

# Embracing an Anchor Mission: ProMedica's All-In Strategy

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## Preface

All too often in healthcare, we ask the wrong questions, deploy the wrong resources, and are focused on the wrong solutions—and then wonder why healthcare is broken.

We ask patients if they have medications, but we don't ask if they have food, heat, or a job. We provide education to patients, but we don't ask if they can read. We encourage people to lose weight, but we don't ask if they have the ability to secure healthy food.

Often times, the response to this from many people in the healthcare industry has been blunt: Not our job! Not paid to do it! It is like trying to boil the ocean!

It is clear we in healthcare can no longer accept that attitude. We need to step outside our comfort zones.

We need to look beyond a singular focus on pure clinical and financial success. We need to focus on how we can have truly significant impact on health outcomes and in our communities by addressing the root causes of health and well-being. Medical care on its own is insufficient to achieve better health outcomes. Ever expanding research indicates that other underlying factors such as housing, income, poverty, safety, education, and health behaviors like diet, exercise, and drug use have a far greater influence on health outcomes.

**We need to focus on how we can have truly significant impact on health outcomes and in our communities by addressing the root causes of health and well-being.**

Not our job? On the contrary. Can a health system have any impact on these societal issues? Absolutely. Health systems are among the largest, if not the largest, employer in many American cities. Like universities, health systems are anchor institutions, locally rooted and committed to their communities.

As anchor institutions, if we choose not to lead, who can—or will?

Making a decision to address health inequities and accept and sustain an Anchor Mission requires thinking more broadly. It requires a thoughtful approach to using resources in perhaps a different, although no less strategic, way. And for community board members, it requires a degree of trust, because the nature of addressing the social determinants of health is complex,

**The ProMedica board and leadership have been on a nearly 10-year journey to shift our focus from healthcare to health and to use our resources to more deeply support the communities we serve.**

so measurement tends to be longer term. But we understand that the current healthcare model is broken, and that we cannot wait for the government, or anyone else for that matter, to fix the problems.

So the ProMedica board and leadership have been on a nearly ten year journey to shift our focus from healthcare to health and to use our resources to more deeply support the communities we serve. Driven by a commitment to the Anchor Mission, the journey has taken us in multiple directions and ultimately to a very broad-based, multi-faceted program to address the social determinants of health in the communities we serve.

We have learned much along the way from key stakeholders during this journey, as we have from local partners, and from national organizations such as The Democracy Collaborative. With this report, we hope to share some of our experiences and insights in helping others who are committed to the Anchor Mission.

**—Robert LaClair,  
Chairman of the Board,  
ProMedica**

# The Journey

## **ProMedica: An Overview**

ProMedica is a mission-based, not-for-profit healthcare organization serving northwest Ohio and southeast Michigan. With \$3.9 billion in total assets, the 13-hospital system has more than 17,000 employees, nearly 2,700 physicians and advanced practice providers with privileges, and more than 900 healthcare providers employed by ProMedica Physicians. Additionally, it offers a health plan, Paramount, which serves 346,000 members, including more than 230,000 members in the statewide Medicaid plan. Driven by its mission to improve health and well-being, ProMedica offers a full range of diagnostic, medical, and surgical specialties in areas such as emergency medicine and trauma, behavioral health, heart and vascular, oncology, orthopaedics, neurology, and women's and children's services.

At ProMedica we are evolving from being a traditional integrated delivery system to acknowledging our role as a community-based and accountable anchor institution with a focus on integrated health and wellness. In addition to providing the services expected from a traditional health system, we are focused on creating a new model of healthcare that bends the cost curve and enhances health outcomes for individuals and communities. As an anchor institution rooted locally, the new model requires addressing factors that drive health and well-being, such as education, jobs, hunger, and housing. Moreover, it requires constantly evaluating how we use our assets and our voice to create opportunity.

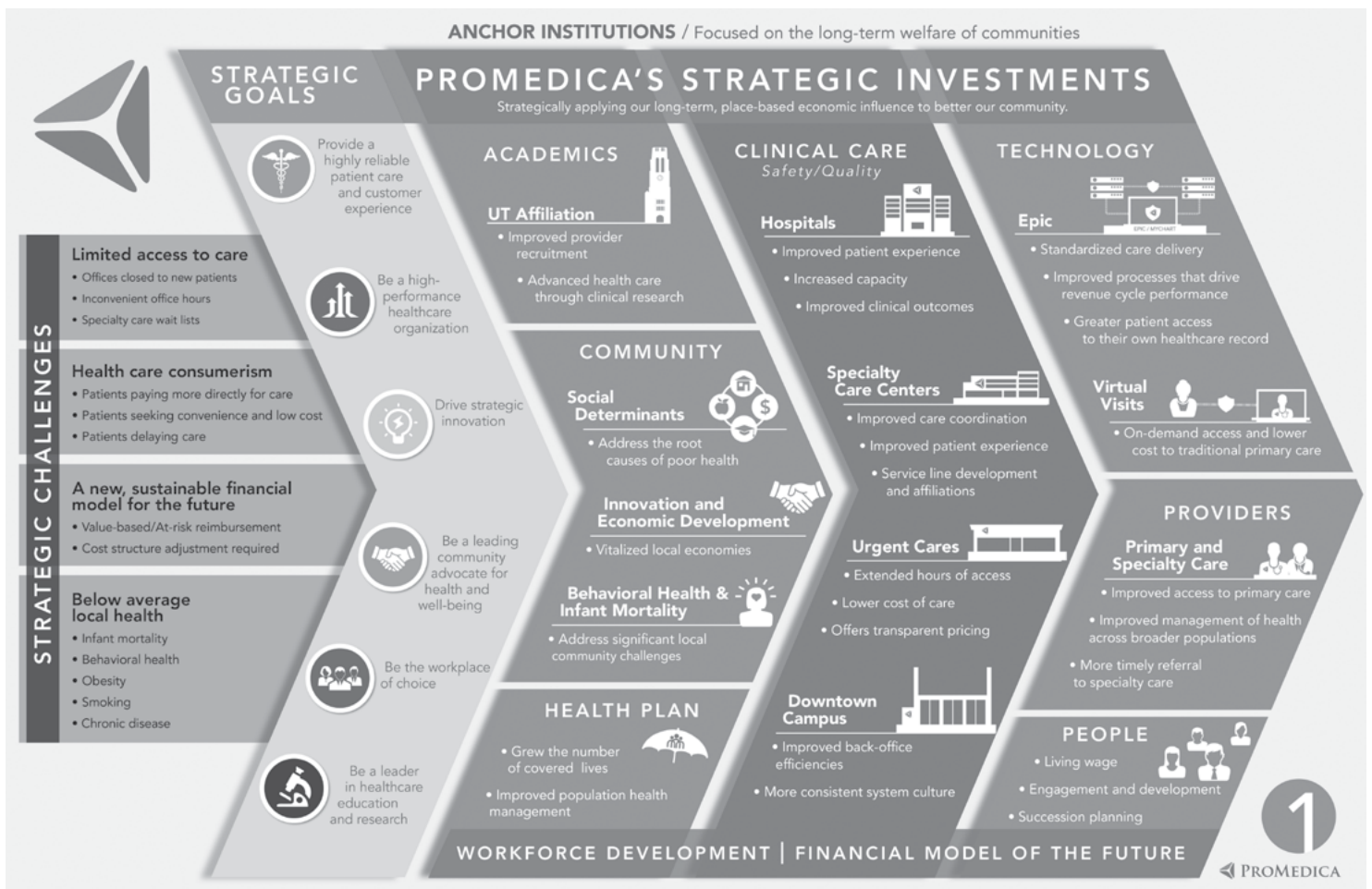
Making this shift is not easy and requires us to think and act differently, and, at times, take some risks. Yet, we know that the current healthcare system is inefficient and ineffective. So it is time to act.

Over the last several years, ProMedica has adopted a broad-based "all-in" approach to addressing the social determinants of health (SDOH). This means connecting traditional programs for addressing these social determinants (like food clinics) to strategies that involve leveraging assets for wealth building opportunities (such as establishing a grocery store in a food desert, and then connecting that to employee training programs for unemployed

patients). In the same way, economic determinants of health are integrated into care provision programs (for example, our nurse navigator training program is connected to a financial opportunity center).

As we continue to learn about how healthcare can play a catalytic role, we are determined stay open to new opportunities as a health and wellness organization committed to an Anchor Mission. For example, we recently partnered with the Local Initiative Support Corporation (LISC) to invest in a Community Development Financial Institution (CDFI) to create a \$25 million dollar loan pool to support capital projects and minority- and women-owned business in distressed communities.

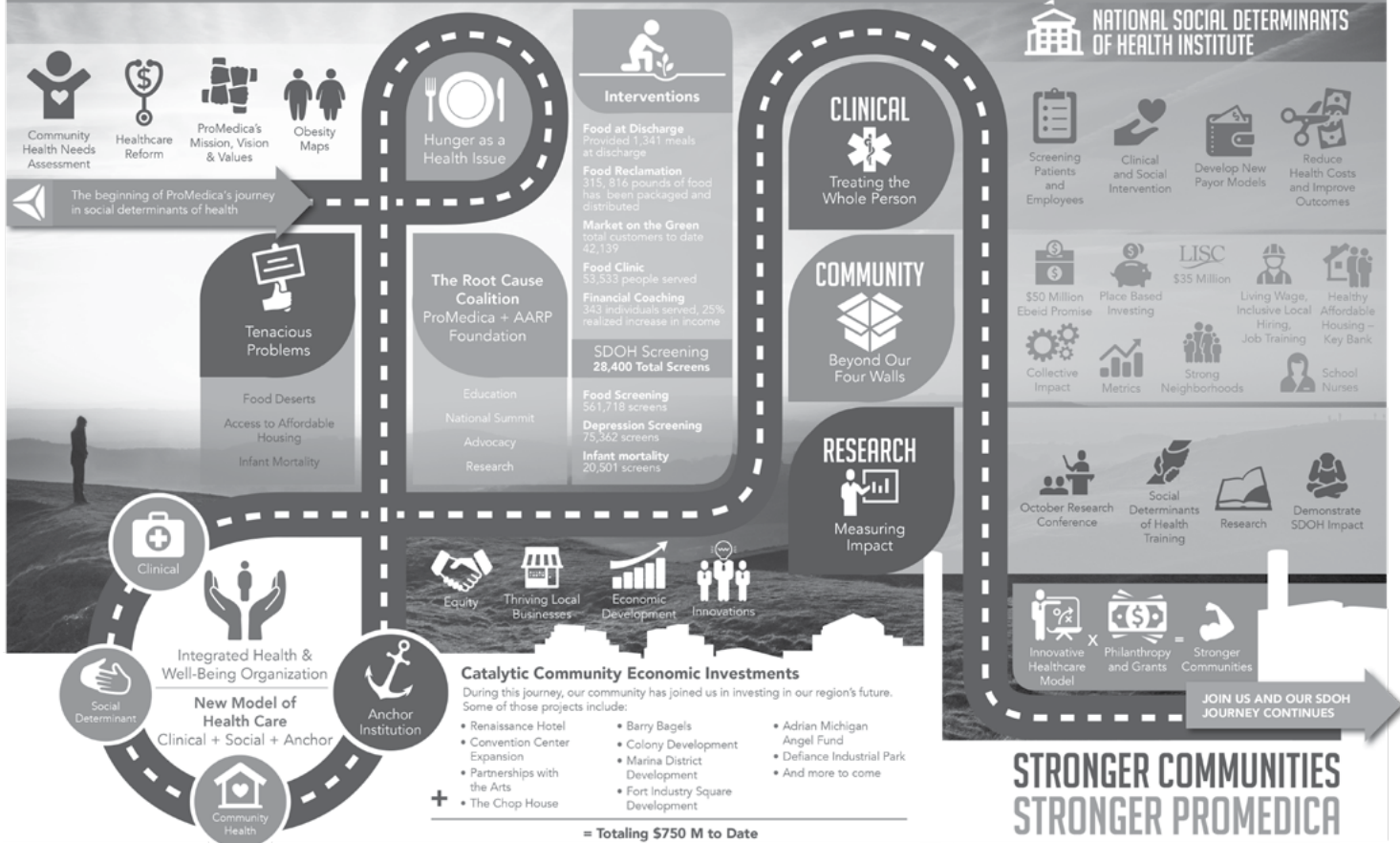
ProMedica's Anchor Mission is embedded in an overall strategy related to addressing the social determinants of health as a whole. With that in mind, ProMedica has made a commitment to apply our economic power and human resources capital in collaboration with community partners to improve community health, wealth, and well-being in a sustainable, mutually beneficial manner.



