and loans to fund a further \$25 million in New Market Tax Credit allocation from four community development entities: Hope Enterprise Corporation, MuniStrategies, Capital One, and Three Rivers Community Development Corporation. The \$27.2 million construction project is scheduled for completion in 2022.

The brand-new hospital will provide healthcare for the 30,000 residents of these two rural counties. Tippah County Hospital also serves as an economic engine, providing well-paying jobs for 245 employees and attracting new residents to the small, rural community.



Kentucky Highlands Investment Corporation & Pineville Community Health Center

Kentucky Highlands Investment Corporation, a CDFI, serves 22 counties in southeastern Kentucky by providing employment opportunities to the surrounding rural community through managerial assistance and financial investments.

In 2018, it also helped preserve local healthcare in Pineville, Kentucky, when its rural hospital filed for bankruptcy. This effort involved several stakeholders who partnered to retain the quality healthcare and local employment provided by the hospital. **First State Bank** took the initial step, purchasing the hospital's assets during bankruptcy proceedings. The bank then called on Kentucky Highlands Investment Corporation,

which was able to restructure the hospital's existing debt into a \$6.5 million USDA loan, ultimately providing the hospital with working capital through a line of credit. In 2019, the hospital bought back its assets from the bank, and Pineville Community Hospital was reborn as the Pineville Community Health Center.

Kentucky Highlands Hospital





Parish Park, location for resident coalition's monthly community events



ProMedica & Ebeid Neighborhood Promise (Ohio)

ProMedica, a mission-based nonprofit integrated healthcare system headquartered in Toledo, Ohio, serves communities in 28 states. As part of the [Healthcare Anchor Network](#), ProMedica has a long-standing commitment to address social determinants of health as a component of the network's mission.

ProMedica employs a data-driven approach and leverages its capacity to screen for social determinants of health to determine zip codes with high levels of need in terms of social factors influencing health. Census tract data combined with observed health inequities and dialogue with local residents allow partners to develop a deeper understanding of the struggles that are faced in daily life and the lack of funding, infrastructure, and services to address those challenges.

Through a multisector approach, including philanthropic donation, Local Initiatives Support Corporation (a CDFI), and others, ProMedica launched the [Ebeid Neighborhood Promise](#) for place-based investments in the Uptown neighborhood of Toledo in 2017. The 10-year, \$50 million initiative is focused on holistically improving the root causes of socioeconomic issues within the community, including education, financial stability, job access, and other social determinants of health.

More recently, after gathering feedback for more than 10 months, ProMedica found that the need for comprehensive services to make a shift in population health was starkly apparent in the area of East Adrian, Michigan. Formerly a manufacturing town, the area

has experienced increased unemployment and housing insecurity and faces high levels of chronic health conditions and poverty.

ProMedica joined forces with two local organizations, the Lenawee Community Foundation and the All About Adrian Resident Coalition, to establish the ProMedica Adrian Ebeid Neighborhood Promise. The 10-year, \$20 million rural place-based investment is dedicated to scaling and implementing solutions to address health disparities in East Adrian. The initiative will serve a community of approximately 11,000 people in the eastern corridor of Adrian, Michigan, where about 30% of the population live at or below poverty level.

While strategic planning is still underway, the ProMedica Adrian Ebeid Neighborhood Promise objectives will build on ProMedica's experience and success developing community infrastructure for programs such as financial coaching, workforce development, education resources, and housing. There are also plans to develop a major service hub to house programming activities and serve as the front door of this initiative to maintain transparency and a direct connection to the community.

Five-Step Path to Multisector Rural Partnerships

Rural healthcare is uniquely positioned to bridge sectors to propel community health and prosperity, especially given the role healthcare staff play in their communities by serving on nonprofit boards, fundraising committees, and statewide initiatives. Understanding the potential value of partnerships will help cultivate and sustain investments that can affect the health of rural communities over generations. The following recommendations outline a stepwise process to assess interest, value, and potential impact of such multisector partnerships.

Broadly, healthcare systems interested in cultivating partnerships can consider the following steps. The intent of the five-step path is to center commitments and priorities of historically marginalized communities, building specific projects, partnerships, and investments around those commitments. The table offers suggested steps, along with questions and resources to guide the process.