**WORKFORCE DEVELOPMENT | FINANCIAL MODEL OF THE FUTURE**



# PROMEDICA'S JOURNEY IN SOCIAL DETERMINANTS OF HEALTH



## ProMedica's SDOH Journey

ProMedica's journey in addressing the social determinants of health and making a commitment to intentionally act as an anchor institution began in 2009. Based on findings in our community health needs assessment—non-profit hospitals are required to conduct these assessments to identify and address community health needs—ProMedica began exploring non-clinical solutions to the high rates of childhood obesity in its community.

ProMedica engaged community partners to inform and develop appropriate solutions to address childhood obesity. This engagement work required serving as a neutral convener, sparking new conversations, overcoming communication gaps among community providers, and learning from those in the community with significant experience in this area. Working in local elementary schools, ProMedica learned that the core problems families and children faced were hunger and food insecurity. As a result, ProMedica began exploring how best to meet the challenges of hunger, nutrition, and unemployment.



This focus quickly evolved and expanded to address other social determinants of health. With an “action first” philosophy, ProMedica quickly began to adopt a new model of healthcare that included not only clinical and medical services, but addressed sophisticated, persistent social needs that were impacting neighborhoods and communities. Rather than attempt to focus on a single initiative that would have limited impact, ProMedica leadership, along with the support of ProMedica board, made the decision to take a much more comprehensive approach in addressing these challenges. In addition to working for local change, ProMedica also began to proactively take steps to help address social determinants on a national scale as well.

## ProMedica’s SDOH strategy: Timeline of major events

<b>2009</b>	ProMedica begins its “Hunger Is a Health Issue” initiative.  ProMedica Advocacy Fund is established to help provide funding to non-profit community partners that provide basic needs services—including food, clothing and shelter—in ProMedica’s service area.
<b>2013</b>	ProMedica begins to screen patients for food insecurity, providing emergency food as necessary and connecting patients to community resources.
February	ProMedica collaborates with Hollywood Casino Toledo and other local food sites to collect prepared but unserved food for food reclamation efforts to repackage for use in area soup kitchens and other food service programs.
<b>2014</b>	ProMedica utilizes a conversation map to teach healthy behaviors related to nutrition, physical activity, and positive social norms for area schools.
April	ProMedica hosts the inaugural Hunger Summit in Washington, DC, in partnership with the Alliance to End Hunger. Since then, both organizations have partnered with the USDA to host six similar events in regions throughout the country.
February	The Garden Grocer opens at The Flower Market as part of a healthy corners store project to provide convenient access to fresh fruits, vegetables, whole grains, and low-fat dairy products in a designated food desert.
<b>2015</b>	ProMedica implements the Pregnancy Lifestyle Assessment tool to identify SDOH needs among patients in OB/Gyn practices and is later extended to emergency departments. Patients with an identified need are referred to the Northwest Ohio Pathways HUB.

April	ProMedica Food Clinic opens, offering referred ProMedica primary care patients 2-3 days' worth of food for their household, nutrition services, and connections to community resources.
November	In conjunction with the Churchill's Half Marathon, ProMedica hosts the inaugural ProMedica 5k to End Hunger. Funds are raised for hunger relief organizations in the community.
December	ProMedica Ebeid Institute opens in UpTown Toledo, offering Market on the Green, a full-service grocery store in a designated food desert. The Institute also offers a job training program, life skills training, and a Financial Opportunity Center.
2015	ProMedica and Toledo Public Schools announce plans to work together to increase health services throughout the school district by funding nine additional school nurses in the elementary schools. ProMedica committed to a \$600,000 annual investment for three years, bringing the total to 40 school nurses—one for each elementary school.
October	ProMedica and AARP Foundation found The Root Cause Coalition, a national nonprofit organization focusing on hunger and social determinants leading to chronic health conditions.
2016	ProMedica becomes the first health system in the nation to operate a Financial Opportunity Center (FOC). In collaboration with LISC, United Way, and the Toledo Community Foundation, the FOC at ProMedica Ebeid Institute offers free financial coaching in group and one-on-one settings to people of all zip codes and incomes.
June	ProMedica Toledo Children's Hospital becomes the first hospital in Ohio to be a site for the Summer Food Service Program, which helps ensure that low-income children continue to receive nutritious meals during the summer months. In 2017, both Toledo Children's Hospital and ProMedica Fostoria Community Hospital participated in the Summer Food Service Program.
July	ProMedica implements an Employee Food Assistance Program to assist employees who face food insecurity with a monthly bag of free food and connections to community resources.
2017	ProMedica begins screening for social determinants of health in inpatient and outpatient environments, including questions relating to education, employment, food, housing, transportation, and violence.
August	ProMedica opens its headquarters in downtown Toledo, supporting downtown revitalization and economic growth.
October	A \$50M philanthropic investment launches the Ebeid Neighborhood Promise to create a model for neighborhood revitalization. Using a place-based approach, the initiative focuses on jobs, education, health, stability, and resident engagement.
2018	ProMedica partners with the Local Initiative Support Corporation (LISC), a community development financial institute (CDFI) to create a \$25M loan pool to support capital projects and minority- and women-owned businesses in distressed communities.

## The Four Factors of Health and Well-being

For ProMedica, the first part of the journey was to think beyond our clinical walls. When most people think of healthcare, they tend to think of only one factor that impacts health and well-being: clinical/medical care. However, episodic trips to providers, hospitals, and long-term care are actually responsible for just 20 percent of health and well-being. As a result, medical care in and of itself is insufficient of those modifiable contributors to ensure better health outcomes. The remaining 80 percent is related to other factors such as the physical environment, social and economic conditions, and health behaviors. The social, economic, and environmental factors, which contribute to approximately 60 percent of individual and community health outcomes, are collectively referred to as the social determinants of health.

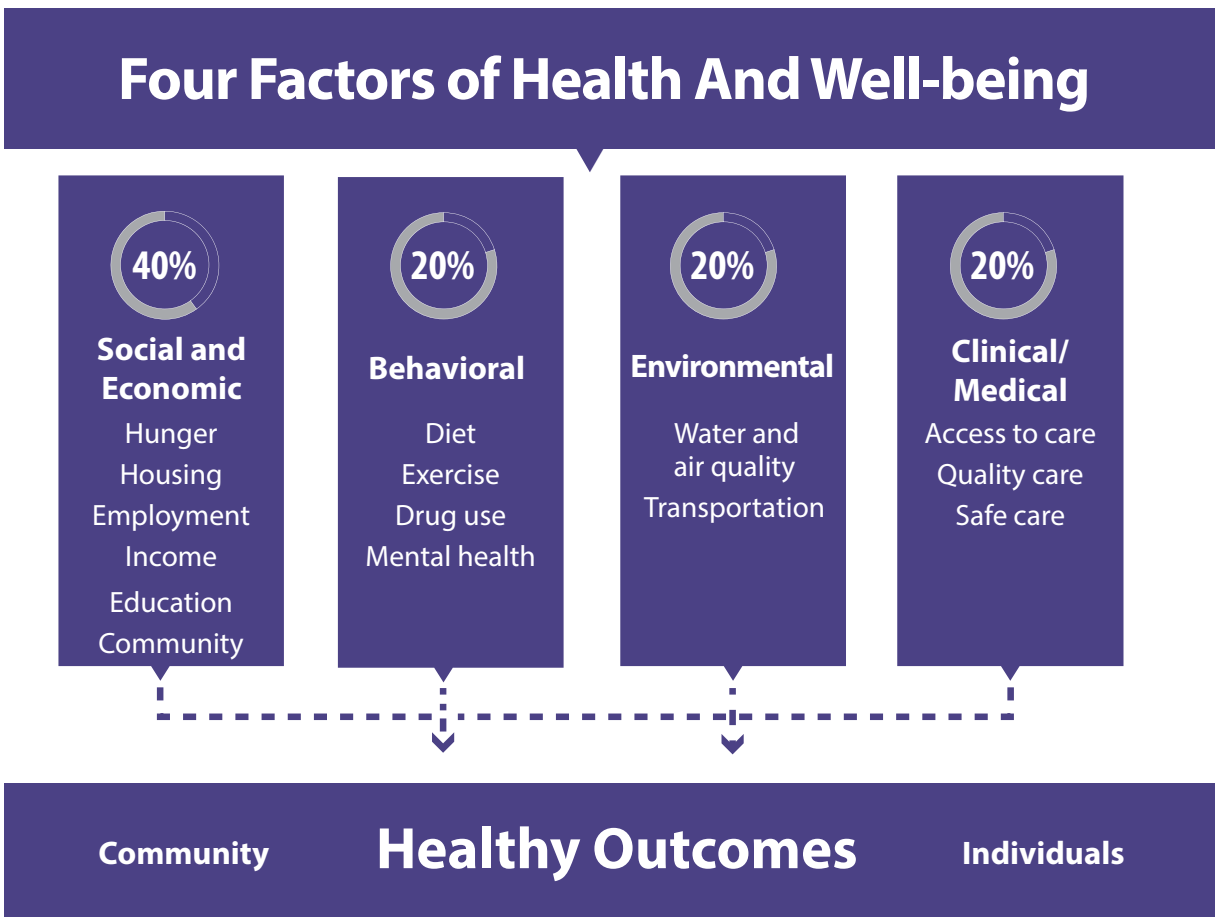


Image adapted from University of Wisconsin Population Health Institute's "County Health Rankings & Roadmaps"<sup>1</sup>

## Hospital Approaches to Health and Wellness

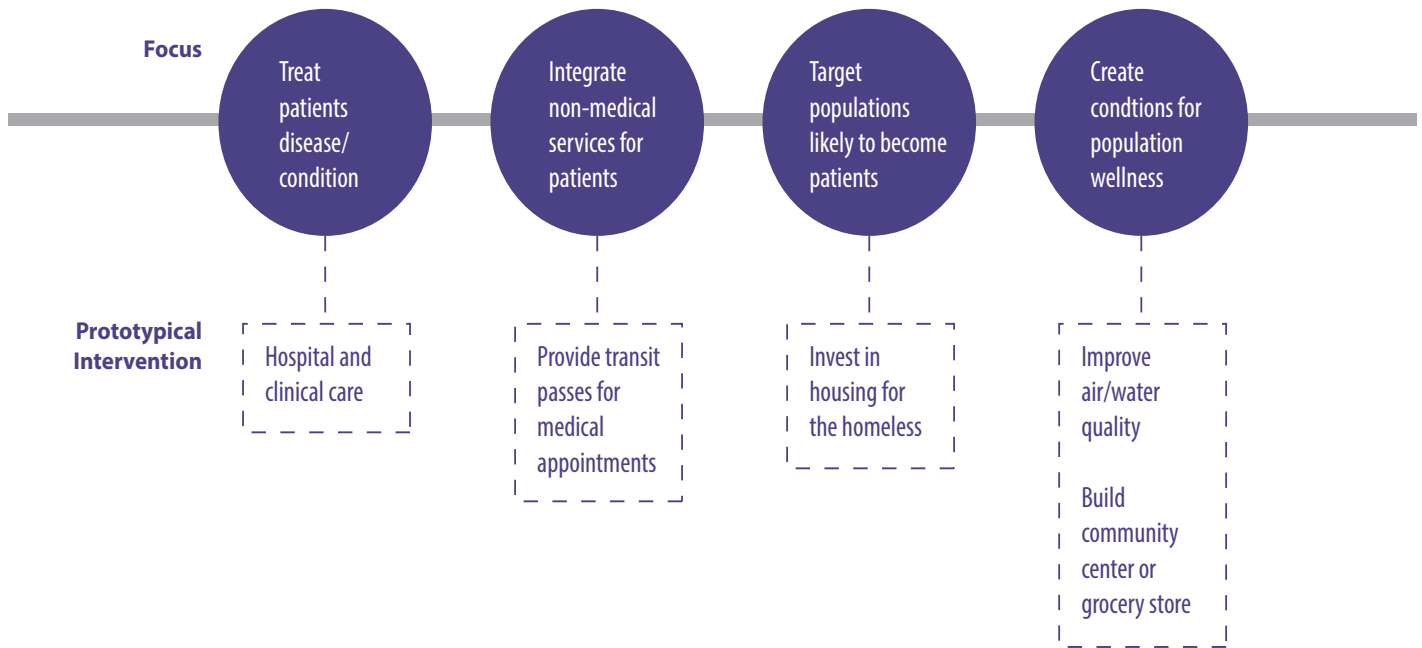


Image adapted from Robin Hacke, et al, "Improving Community Health by Strengthening Community Investment: Roles for Hospitals and Health Systems."<sup>2</sup>

Unfortunately, in the United States the current state in addressing these social determinants is fragmented at best, with disparate social programs and most organizations focusing on isolated initiatives. In addition, the national, state, and even local infrastructure to address these issues is not in place, and the incentives for organizations to become involved in social determinants are tenuous.<sup>3</sup>

### Connecting Clinical and Social Factors of Health and Well-being

It is becoming increasingly clear that healthcare must not only deliver clinical excellence and efficiency, we must also hone in on how we can act as catalysts, innovators, and leaders to improve the health of our entire communities. We must straddle parallel tracks to continue advancing clinical care while ensuring social determinants of health needs are met. All are inevitably and inextricably linked, and the industry must act to understand and address this relationship.

Traditional health care and community delivery systems are not equipped to effectively address the needs of people with complex social needs such as lack of access to healthy food and affordable housing, or substance abuse and related chronic diseases. Communities across America are beginning to understand the importance of connecting health care providers and community-based organizations to address health-related social needs.

By considering various and new approaches to address social determinants, health systems have found ways to help address some of their communities' most urgent needs. Where the Anchor Mission approach is more advanced, collaboration among public and private sectors are more clearly defined. Unfortunately, this approach is still in early stages in many communities, and as a result, health systems and communities lack an efficient approach to aligning capital to address community needs.

## **ProMedica SDOH strategies**

As ProMedica transitions from a traditional health delivery system to a one that acknowledges its role as an anchor institution, and focuses on integrated health and well-being, we are striving to reshape our care delivery model to include SDOH screening and intervention, as well as to improve SDOH indicators across the communities we serve.

ProMedica made the intentional decision to integrate this approach to the social determinants of health in our 2018–2020 strategic plan. This includes key initiatives in areas including high reliability, high performance, strategic innovation, community advocacy, workplace of choice, and research and education. Examples of key operational goals within these areas include:

- Expand SDOH initiatives system-wide.
- Continue to increase the number of providers screening for SDOH and connecting patients as appropriate with community resources to meet their needs.
- Launch Ebeid Neighborhood in designated communities for neighborhood revitalization.
- Expand funding opportunities for SDOH initiatives in philanthropy and public grant opportunities.

2020

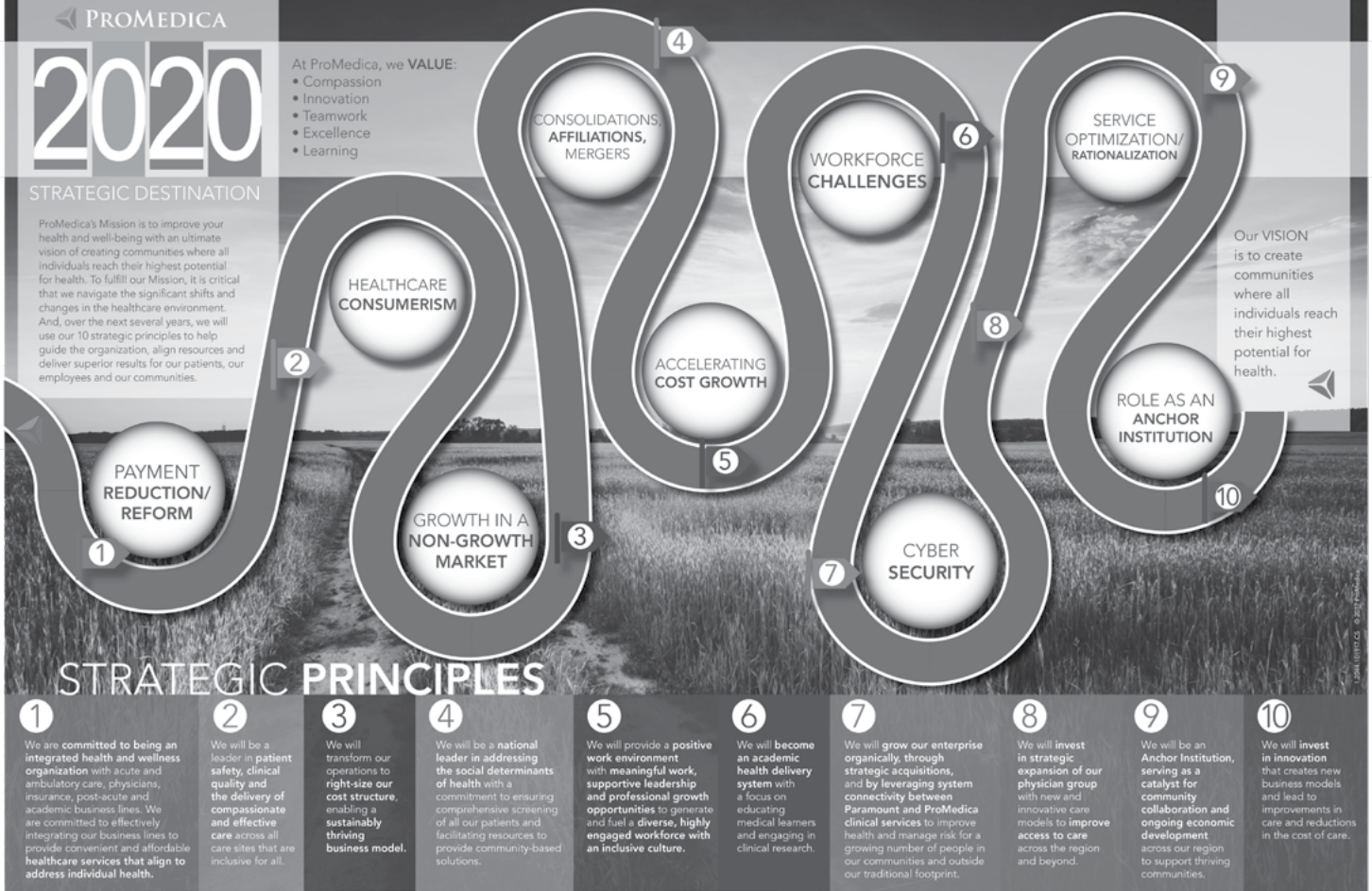
At ProMedica, we VALUE:

- Compassion
- Innovation
- Teamwork
- Excellence
- Learning

STRATEGIC DESTINATION

ProMedica's Mission is to improve your health and well-being with an ultimate vision of creating communities where all individuals reach their highest potential for health. To fulfill our Mission, it is critical that we navigate the significant shifts and changes in the healthcare environment. And, over the next several years, we will use our 10 strategic principles to help guide the organization, align resources and deliver superior results for our patients, our employees and our communities.

Our VISION is to create communities where all individuals reach their highest potential for health.



STRATEGIC PRINCIPLES

- 1 We are committed to being an integrated health and wellness organization with acute and ambulatory care, physicians, insurance, post-acute and academic business lines. We are committed to effectively integrating our business lines to provide convenient and affordable healthcare services that align to address individual health.
- 2 We will be a leader in patient safety, clinical quality and the delivery of compassionate and effective care across all care sites that are inclusive for all.
- 3 We will transform our operations to right-size our cost structure, enabling a sustainably thriving business model.
- 4 We will be a national leader in addressing the social determinants of health with a commitment to ensuring comprehensive screening of all our patients and facilitating resources to provide community-based solutions.
- 5 We will provide a positive work environment with meaningful work, supportive leadership and professional growth opportunities to generate and fuel a diverse, highly engaged workforce with an inclusive culture.
- 6 We will become an academic health delivery system with a focus on educating medical learners and engaging in clinical research.
- 7 We will grow our enterprise organically through strategic acquisitions, and by leveraging system connectivity between Paramount and ProMedica clinical services to improve health and manage risk for a growing number of people in our communities and outside our traditional footprint.
- 8 We will invest in strategic expansion of our physician group with new and innovative care models to improve access to care across the region and beyond.
- 9 We will be an Anchor Institution, serving as a catalyst for community collaboration and ongoing economic development across our region to support thriving communities.
- 10 We will invest in innovation that creates new business models and lead to improvements in care and reductions in the cost of care.

- Enhance IT platform for SDOH intervention.
- Develop sustainable model and disseminate best practices.
- Facilitate the development for SDOH curriculum to enhance learning for Academic Affiliation faculty, residents, medical students, and health professionals.
- In collaboration with The Root Cause Coalition, expand opportunities with national organizations such as The Democracy Collaborative, LISC, and other private and public stakeholders.
- Continue to create awareness and expand advocacy nationally through conference presentations, published articles, and research regarding SDOH.

**Building the Anchor Mission/SDOH Infrastructure**

As ProMedica's commitment to address the social determinants of health dramatically expanded in scope, a more formal infrastructure to support an effective and efficient process for implementing social determinant programming was established. As a result, the operational implementation of local and regional social determinant programming became the responsibil-



ity of the ProMedica Physicians and the Continuum of Care Division, while the further expansion of ProMedica’s national SDOH platform was driven by the Advocacy, Community, and Government Relations division.

With this commitment to an “all-in” approach to addressing SDOH—including deeper deployment of Anchor Mission strategies, the launch of the Ebeid Neighborhood Promise, the creation of a SDOH center for research, and the need to further integrate SDOH within clinical operations—a formalized strategic plan (noted earlier), budget, and staff was established. Staffing includes:

- **President, Social Determinants of Health**, reporting to the President and CEO of ProMedica and the Chief Medical Officer
- **Related to health:** Care team made up of social workers, care navigators, community health workers (housed at partner agencies) linking patients and existing community resources
- **Related to education:** The creation of a school readiness and education outcome manager (housed at partner agency)
- **Related to financial stability and employment:** The establishment of positions including an Anchor Mission human resource manager responsible for creating effective and efficient process to train, hire, and develop individuals who are un/under employed, a financial coach (grant funded), and a homeless prevention specialist (foundation funded)

## **ProMedica Anchor Dashboard**

ProMedica takes a multi-tiered approach to measuring the success and significance of our Anchor Mission approach to tackling the social determinants of health. Our dashboard measures key indicators in ten overarching areas of focus for social determinants including:

- **Economic and community development**
- **Education and job creation**
- **Thriving, inclusive business and equitable employment**
- **Personal finances**
- **Social determinant screening**

- **Hunger**
- **Housing**
- **Infant mortality**
- **Arts and culture development**
- **SDOH research**

## **Critical Implementation Considerations**

While our approach to social determinants and our Anchor Mission continues to evolve over the years, a number of critical considerations have helped to inform decision making. They include:

### **“Change happens at the speed of trust”**

Strategies to measure the success of efforts to addressing the social determinants are still being defined and require continuing work. ProMedica has taken an “all-in” approach to addressing social determinants, so having the trust of your board, senior leadership, care providers, and community leaders is critical to implementing programming successfully.

With that in mind it is critically important to engage key internal audiences (including boards, senior leaders, managers, health care providers, and employees) to help educate, shift perceptions, and create advocates for this approach. Externally, it means building sustainable relationships with government officials and other public and private organizations to establish trust and a collaborative environment.

### **Build the Anchor Mission narrative**

It is critical to build the Anchor Mission narrative and engage key internal and external stakeholders in helping articulate, gain consensus, and generate advocacy for the organizational and community imperative to address the social determinants of health.

### **Move from a focus on success to significance**

Health systems often define success in clinical and financial terms. Organizations need to move beyond these metrics to defining success holistically, as how an organization can have significance in the communities it serves.