STEPS	QUESTIONS	RESOURCES
STEP 1: UNDERSTAND YOUR WHY		
Develop a clear understanding of the value of multisector partnerships	<ul style="list-style-type: none"> • What are your motivations/interests to partner with community development and other key stakeholders? • What are the pain points facing your institution that would benefit from partnerships with other sector players? • What is your long-term vision of community health in your region and what is your role in achieving that vision? 	<ul style="list-style-type: none"> • The Power of Multisector Partnerships to Improve Population Health • The Need for Cross-Sector Collaboration • Multisector Partnerships in Population Health Improvement • Multisector Partnerships Such as ACHs: How Can They Improve Population Health and Reduce Health Inequities? • Multisector Partnerships Need Further Development to Fulfill Aspirations for Transforming Regional Health and Well-Being
Build a holistic understanding of the vital conditions to invest in upstream solutions	<ul style="list-style-type: none"> • Which of the vital conditions is most relevant and potentially impactful in your geography? 	<ul style="list-style-type: none"> • Vital Conditions for Well-Being and Justice



FIVE-STEP PATH TO MULTISECTOR RURAL PARTNERSHIPS

STEPS	QUESTIONS	RESOURCES
STEP 2: MAKE COMMITMENTS		
<p>Commit to a community engagement process that gives power to community residents</p>	<ul style="list-style-type: none"> • What community-based partners are already in your network? Which partners are not yet in your network? • Do you have a commitment for long-term relationship building? What would it take to get there? • Do you have a community engagement strategy? What components does it entail (internal capacity, external partnerships, strategies, community governance and decision-making roles, resources to support community leadership, etc.)? • Which groups have been historically included and which have been excluded from community partnerships? Consider geography, language, race and ethnicity, religion, ability, gender, sexuality, front-line workers, and other considerations. 	<ul style="list-style-type: none"> • The Spectrum of Community Engagement to Ownership • Community Engagement Framework • Assessing Meaningful Community Engagement: A Conceptual Model to Advance Health Equity through Transformed Systems for Health
<p>Commit to organizational strategy</p>	<ul style="list-style-type: none"> • Do you have a racial and health equity strategy and commitment for your organization? • How will you ensure inclusion of all community groups, especially those that have been historically excluded due to race or ethnicity? • Do you have commitment for long-term investments? What would it take to get there? 	<ul style="list-style-type: none"> • Racial Equity Tools from Government Alliance on Race and Equity
STEP 3: ASSESS		
<p>Assess your organization's strengths and interests</p>	<ul style="list-style-type: none"> • What is your internal capacity to create long-term partnerships and who are the departments/staff that need to be involved (e.g., real estate, treasury)? Where does the authority lie within your organization to make executive decisions about community partnerships? • What assets does your organization have to bring to a partnership (e.g., unused land, grant dollars, community clinics that are underutilized, system wide funding for social determinants of health and/or vital conditions)? • What team members within your organization are involved in the community on a local or state level (nonprofit boards, fundraising committees, statewide initiatives, etc.) and could be a helpful resource to help jump-start multisector partnership opportunities? • What data can you offer to document needs and potential outcomes? What barriers can you help address to accelerate data sharing with partners as well as with health administrators and boards? 	<ul style="list-style-type: none"> • BHPN's playbooks to support partnerships • Building Organizational Capacity to Advance Health Equity • Bringing Light & Heat: A Health Equity Guide for Healthcare Transformation and Accountability
<p>Assess institutional perception</p>	<ul style="list-style-type: none"> • How is your organization perceived by the community? What is your historical relationship with community-based organizations? Is there trust? Are there power imbalances? What are the strategies to mitigate those imbalances? 	<ul style="list-style-type: none"> • Identifying Local Power Structures to Facilitate Community Development