# ProMedica Anchor Dashboard

Focus	Impact
<b>Economic and community development</b>	<ul style="list-style-type: none"> <li>• New Downtown campus</li> <li>• ProMedica Innovation</li> <li>• Job creation</li> <li>• Investment</li> <li>• Northwest Ohio Entrepreneurial Services Provider (NextTech)</li> <li>• Partners fund</li> <li>• Investments in communities</li> <li>• Downtown Toledo Development Corporation</li> <li>• Venture fund</li> <li>• Marina district development</li> </ul>
<b>Education and job creation</b>	<ul style="list-style-type: none"> <li>• Ebeid Promise</li> <li>• Early childhood development</li> <li>• STEMM</li> <li>• Early College High School</li> <li>• Business sector—Ohio Means Jobs</li> <li>• College and career support</li> <li>• Academic Medical Center</li> </ul>
<b>Thriving, inclusive business, and equitable employment</b>	<ul style="list-style-type: none"> <li>• Understand inclusion capacity and revise processes to facilitate goals</li> <li>• Work with other local anchors to develop community-wide targets and dashboard with LISC</li> <li>• Develop career pathway for STNA and nursing assistants for low-to-moderate-income individuals</li> </ul>
<b>Personal finances</b>	<ul style="list-style-type: none"> <li>• Ebeid Promise</li> <li>• Financial Opportunity Center—people served, improved credit scores</li> </ul>
<b>SDOH screening</b>	<ul style="list-style-type: none"> <li>• Screening for 10 SDOH in all ProMedica practices</li> <li>• Center for Health Services pilot and referrals</li> </ul>

Focus	Impact
<b>Hunger</b>	<ul style="list-style-type: none"> <li>• Hunger screening</li> <li>• Food insecurity services</li> <li>• Food pharmacy</li> <li>• Food reclamation</li> <li>• Summer feeding</li> <li>• Market on the Green in food desert</li> <li>• Nutrition training</li> </ul>
<b>Housing</b>	<ul style="list-style-type: none"> <li>• Green and healthy homes</li> <li>• Drive policy change and action regarding lead poisoning in children</li> <li>• Stabilize 700 LIHTC affordable units</li> <li>• 200 residents to home ownership</li> </ul>
<b>Infant mortality</b>	<ul style="list-style-type: none"> <li>• Reduction in low-birth-weight babies</li> <li>• Healthy baby rate</li> <li>• Percent of pregnant women referred to Pathways Hub</li> <li>• Patients enrolled in home visiting program</li> </ul>
<b>Arts/Culture development</b>	<ul style="list-style-type: none"> <li>• Investments in art</li> <li>• Investments and support for arts community</li> <li>• Sponsorships of Toledo Museum of Art and Toledo Symphony Orchestra</li> <li>• Support of local arts commission</li> <li>• Community music series</li> <li>• Food markets</li> </ul>
<b>SDOH research</b>	<ul style="list-style-type: none"> <li>• ProMedica national research center for social determinants of health</li> </ul>

### **Have a bias for action / a focus on implementation**

Because the social determinants of health continue to be an emergent area of focus, rather than waiting for research to show the benefits of addressing health inequities, it is important to adopt an action-based philosophy with a focus on operational implementation.

### **Adopting a linked-futures philosophy is sound business practice**

Communities and anchor institutions are inextricably and inevitably linked. An anchor institution will not thrive without a healthy, vibrant community. Working for the health of our community is essential not only because it is our home, but because it is our business market.

### **Shift fundraising focus from bricks and mortar to root causes of health and well-being**

It is important that philanthropic efforts be aligned with an Anchor Mission approach, with resources directed to supporting community needs and issues rather than the more traditional bricks and mortar approach focused on constructing new buildings.

### **Community investment comes in many forms**

There are many ways to deploy resources and assets from within an organization to impact social determinants. In many instances, we can impact the social determinants of health at low or no cost. Many of the strategies ProMedica implements regarding the social determinants are about further aligning current external activities for a more coordinated approach and greater impact. Others are focused on being more intentional with current business practices to ensure that our everyday activities are also aligning with our mission and strategic plan for a healthier community and patient population. By rethinking or redirecting operations, we can have an impact in the four factors of health and well-being at low or no cost.

### **Align work to advance policy**

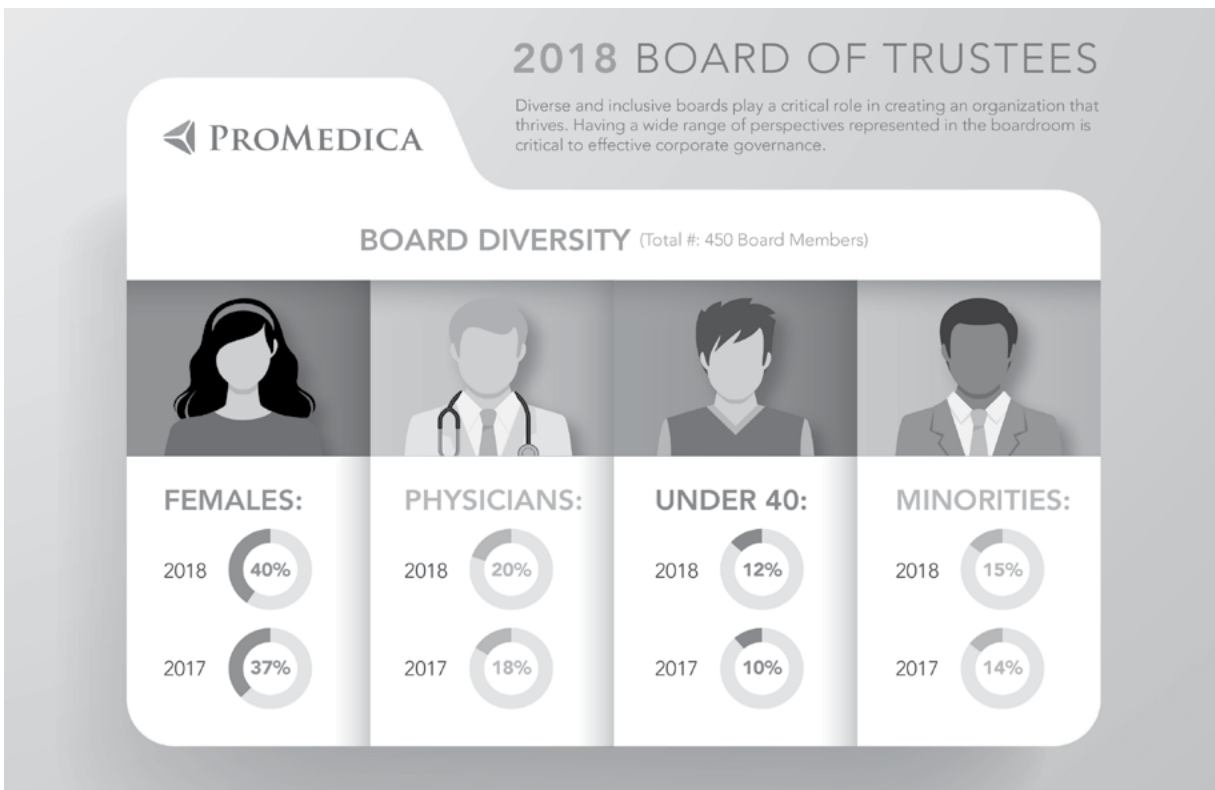
Through national networks such as The Democracy Collaborative's Health-care Anchor Network and others, it is important to align around shared national policy priorities and goals that broadly improve health and well-being.

## Learn and apply practices from different perspectives and partners

As ProMedica's approach to addressing the social determinants of health has continued to expand, it has been important and useful for the organization to listen not only to community leaders and members, but also from partners, and then apply those lessons. For example, LISC has a very robust community engagement approach for working with neighborhoods, and ProMedica is adopting many of those strategies in its other engagement efforts.

## ProMedica governance—inclusive and engaged

ProMedica's commitment to local communities is first and foremost evident in its governance structure. As hospitals become members of ProMedica, they retain their local governance structure, which is critical to being engaged in, responding to, and being accountable for community needs. As a result, ProMedica has more than 450 board members representing their various communities in northwest Ohio and southeast Michigan. So, in addition to system-wide initiatives, each hospital in each community will develop its own strategic plan as an anchor institution to address the social determinants of health.



Creating awareness about and advocacy for the Anchor Mission is accomplished through ongoing discussions and reports about social determinants of health as well as Anchor Mission activities by hospital presidents at local board meetings. In addition, the social determinants of health and the concept of anchor institutions have been discussed at our system-wide board retreats. Recently, the parent board completed a half-day board retreat focused entirely on the subject of social determinants of health and anchor institutions, with specific breakout sessions to get input on next steps and direction.

In addition to having an engaged board, ProMedica has also made a concerted effort over recent years to ensure that our community and parent boards are inclusive consistent with an Anchor Mission.

## **Addressing challenges to establishing an Anchor Mission**

ProMedica experienced, and continues to experience, the same challenges as other healthcare providers looking to adopt an Anchor Mission approach as they seek to meet community needs and build community wealth. How to best coordinate and integrate activities? How can this work achieve financial sustainability? How can data and information be shared? What metrics should be used to measure success?

While it is intuitive to make the connection between social factors and their influence on the health and well-being of individuals and communities, it is not uncommon to encounter questions regarding the involvement of healthcare professionals in addressing these social issues. Health care professionals may believe that addressing these social factors is not in their area of expertise or current accountability. Others are concerned that healthcare already has enough to address. There is also concern about the limited evidence available to date on the effectiveness of these interventions and that true measurement of outcomes may be a long-term proposition.<sup>4</sup>

While some providers within ProMedica share these concerns, an increasing number of our providers are actually encouraged by the focus on social determinants and find that this provides real purpose to what they trained to do: care for people. Indeed, a focus on SDOH is one of the things that many



## Researchers with the Health Enhancement Research Organization found that there were multiple reasons for businesses to invest in community health. Such investments can:

- **Improve the health of employees and their families to reduce health care costs**
- **Enhance organizational reputation**
- **Engage in economic development that stimulates new business**
- **Create a vibrant, safe community to attract new talent and retain the current workforce**
- **Influence other drivers of healthcare costs beyond the workplace setting (e.g., quality, accountability)<sup>5</sup>**

physician recruits have identified as a positive for working with ProMedica. That said, the need for increased documentation regarding SDOH screenings requires ongoing attention and education.

Another challenge is that it is hard to identify hard numbers that demonstrate a return on investment by addressing social factors. Economists and other financial experts are still quantifying how changes in upstream care can be more efficient than the more expensive game of catch-up, downstream care. For ProMedica, this is an ongoing challenge with board members, particularly those who come from the business community, because in their careers they are driven by metrics and immediate, quantifiable returns on investments. Meeting this challenge requires ongoing and sustained education of board members. For example, ProMedica has dedicated board retreats focused on the social determinants of health and the Anchor Mission.

Longer-term financial or resource investments are sometimes financially challenging to justify. So identifying investments that have quicker and more obvious returns is important when embarking on a program to address social determinants. For example, subsidized housing has been shown to provide immediately quantifiable health benefits for individuals and communities and thus might be an easier starting point.

## Motivation for investing in SDOH

While much research on the long-term benefits of addressing social determinants continues to be conducted, there is growing evidence from around the country and globally that there are health and business benefits to doing so. For instance, according to a recent study published in the *American Journal of Managed Care*, Brigham and Women's Hospital in Boston connected

frequent emergency department users with a community health worker to improve care coordination and address the social determinants of health. As a result, average direct emergency department costs dropped 15 percent for frequent emergency department users.<sup>6</sup>

Businesses are increasingly recognizing the importance of the relationship between their employees' health and the communities where the employees (and their families) and their consumers live. There is also an increased understanding that employees and customers may return home to communities with limited access to affordable, healthy food, poor housing, unsafe streets, and limited access to quality health care.<sup>7</sup>

Similarly, health systems are beginning to understand and appreciate the strategy of making real estate and community investments that consider both institutional *and* community interests. These strategic investments can improve property values, strengthen neighborhoods, and ultimately establish an environment for improved health outcomes for residents.<sup>8</sup>

## **Commitment to working outside our four walls**

ProMedica's journey to better address the social determinants of health took us outside the walls of our institution to recognize and begin to address the deep challenges residents of the communities we serve face. Key to this shift has been understanding the connections between clinical practice and the Anchor Mission: an "all-in" approach to health is more effective when we build a continuum of strategic intervention, rather than isolating approaches in hermetically sealed siloes.

### **Hunger as a health issue**

Identifying hunger and food insecurity as a health issue has led to a commitment to working outside our four walls. An initial foray into helping resolve hunger and food insecurity was a food reclamation program. In February 2013, ProMedica hired two part-time employees to repackage salads, meats, side dishes, and other unserved food at Hollywood Casino Toledo. Other foodservice providers soon joined the effort, including ProMedica Toledo

Hospital's cafeteria, and to date nearly 320,000 pounds of food have been prepared as a result of the food reclamation project.

In addition to the food reclamation project, through the screening process, inpatients who were identified as food insecure or who were in need of food are given an emergency, one-day food supply and connected to community resources for further assistance. In many cases, people simply do not know they qualify for assistance, or how they can access it. With the move to a common electronic health record platform, ProMedica hospitals are working to keep track of hunger-related statistics, providing a better look at the problem and how it affects community health.

ProMedica has opened two prescription food clinics. The first launched in April 2015 at the ProMedica Center for Health Services. This center, based in Toledo, houses a wide range of outpatient primary, specialty, and preventive care services, including those for women and children. Center staff utilize the same two-question, validated screen used in our hospitals to help determine whether patients visiting the center's physician practices are food insecure. Those who are identified are given a referral to visit a food clinic where they can select healthy food options for their household. Patients can visit once per month for up to six months before needing a new prescription.

More than 5,000 unique households have utilized the food clinic program since it opened in 2015. In addition, nearly 600 pre-packed food bags have been given out through primary care practices, and more than 2,600 meals have been provided at discharge. Nearly 1,600 people have been helped through the employee food assistance program.

## **ProMedica social determinants of health screening**

ProMedica began screening hospital patients for hunger and food insecurity in early 2014. Patients are asked about their food security as part of the admission process, using a two-question screen that has been validated by Children's HealthWatch.<sup>9</sup> Our hospital patients who are identified as food insecure are referred to a social worker or care navigator for additional assessment. From the launch of the process through 2017, more than 500,000 people have been screened for food insecurity.

## ProMedica Social Determinants of Health

# SCREENING QUESTIONS



### FOOD INSECURITY

- We worried whether our food would run out before we got money to buy more. Was this often, sometimes, or never true in the last 12 months?
- The food that we bought just didn't last and we didn't have money to buy more. Was this often, sometimes, or never true in the last 12 months?



### TRAINING & EMPLOYMENT

- Do you have a disability that prevents you from accepting any kind of work during the next six months?
- Do you need help finding a local career center and/or training program?



### BEHAVIORAL HEALTH

- Over the last two weeks, how often have you been bothered by any of the following problems? Little interest or pleasure in doing things.
- Over the last two weeks, how often have you been bothered by any of the following problems? Feeling down, depressed, or hopeless.



### FINANCIAL STRAIN

- How hard is it for you to pay for the very basics like food, housing, medical care and heat?



### HOUSING INSECURITY

- Are you worried or concerned that in the next two months you may not have stable housing that you own, rent, or stay in as part of a household?



### TRANSPORTATION

- In the last six months, have you ever had to go without healthcare because you didn't have a way to get there?



### INTIMATE PARTNER VIOLENCE

- Within the last year, have you been afraid of your partner or ex-partner?



### CHILDCARE

- Do problems getting child care make it difficult for you to work or study? Yes or no?



### EDUCATION

- What is the highest level of school you have completed?



### SOCIAL CONNECTION

- Are you currently married or living with someone in a partnership?
- In a typical week, how many times do you talk on the telephone with family, friends, or neighbors?
- How often do you get together with friends or relatives?
- How often do you attend church or religious services?
- How often do you attend meetings of the clubs or organizations you belong to?

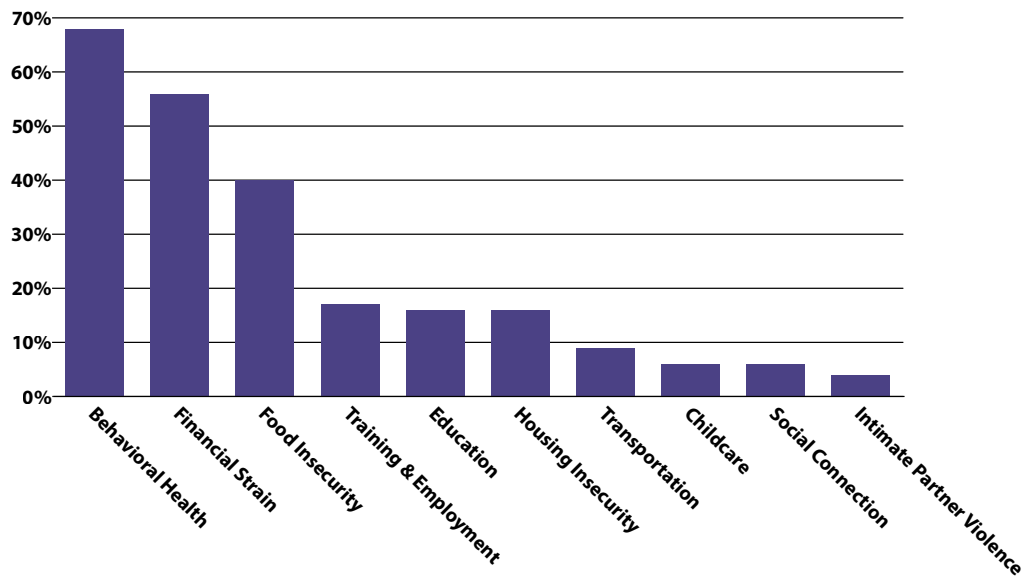


### UTILITIES

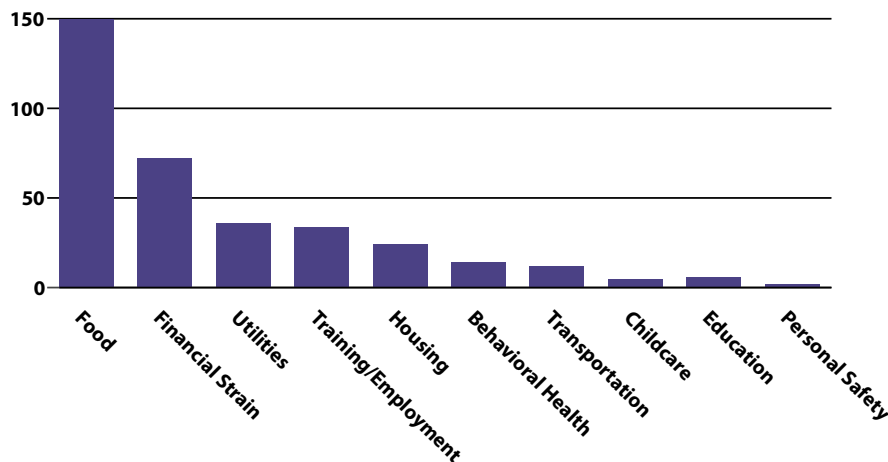
- In the past year, has the utility company shut off your service for not paying bills?

Since the launch, the number of screening questions related to the social determinants of health has expanded to ten items that impact a patient's health status, as well as determining prevalence of need, appropriate infrastructure, and availability of community resources connection to address the identified needs. The screening questions are clinically validated. More than 4,000 full SDOH screens have occurred at the time of this publication. Nearly 60 percent had positive needs identified, with 39 percent of those screened having needs in four domains or more.

### Patients at risk by domain



### Community resource referrals



Data from Wellogg Screening, ProMedica Social Determinants of Health, results Jan. 31, 2017—Nov. 3, 2017.

# Impact of Screening on Patients

## Case Study: Using a Systematic Approach to Address Cancer Patients' Food Insecurity and Financial Needs to Improve Outcomes

M.E. is a 64-year-old male diagnosed with prostate cancer in the fall of 2016. At the time of his diagnosis, M.E. was experiencing homelessness and described as cachectic (defined as being in general ill health with emaciation, usually occurring in association with cancer or a chronic infectious disease), and underweight (136 lbs.). He had no history of depression or anxiety.

M.E.'s ProMedica primary care physician referred him to the ProMedica Food Clinic in April 2016, after his answers to a two-question screening indicated he could benefit from food assistance. The Hunger Vital Sign screening has been validated by Children's Health Watch and has 97% sensitivity and 83% specificity. Every month, ProMedica Food Clinic provides a two- to three-day supply of healthy food for each referred patient's household for as long as it is prescribed. Staff at the ProMedica Food Clinic, which was established in February 2015, also offer patients nutritional counseling.

ProMedica Food Clinic staff members identified M.E. as someone who may also benefit from financial counseling, and they referred him to the ProMedica Financial Opportunity Center (FOC) in December 2016. A ProMedica FOC certified financial coach met with M.E. and conducted a standard assessment of his financial situation to identify potential health and financial benefits. A budget was established for M.E., who within a month of the assessment, received help finding an affordable apartment for \$350 including heat and enrolling in a payment plan for electricity. Additionally, staff at ProMedica's Hickman Cancer Center provided M.E. with furnishings for his apartment, and he continued to have access to healthy food from ProMedica Food Clinic.

At the end of M.E.'s cancer treatment, 10 months after first receiving FOC assistance, he was described as thriving and his weight was 162 pounds. M.E.'s healthcare utilization resulted in the following utilization, pre- and post-intervention for each the ProMedica Food Clinic and ProMedica FOC:



Food Clinic Date	Bucket	Pre		12 Months Post	
		Services	Charges	Services	Charges
4/26/2016	Radiology			4	\$15,533
	OP			46	\$223,185
	Lab			1	\$34
	Phys			5	\$4,568
	<b>Total</b>		<b>0</b>	<b>\$ —</b>	<b>56</b>

FOC Date	Bucket	5 Months Pre		5 Months Post	
		Services	Charges	Services	Charges
12/12/2016	Radiology	2	\$7,932	2	\$7,601
	OP	4	\$2,690	42	\$220,495
	Phys	2	329	4	\$4,331
	Lab			3	\$130
	<b>Total</b>		<b>8</b>	<b>\$ 10,951</b>	<b>51</b>

## Conclusion

M.E.'s health and well-being improved after receiving assistance from the ProMedica Food Clinic and ProMedica FOC. He was able to secure an affordable apartment and increased his use of necessary medical services related to his cancer diagnosis and preventative medicine. M.E.'s weight increased by 19% in a little over a year, and he is now classified as having a normal BMI. Without further clinical review for treatment and health/complication data, as well as utilization using similar pre- and post-intervention timelines, it is difficult to draw correlations related to utilization outcomes. More research often is warranted to substantiate the results of existing smaller-scale studies or to more comprehensively evaluate the impact of social services on health and healthcare costs.<sup>10</sup> M.E.'s case study is the baseline, and ProMedica will track it over time along with that of similar patients to determine the impact on utilization from these two interventions—ProMedica Food Clinic and ProMedica FOC—when addressing social determinants of health such as food, personal finances, and housing.

## **Investing in a non-traditional business to eliminate a food desert**

Another focus has been on the food environments that shape how people are able to access and acquire healthy, affordable food. About one in seven Toledoans live in food environments that could contribute to a variety of premature diet-related deaths.

With this need in mind, philanthropist Russell Ebeid donated \$1.5 million to establish the ProMedica Ebeid Institute, which offers a full-service grocery store called Market on the Green in what was previously a food desert. Opened in December 2015, the institute is located in a four-story UpTown building that

**About one in seven Toledoans live in food environments that could contribute to a variety of premature diet-related deaths.**

the City of Toledo deeded to ProMedica for a nominal amount, with the market on the first floor. Upper floors house kitchens, education workstations for nutrition classes, and rooms for basic health screenings, as well as services offered by our partners such as job training, financial literacy, and basic literacy programs.

The clear need for a food access solution in this community has been confirmed by the results of the effort: Owned and operated by ProMedica, Market on the Green is set to break-even in 2018 and has served more than 50,000 customers.

Through community engagement efforts, it became clear that despite the new grocery there were still obstacles to healthy food access throughout our community.

Specifically, lack of transportation remained a barrier for seniors trying to access healthy food, with many not able to access the grocery. In 2016, The Market on the Green created a Mobile Market that visits Lucas County Metropolitan Housing Association resident housing developments with a large percentage of seniors on a weekly basis, increasing their access to affordable healthy food options.