FIVE-STEP PATH TO MULTISECTOR RURAL PARTNERSHIPS

STEPS	QUESTIONS	RESOURCES
STEP 4: MAP AND NETWORK		
Identify community bright spots and assess local inequities	<ul style="list-style-type: none"> • What are the economic or cultural assets of the communities you serve? • What are the inequities beyond health data (e.g., employment, housing, environmental data)? • What existing power dynamics can impact a partnership? 	<ul style="list-style-type: none"> • BHPN's MeasureUp toolkit • PolicyMap • County Health Rankings and Roadmaps • Rural Health Information Hub • Opportunity Atlas • Opportunity360 • Child Opportunity Index • Distressed Communities Index
Review resources on rural prosperity	<ul style="list-style-type: none"> • What relevant field resources and strategies might be utilized to advance equity and well-being in your geography? • Where can you build on and leverage existing economic development and prosperity efforts locally to achieve further impact on community health? 	<ul style="list-style-type: none"> • Investing in Rural Prosperity • Reimagining Rural Policy: Organizing Federal Assistance To Maximize Rural Prosperity
Map potential partners and resources in your region	<ul style="list-style-type: none"> • Who are the key stakeholders in your community? What are their strengths, capacities, and assets? What are their challenges, needs, and priorities? • Are there philanthropic, government, financial, or national organizations that could help with partnership development? 	<ul style="list-style-type: none"> • BHPN's Partner Finder • Toolkit for Stakeholder Asset Mapping • Identifying Stakeholders • BHPN: Jargon Buster
Gather intel on initiatives in your region	<ul style="list-style-type: none"> • What are the aligned initiatives or collaboratives with a focus on social determinants of health and vital conditions in your geographic focus? 	<ul style="list-style-type: none"> • Research initiatives in your area using these keywords: social determinants of health, community health, health equity
STEP 5: BUILD YOUR PARTNERSHIP		
Explore shared interest	<ul style="list-style-type: none"> • What goals and vision do you share? 	<ul style="list-style-type: none"> • Healthcare Anchor Network Toolkits • Principles of Trustworthiness • BHPN: Principles for Building Healthy & Prosperous Communities • Investing in Community Health: A Toolkit for Hospitals • BHPN: Community case studies • Learnings on Governance from Partnerships That Improve Community Health
Build trust among partners	<ul style="list-style-type: none"> • How can you create a culture of belonging? 	
Develop the value proposition	<ul style="list-style-type: none"> • What are the benefits to all partners? 	
Structure and implement partnership	<ul style="list-style-type: none"> • Who is responsible for what? • How will you collect data, and what data will you collect? • What will success look like? • How can you sustain the partnership over time? 	

Modified from the *Four-Step Path to Community Development-Healthcare Partnership* developed by Build Healthy Places Network.

Looking Ahead

This playbook showcases strategies for how rural healthcare organizations can partner with community and economic development partners to improve community health outcomes. Our research finds that community and economic development organizations working in rural areas are eager to work with healthcare organizations and that there are unique opportunities for creative partnerships in rural places.



The examples we have shared are bright spots that, with stewardship and continued support, can be replicated, scaled, or used as inspiration for new partnerships across rural areas. Looking forward, we expect healthcare systems to deepen their role as anchors in the community by strengthening economic opportunity, supporting community-owned control, strengthening infrastructure in support of healthcare access, and increasing capital, funding, and government resources. We see healthcare organizations leaning into efforts to create opportunities for leadership development pathways and innovative community engagement strategies to center community voices as agents of change.

In our work identifying core strategies and creating these case studies, we interviewed dozens of experts. We identified some ideas of what the future may hold for healthcare through multisect or partnerships:

Healthcare will support local policy, such as zoning and land use, housing development, and local economic development, that prioritizes health and well-being.

Hospitals will create a new way of community-driven engagement that centers the needs and priorities of those most impacted by historical and persistent inequities.

New data collection and sense-making methods will allow for disaggregation of data to support community voice.

Hospitals will embed community investments over and above community benefit requirements, using innovative and nontraditional sources of funding. As a result, they will increasingly see the community development sector as the go-to partner for addressing the vital conditions for health.

Hospitals will bolster their anchor strategies around inclusive, local hiring and workforce development, local purchasing and procurement, and support for local businesses.

Thriving, diverse, healthy, equitable rural communities are possible through healthcare leaders' partnership with community and economic development organizations, local governments, and philanthropic partners to advance community-driven solutions.



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Conclusion

By joining forces with other sectors in rural areas, the healthcare sector can have a far greater impact on improving health and prosperity. This playbook helps to demonstrate that the best medicine for improving the health of our rural communities is through multisector collaboration with community development as a key partner.

We encourage healthcare practitioners to push the envelope in terms of centering community voice and power. As outlined in the [Principles for Building Healthy and Prosperous Communities](#) (synthesized by Build Healthy Places Network), this work requires a longer-term perspective and commitment. As one interviewee mentioned, “If you cannot commit organizationally to the idea that this will be a general change process, you are not going to do it [successfully].” Adopting inclusive approaches to rural development can position the healthcare sector to disrupt the historic exclusionary systems and policies that have severely impacted the health and prosperity of groups within rural communities for generations. Reflecting the communities that healthcare organizations seek to serve will ultimately lead to more sustainable solutions and long-term success in the creation of thriving rural communities for the future.

We hope this playbook serves as a starting point for generative discussions and strategic planning for healthcare organizations looking to tap into the potential of rural multisector partnerships to transform rural infrastructure.

Visit the [Build Healthy Places Network](#) website for more information, tools, and resources to support this work. We invite you to share what your organization is working on and experiencing at admin@buildhealthyplaces.org.

“If you cannot commit organizationally to the idea that this will be a general change process, you are not going to do it [successfully].”

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