HOT HOUSE  
TOMATO  
\$ 2.49 per  
pound

Colossus  
Garlic

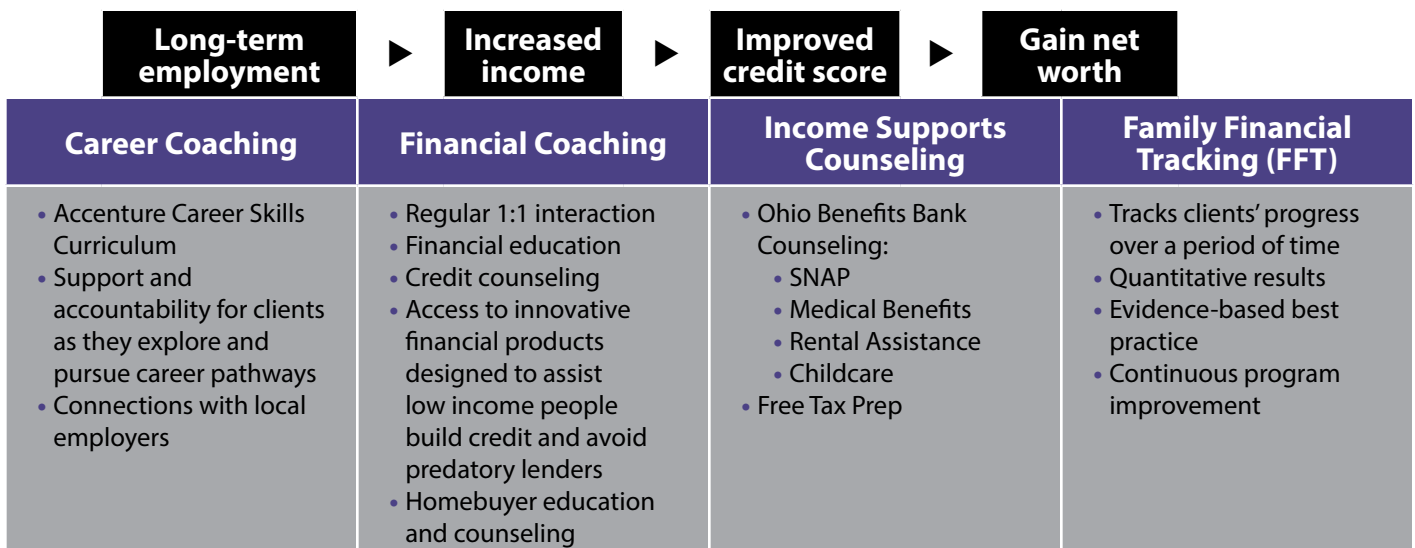
Market on the Green employee Catreva Brown

## Financial Opportunity Center

Recognizing the importance of financial stability to health, we have also co-located a Financial Opportunity Center (FOC) with Market on the Green, located on the second floor of the building. Utilizing the FOC model originating out of Chicago and growing nationally through support from the Annie E. Casey Foundation, FOCs help connect low- to moderate-income people to financial, employment, and income support services. LISC operates the program with a network of more than 80 FOCs across the country, embedded in local community organizations that are trusted, known for their history of providing quality services, and convenient to where people live and seek out services.

Coaching lies at the heart of the FOC's integrated service delivery model. The FOC financial coach helps the client create a vision of economic stability, to develop employment and financial goals that are critical to realizing that vision, and to support the client in achieving those goals. Employment services are key to the FOC model due to the fact that steady employment can be a key driver of financial security. The employment services offered by trained coaches in the FOC network include job readiness soft skills training, linkage to hard skills training opportunities, and career development. These services are paired with on the job training offered by the Ebeid Institute.

## FOC Logic Model



## Community Impact: Financial Opportunity Center

<b>Medical Financial Partnership</b>	<b>Local Initiatives Support Corporation (LISC)- ProMedica Financial Opportunity Center (FOC)</b>
<b>Financial Services</b>	<b>Financial Counseling, Credit Counseling, Job Training, Benefits Screening, &amp; Free Tax Preparation</b>
<b>Funding</b>	<b>ProMedica covers much of the staffing costs, along with grants from LISC, United Way, and other nonprofit program funding. Hospital foundation and community benefit provide important support for the FOC along with other efforts to address social determinants</b>
<b>Staff</b>	<b>3 financial coaches, 3 job coaches</b>
<b>Setting</b>	<b>Health-System-Affiliated, Community-Based Financial Opportunity Center. Located in Ebeid (Toledo, Ohio)</b>
<b>Populations</b>	<b>Low income patients and community residents, mostly female heads of household</b>
<b>Outcomes</b>	<b>1,000 individuals served 52% has seen coach 5 times or more 25% increase in net income 17% increase in credit score \$88,190.00- Approved Income Supports 300 individuals received free tax prep \$510K in federal tax savings and \$200K in Earned-Income Tax Credits received</b>

While a focus on employment services is key, a job alone is not enough to achieve long-term economic stability. Recent research shows that clients receiving bundled financial, employment, and income support services were nearly twice as likely to achieve job placements as clients enrolled in one service alone. Clients receiving bundled financial counseling and employment services had 89% greater net income increases than those only receiving financial or income support coaching. Additionally, clients who are enrolled in all three core FOC services not only have better placement rates, they also





have better retention rates.<sup>11</sup> To round out the integrated service delivery approach of FOCs, financial and income supports coaching and counseling are combined with the aforementioned employment services.

FOC financial coaches offer three core financial services to all clients:

- **Group-based financial education**, which provides general information on a wide range of topics, such as budgeting and developing savings plans.
- **One-on-one financial counseling**, which focuses on solving specific issues, such as debt resolution, credit repair, or eviction prevention.
- **Financial coaching**, which is the primary focus of long-term financial goal achievement. FOC staff also connect clients to mainstream financial service providers and provide free tax preparation services.

## Downtown development— reinvesting in the urban core

ProMedica leadership and the 450 community board members throughout the communities we serve feel that as a place-based organization ProMedica has a vested interest in ensuring the success of our communities and region. For example, the success of downtown Toledo, the metropolitan hub in northwest Ohio, is critical to the success of the region. A healthier Toledo equates to a healthier ProMedica and there is a sound business case to be made for strengthening our communities. With that in mind, ProMedica has reinvested in Toledo's core business district, as well as committed to ensuring that the neighborhoods that surround downtown also thrive.

As part of its commitment to downtown core revitalization, in July 2017 ProMedica employees from more than 25 locations moved to their new headquarters in downtown Toledo. This investment totaled approximately \$60 million—with 85% of the construction spend going to local firms, and 17% going to M/WBE firms. The move also brought more than 1,000 jobs to Toledo's central business district. This created considerable momentum in urban core investment. Since our announcement in 2015 to move downtown, more than \$500 million of additional investment has come from other developers and businesses. This investment in the urban core has included:

- New port project—\$700 million
- Colony Area—\$120 million
- Fort Industry Square—\$50 million
- Convention Center—\$40-50 million
- Marriott Renaissance—\$31 million
- Marina District—\$30 million
- Tower on the Maumee—\$30 million in phase I
- Pot Belly, Barry's Bagels, Fusion, Docks, Nasby—\$20 million
- Metro Parks—\$3.7 million in site development

**A healthier Toledo equates to a healthier ProMedica and there is a sound business case to be made for strengthening our communities.**



Understanding that downtown revitalization would require a broad-based approach, ProMedica’s leadership took a prominent role in facilitating the creation of a new downtown development corporation. ProMedica and other local business leaders formed the 22nd Century Committee, which later became ConnecToledo, a public-private partnership dedicated to revitalizing the downtown community, resulting in the development of the downtown Toledo Master Plan. The development of the master plan was an inclusive process, including not only community leaders, but the public as well. In addition to public meetings, people had the ability to post comments online (the website garnered nearly 30,000 page views throughout the process). In all, these efforts generated more than 1,000 ideas and comments that helped guide the development of the plan.

Downtown Toledo master plan includes the following districts:<sup>12</sup>



To further assist downtown core development, ProMedica made a short-term commitment in a former major hotel which was in bankruptcy. Within a year after ProMedica’s purchase of the failing hotel, the property was sold quickly to another investor who has revitalized the facility and it is now a four-star hotel in the downtown core—creating jobs for over a hundred people. Transforming the hotel from a struggling, poor business to a thriving operation was key to securing additional private developers and investors into downtown.

## **Creating jobs and hiring locally**

We also realize ProMedica can do more than just connect residents to career services; we can build pipelines to career opportunities at our own institution. ProMedica is committed to hiring residents from the surrounding neighborhood and has established a job-training program at the Ebeid Institute. This program hires individuals with high barriers to workforce entry, such as those with previous convictions or those living in homeless shelters. Trainees work twelve months learning technical and soft skills and receiving financial coaching. The Institute provides salary support and funding for an additional four hours per week of GED classes, vocational training, or other development opportunities. After twelve months, trainees are connected to full-time employment with ProMedica or partner companies.

ProMedica has reexamined its own hiring processes to identify and remove potential barriers. For example, ProMedica, like many larger employers, requires direct deposit for an employee's first paycheck. This requirement poses an obstacle for unbanked employees. Developing solutions to address these types of obstacles has strengthened ProMedica's commitment to inclusive, local hiring.

ProMedica has also worked with external organizations to create employment opportunities. Credit Adjustments Inc., an accounts receivable management firm, established a call center on the third floor of the ProMedica Ebeid Institute building. The call center will employ more than 50 workers with candidates being referred from the Financial Opportunity Center, Harbor Behavioral Health, and Lucas County.

This work around inclusive job creation extends to a network of anchor institutions as well. An anchor institution partnership that includes Mercy Health, Mercy College, ProMedica, Lucas County Department of Planning & Development, Ohio Means Jobs, and others, and convened by Toledo LISC, has been established to expand the pool of qualified, skilled and engaged workers in the community. The geographic focus of the partnership is the low-income neighborhoods adjacent to St. Vincent Mercy Medical Center, Mercy Children's Hospital, and ProMedica Toledo Hospital.

The Toledo Anchor Institution Partnership is committed to strengthening the Toledo economy by ensuring healthcare institutions have access to a talent pipeline that is ready to work and prepared to advance in healthcare careers. Providing training and employment opportunities in healthcare careers for unemployed and underemployed residents of Toledo’s neighborhoods, as well as other Lucas County residents, helps neighborhoods thrive, contributes to better health outcomes for residents, and helps healthcare institutions address critical workforce needs that lead to better patient care.

## **Collaborating to address infant mortality**

Infant mortality is another health issue that has led to a more expansive set of interventions to address the SDOH. Infant mortality, particularly in the African-American community, is a significant issue in Ohio and Michigan, as well as in ProMedica’s service area. With the gap of health disparities widening both locally and nationally, ProMedica, Mercy Health, and The University of Toledo Medical Center, working with the Hospital Council of Northwest Ohio, formed Fostering Healthy Communities. Fostering Healthy Communities supported the development of The Northwest Ohio Pathways HUB to address disparities in prenatal care.

## **The Toledo Anchor Institution Partnership**

### **Benefits for Anchor Institutions**

- Leverage public sector resources through federal Health Profession Opportunity Grants (HPOG) and other partners to provide education and training to low-income individuals for occupations in the healthcare field that pay well and are in high demand in order to meet hiring needs today and to accommodate future growth
- Develop a sustainable pipeline connecting individuals who are prepared to work to their highest volume job openings and to jobs that are the hardest to fill
- Reduce turnover in high volume jobs—like the 70%+ turnover in State Tested Nurse Aides (STNA)—by better preparation of applicants, improved hiring process, and an internal culture that values diversity
- Reduce use of temporary workers and therefore reduce costs
- Retain talented incumbent workers a minimum of two years by creating effective internal career ladders
- Improve financial results for healthcare institutions through improved health outcomes and higher percentage of insured residents
- Attain a workforce at entry-level and beyond that is diverse and more closely reflects the community
- Bring together multiple training programs and organizations into a cohesive talent pipeline that addresses anchor talent needs

### **Benefits for Toledo Community**

- Create opportunities for residents facing barriers to employment to access, maintain, and advance in healthcare careers
- Co-design effective workforce strategies through ongoing engagement with employers
- Utilize Work Keys/National Career Readiness Certificate program to help ensure foundational workplace skills in healthcare setting
- Improve the health of residents by ensuring greater access to career opportunities with family-supporting wages that include healthcare benefits
- Establish better hiring pipelines and retention strategies for residents
- Grow a stronger local economy

The Northwest Ohio Pathways HUB is a data-driven, community-wide system connecting low-income residents to needed medical care and social services to improve health outcomes. The HUB uses community health workers as part of patient-centered medical home teams to connect residents to needed medical care and social services, and Pathways measures the results. The program is a pay-for-performance model with managed care making payments based on outcomes.

Of the more than 20,000 pregnant mothers screened, 15 percent were referred to the Pathway Hub, with 32 percent being enrolled in a home visiting program and 22 percent receiving some other referral connection.

These visitations and connections led to positive health outcomes:

- Women enrolled more than 90 days in the Pathways Hub program had a 90 percent rate of healthy birth outcomes.
- Black women enrolled for more than 90 days had lower rates of low birth-weight deliveries than the state or county average.

## **Commitment to building community wealth**

Our economic resources as an institution—from our investment portfolio to our construction and procurement spend to our relationships with place-based philanthropy—are some of the most powerful tools in our Anchor Mission toolbox. Deploying these resources intentionally in ways that align with our strategies to address the social determinants of health can lay the foundations for powerful impact.

### **Transition from funding to financing**

By shifting from primarily approaching community benefit projects as a funder to an approach that combines funding and financing, ProMedica can further leverage its resources and bring additional resources to our service area. As a system, we think broadly about our ability to use our resources to advance the community.

## Spectrum of financial return

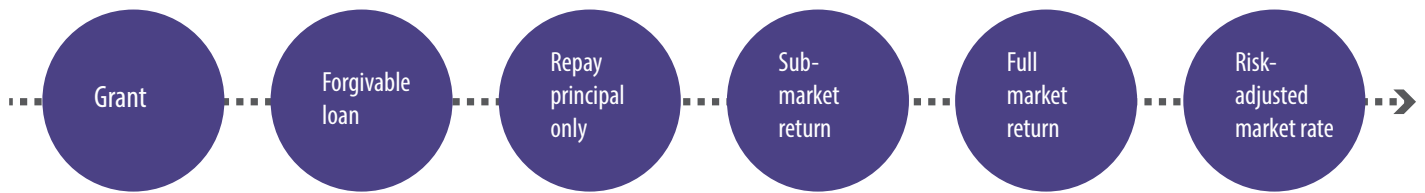


Image adapted from Robin Hacke, et al, "Improving Community Health by Strengthening Community Investment: Roles for Hospitals and Health Systems."<sup>2</sup>

## Investing in local banks and credit unions

ProMedica is able to leverage its sizable balance sheet and its leadership position as one of the largest employers within the region to create broad economic benefits for the local economy. Historically, ProMedica has supported local and regional banks, investing in sixteen regional banks and diversified treasury management services. This effort is uncommon, as most health-care systems bank with only one or two institutions. The banking strategy has helped ProMedica build local relationships in the counties it serves, maintain credit in those communities, and better manage risk during economic downturns like the Great Recession.

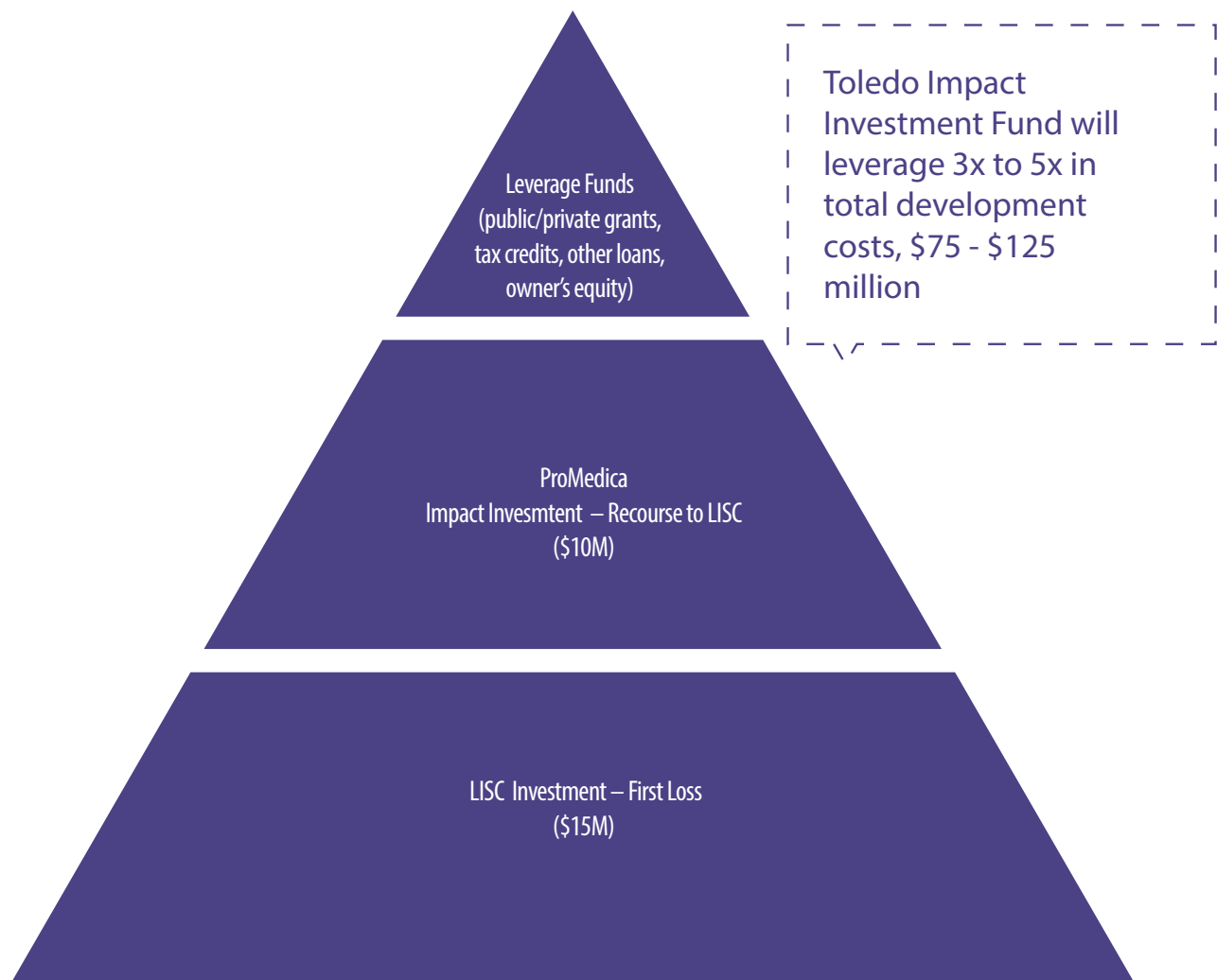
In 2015, ProMedica launched a pilot project to position additional deposits of \$250,000 to \$3 million with smaller community banks, using certificates of deposit (CDs) through the Certificate of Deposit Account Registry Service (CDARS). CDARS is a national program that allows ProMedica to place significant funds with local institutions while maintaining protection of the original deposits through Federal Deposit Insurance Corporation (FDIC) insurance. ProMedica's directive to the banks is to redeploy the deposits to create loans in their communities, with an emphasis on job creation, new and/or expanded businesses, and new community services or programs. The banks report key metrics quarterly, including how the funds were utilized. Matching services to banks' skill sets and capabilities avoids duplication of services and ensures the strategy remains efficient for ProMedica.

ProMedica sees this strategy as a powerful way to use its resources to benefit the communities it serves, all the while meeting its fiduciary responsibilities, and with no additional staffing required.

## Impact Investing—ProMedica/LISC partnership

Through place-based investing, health systems can leverage institutional resources to improve community health and well-being and reduce the cost of care. For the system, this approach helps achieve a more diversified and impactful investment portfolio, improves the financial sustainability of community partners, and helps position the organization for the long-term shift to value-based purchasing. It benefits the community by supporting local and small business development, targets resources to low-income communities, empowers low-income people to create and manage their own enterprises, and improves the quality of local jobs.

With this in mind, ProMedica is partnering with LISC to create a \$75-100 million loan pool for needed real estate, housing and business projects, and creating capital that otherwise would not be available. ProMedica is providing a \$10M loan over 10 years, from system level financial resources, which



will be combined with a \$15M investment from LISC. This total pool of \$25M of impact capital across ProMedica's service area for projects in distressed communities is estimated to unlock an additional \$50-\$75 million in investment. ProMedica is the first healthcare system to collaborate with LISC in this innovative strategy for place-based "impact investing."

Impact investing refers to investments made in companies, organizations, and funds with the intention to generate a measurable and beneficial social or environmental impact alongside a financial return. For example, some impact investments, such as venture capital investments in "clean tech" companies, may benefit the world at large (e.g., by reducing pollution). Other impact investments are focused specifically on benefiting a particular disadvantaged place. To accomplish this, community investments often are structured in ways that blend capital from multiple types of investors with varied constraints and requirements, and different appetites for risk and return.

**Through place-based investing, health systems can leverage institutional resources to improve community health and well-being and reduce the cost of care.**

Community investment deals typically assemble a "capital stack" that include public and private sources. These blended resources include funds from mission-driven individuals or foundations willing to make grants or provide below market rate loans, or investments from Community Development Financial Institutions (CDFIs). In 2015, the Opportunity Finance Network revealed that while improvements to the Community Reinvestment Act made in 1995 provided capital needed to support CDFI investment, increased regulatory requirements and uneven distribution of funds leaves gaps for many communities, including Toledo.

Anchor institutions like ProMedica can help fill these gaps locally. Across our service area, the creation of a loan pool using non-traditional financing is critical to ensuring economic development occurs in distressed neighborhoods in the communities we serve.



## A focus on local businesses

As part of our Anchor Mission, ProMedica has a vested self-interest in helping ensure that the communities where we are based are safe, vibrant, and stable. As an anchor institution, ProMedica is uniquely positioned to apply long-term, sustainable influence to better the welfare of communities. That has led to a further evolution and expansion of our business practices around local hiring and workforce development, local sourcing, and investing.

ProMedica's local and inclusive policies and practices include:

- Generating a thriving local business community
- Improving the quality of local jobs
- Increasing community impact by targeting underserved neighborhoods
- Leveraging existing philanthropic and public funds
- Strengthening our reputation as the provider of choice in our community

With this in mind, wherever possible, ProMedica strives to utilize local resources on real estate and construction projects. Over the last several years, ProMedica has placed increased emphasis on creating awareness about projects among local vendors and contracts by implementing outreach events, tracking an actual dollar value for inclusion strategies, creating project targets and revising processes to facilitate goals, and by partnering with local schools and unions to facilitate the development of apprenticeship program opportunities.

## Real estate/Construction local percentages

<b>Generations</b>	<b>Headquarters</b>	<b>Neuroscience</b>
<b>Local = 65%</b> <b>MBE/WBE = 12%</b>	<b>Local = 85%</b> <b>MBE/WBE = 17%</b>	<b>Local = 100% to date</b> <b>MBE/WBE = 5% to date, equates to \$1M worth of contracted services</b>

## **Ebeid Neighborhood Promise**

In October 2017, ProMedica announced a \$28.5 million gift from the family of Russell J. Ebeid to establish The Ebeid Neighborhood Promise (ENP), a 10-year, \$50-million initiative to significantly augment our community efforts and drive clinical integration through community intervention and a national research center. ProMedica has agreed to contribute \$11.5 million and raise \$10 million from other community partners for a total of \$50 million.

ENP is a long-term investment to create a national model for neighborhood revitalization, using best practices and evidenced-based programing.

With a key focus on health, education, job creation, and family stability, the ENP will use a collective impact model employing community health workers, financial coaches, job trainers, and educational support to create a cradle-to-career pipeline that empowers the entire neighborhood.

In addition to individual services and programs, the ENP will also seek to improve the infrastructure and physical environment of the neighborhood. ProMedica will be partnering with the Local Initiative Support Corporation (LISC) to implement the ENP—the \$75-100M investment pool detailed above will play a key role in the strategy by supporting local, minority-owned, and women-owned business as well as development projects such as housing and commercial development.

ENP will work in the UpTown neighborhood and then be expanded to Toledo's Monroe Corridor. UpTown is a hot spot for poor health outcomes, including infant mortality.

This integrated model will begin with a concerted effort to improve preschool quality and access in our target neighborhood, with the goal of eventually expanding the model to other geographies within ProMedica's footprint. Evidence shows that investing in strong preschool education pro-

## **The Ebeid Promise zone will focus on the UpTown neighborhood.**

- Almost 70% of the core market's households live in rental housing
- Of the renting population, 33% do not have an automobile
- Demographics
  - 66% African American
  - 53 Female
  - 26% under 18
  - 11 percent 65 or older
- \$20,299 median HH Income
- High patient costs
- Higher discharges
- Higher emergency department visits
- Higher non-admit emergency department visits
- Double rate of babies born at low-birth weight
- Higher readmission rates

grams can help to break the cycle of poverty not only for the students enrolled in high quality preschool, but for their parents and caregivers as well. Investing in preschool develops a firm foundation from which students can begin school ready to learn, which in turn sets them up for future success. Furthermore, high-quality preschool helps parents and caregivers get and keep employment, which can stabilize a family.

As part of the ENP, ProMedica will collaborate with other local partners to increase the availability of high quality preschools in the UpTown neighborhood. To that end, ProMedica, in collaboration with its partners, will invest to increase quality by reducing class size, increasing teacher training, and updating environments with safe and appropriate resources. The availability of high-quality preschool slots will provide more opportunities for the education navigator to steer families into a solid pathway for the benefit of the youngest residents of UpTown.

After the initial collaboration with UpTown, the goal is to expand to Toledo's Monroe Street Corridor in year three as well as to two regional neighborhoods in ProMedica's service areas in future years.

## **Healthy housing**

The Low-Income Housing Tax Credit program has struggled in Toledo. As part of our commitment to healthy housing, ProMedica, LISC, & Key Bank partnered to provide \$2.65 million focused on preserving 700 housing units that have aged out of federal financing programs—after 15 years, there's no obligation for landlords who claimed the LIHTC to keep those homes affordable. To boost home ownership, existing tenants that are buying their home after it emerges from this 15-year rental period will have access to a \$7,500 forgivable loan to make personalized upgrades. A second component of this initiative focuses on reinforcing this investment in low-income home ownership by renovating vacant homes in the same geographic footprint. In some cases, the renovation budget of \$30K-\$40K/unit may even exceed the anticipated market rate sale price—but the intent is to stabilize home values across the community, not to turn a profit on individual sales.

# Building the National Platform: The Root Cause Coalition

To move from clinical success to sustainable community and individual health and well-being, healthcare organizations and other public and private organizations need to transition from a position of competition to collaboration.

ProMedica, Alliance to End Hunger, and the United States Department of Agriculture have worked together to address hunger since 2008. After holding a hunger summit on Capitol Hill in February 2014, ProMedica and the AARP Foundation joined forces to take on not just hunger, but all of the social determinants of health in a larger way.

The Root Cause Coalition, formed by ProMedica and the AARP Foundation in 2015, focuses on reversing and ending the systemic root causes of health inequities through cross-sector partnerships.

The Coalition has grown to 50 members that includes a diverse network of health plans, health systems, educational institutions, and national and community-based organizations. After a series of regional hunger summits, the Coalition now annually hosts two national conferences on SDOH, tackling issues including transportation, hunger, housing, personal security, isolation, and more. The first of these National Summits on the Social Determinants of Health took place in December 2016, and the second in October 2017. At these events, representatives from health care, the non-profit sector, and the faith community, as well as researchers, clinicians, government leaders, educators, and business leaders share best practices, offer community connections and resources, and engage in the crucial discussion of how to implement real, sustainable, community-focused intervention that addresses the underlying causes of poor health outcomes.

Representatives from more than 39 states attended the most recent national summit in 2017. The 2018 Summit is scheduled for October 8 and 9 in New Orleans.

As evidence regarding why we need to address the social determinants of health becomes more readily available, The Root Cause Coalition is increasingly focused on how organizations can create sustainable and scalable solutions through advocacy, education, and research. We see this work supporting national initiatives and platforms—like The Root Cause Coalition or the Healthcare Anchor Network—as a key part of our Anchor Mission.

## **How do we pay for addressing the social determinants of health?**

Many of the strategies ProMedica implements regarding the social determinants are about further aligning current external activities for a more coordinated approach and greater impact. Others are focused on being more intentional with current business practices to ensure that our everyday activities are also aligning with our mission and strategic plan for a healthier community and patient population. By rethinking or redirecting operations, we can have an impact in the four factors of health and well-being at low or no cost.

It is important to note that not all anchor strategies will expend resources. We can have an impact by partnering with other healthcare and non-healthcare institutions in the community. By weighing in on challenges impacting the communities we serve, we can bring in the strength of a larger employer and mission-driven organization.

Because we are inextricably tied to our communities, having healthy communities is essential not only because they are our home, but also because they are ultimately our business market. An investment in the economic health of our communities will reap benefits through the creation of a stronger local economy.

Furthermore, when an anchor institution like ProMedica makes place-based investments in the economic well-being of its community, there can be an important multiplier effect. For instance, when ProMedica committed to

moving employees to downtown Toledo, this catalyzed a wave of economic development momentum that continues to build.

Many organizations with significant investment resources are already focused on socially responsible or impact investing, which is no doubt important. But place-based investing ensures that this extra intention actually benefits the health and well-being of those populations we serve. And many of these projects, with fully developed health and social impact requirements, offer a similar financial return as certain asset classes in our traditional investment portfolio.

There is a growing movement of healthcare anchors who have made or are making this shift, based in the recognition that reviewing and tweaking their investment policy to include a focus on social/community/impact investing is in the long-term best interest of their institution. By learning from these other health systems, we can avoid having to reinvent the wheel.

## **Measuring success and significance**

Our analytics go well beyond gathering data about people, as we seek to understand the most important questions in healthcare: What factors lead to successful adherence to clinical instructions? What barriers—healthy food, transportation, access to facilities—do people in the community face? What unique conditions exist in neighborhoods that are driving healthcare outcomes?

As more and more evidence is published linking health-related social needs to health outcomes and healthcare costs, health systems are working to address the critical gap between clinical care and community services. Holistic approaches that focus energy and resources on issues such as food insecurity, inadequate or unstable housing, safety, unemployment, and lack of social support play a critical role in curbing overall healthcare costs and in building health equity in the communities we serve. When appropriately aligned and integrated into existing population health initiatives, which are

often focused on clinical and financial risk, health systems can deepen their impact on individuals, populations and communities.

As stated earlier, one of the challenges related to social determinants is that measuring success in terms of health outcomes tends to be longer-term. So it is critical for the board and leadership to define and determine what success looks like for ProMedica.

The Democracy Collaborative has noted key indicators of success for anchor institutions: higher median income levels, lower asset poverty, lower hospital readmission rates, lower incidence of crime, increased business investments and community presence, reduced wealth and income inequality, expanded access to affordable fresh food, broader-based ownership of local businesses, improved infant mortality rates, narrowed health disparities, and positive CHNA trending results.<sup>13</sup>

In addition to the ProMedica Anchor Dashboard discussed earlier in this report, we drill down further to measure more specific aspects within the overall impact indicators. The dashboard for the social determinants of health are consistent with the ProMedica strategic plan, with its key measures of success: being a healthcare institution and workplace of choice grounded in high-reliability, high-performance, strategic innovation, community advocacy, and innovative research and education.

With this in mind, the SDOH dashboard includes metrics regarding the number of providers screening for SDOH, needs resolved for patients identified with SDOH issues, patients enrolled in the Pathway community HUB (mentioned earlier in this report), the number of jobs created in the Ebeid Neighborhood, increased jobs and financial security through the FOC, and the number of submitted research articles and national presentations on SDOH. By measuring and tracking results across our spectrum of SDOH interventions, we can identify and amplify the best practices that make these strategies more effective, and demonstrate their impact on health outcomes and economic well-being.



# Key Questions to Consider

As health care continues to change radically, leaders of health systems and hospitals—and their board members—have to be prepared to broaden their perspective regarding healthcare models that make the most sense for the communities they serve. It will require challenging current models of care and the role healthcare organizations have in their communities, particularly as it relates to the social determinants of health.

To help further the dialogue with health system leadership, what follows are some key questions to be considered about creating health communities.

**As health care continues to change radically, leaders of health systems and hospitals—and their board members—have to be prepared to broaden their perspective regarding healthcare models that make the most sense for the communities they serve.**

## **Anchor Institutions—Critical shifts**

- How do we define the organizational imperative related to social determinants of health and anchor institutions?
- How do we ensure long-term sustainability of social determinants initiatives?
- Are social determinant initiatives and strategies connected to and integrated with clinical/medical programming?
- Are our local social determinant strategies consistent with local, state, and national policies related to improving health and well-being?
- How are we connected with community organizations to best address these upstream determinants of health?
- Do have a common agenda and language to ensure alignment for our anchor and social determinant initiatives?

## **Fundamental decision points**

- What is the difference we want to make?
- Who is our priority populations?
- What is our geographic boundary?
- What is the scale of impact we are aiming for?

- How will we use our assets differently to drive greater impact?
- With whom would we need to partner, internally and externally to drive that impact? Should our organization play an active role in community economic development and public/private or public/public partnerships? Do we consider inclusive economic development a fundamental component of the social determinants of health?
- How do we encourage inclusive economic development and public/private or public/public partnerships?
- How do we achieve health equity in the communities we serve?
- How can we integrate a strategy of community wealth building by broadening ownership of capital through cooperatives, employee ownership, land trusts, community development corporations, or other mechanisms?

## **Planning**

- Does our organization have a community engagement plan that outlines an approach for ongoing consultation and dialogue with communities and partner agencies to ensure active participation in the planning, implementation, and evaluation of programs and services?
- As a system, do we have a systematic and system-wide approach to responding to the results of our Community Health Needs Assessments?
- How does the organization connect the societal factors that determine health to its strategic and operational plans?
- How do we more effectively as an organization intervene upstream to impact forces that contribute to high rates of chronic diseases?
- What local, state, and regional policies can work to help influence the areas we chose to focus on?

## **Execution/Operationalizing**

- How are we integrating our social determinants initiatives with clinical care operations?

- Are we taking a system-wide and systematic approach to addressing these issues?
- Do we have the appropriate infrastructure in place to make this next evolution to an integrated organization focus on health and well-being?
- Do we need partners to help us manage and use data in a meaningful and useful way?

## **Engagement**


- How can hospitals engage their communities to improve the health of everyone?
- How might local human services and health programs be joined to achieve better coordination of care, lower costs, and improved community health? Is there a gap in health and human services program programs and community need? What is the system's role in filling that gap?
- Have we worked with the community to understand the current landscape (successes and challenges) around social determinants issues?
- How can we engage our physicians and the entire care team in this important work?
- Do we have the right community partners?

## **Funding and philanthropy**

- How are we bringing all our organization's assets to bear (e.g., purchasing, investment portfolio, facilities) in support of healthy communities?
- How can philanthropy act as a catalyst in helping move a commitment to addressing social determinants forward?
- Have we aligned our philanthropy and community benefit efforts with the issues that are most pressing to our patient population and/or the broader community?

## **Metrics/Measurement**

- How are we measuring the success of programs that address the social determinants of health?

- How do we report—within the organization and publicly—on the impact we are having in addressing community challenges?
- As the payment model continues to shift, do we understand our current environment and how developing programs around social determinants may be able to influence the cost curve?
- How are we using data from our electronic health records related to societal factors that help determine health in deciding organizational priorities? 



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# The Democracy Collaborative

The Democracy Collaborative, a nonprofit founded in 2000, is a national leader in equitable, inclusive, and sustainable development. Our work in community wealth building encompasses a range of advisory, research, policy development, and field-building activities aiding on-the-ground practitioners. Our mission is to help shift the prevailing paradigm of economic development, and of the economy as a whole, toward a new system that is place-based, inclusive, collaborative, and ecologically sustainable. A particular focus of our program is assisting universities, hospitals, and other community-rooted institutions to design and implement an Anchor Mission in which all of the institution's diverse assets are harmonized and leveraged for community impact.

## **Learn more:**

<http://democracycollaborative.org>

# Healthcare Anchor Network

The Healthcare Anchor Network is a growing national collaboration of more than 35 leading healthcare systems building more inclusive and sustainable local economies, bringing together anchor institutions that together employ more than 1 million people, purchase over \$50 billion annually, and have over \$150 billion in investment assets.

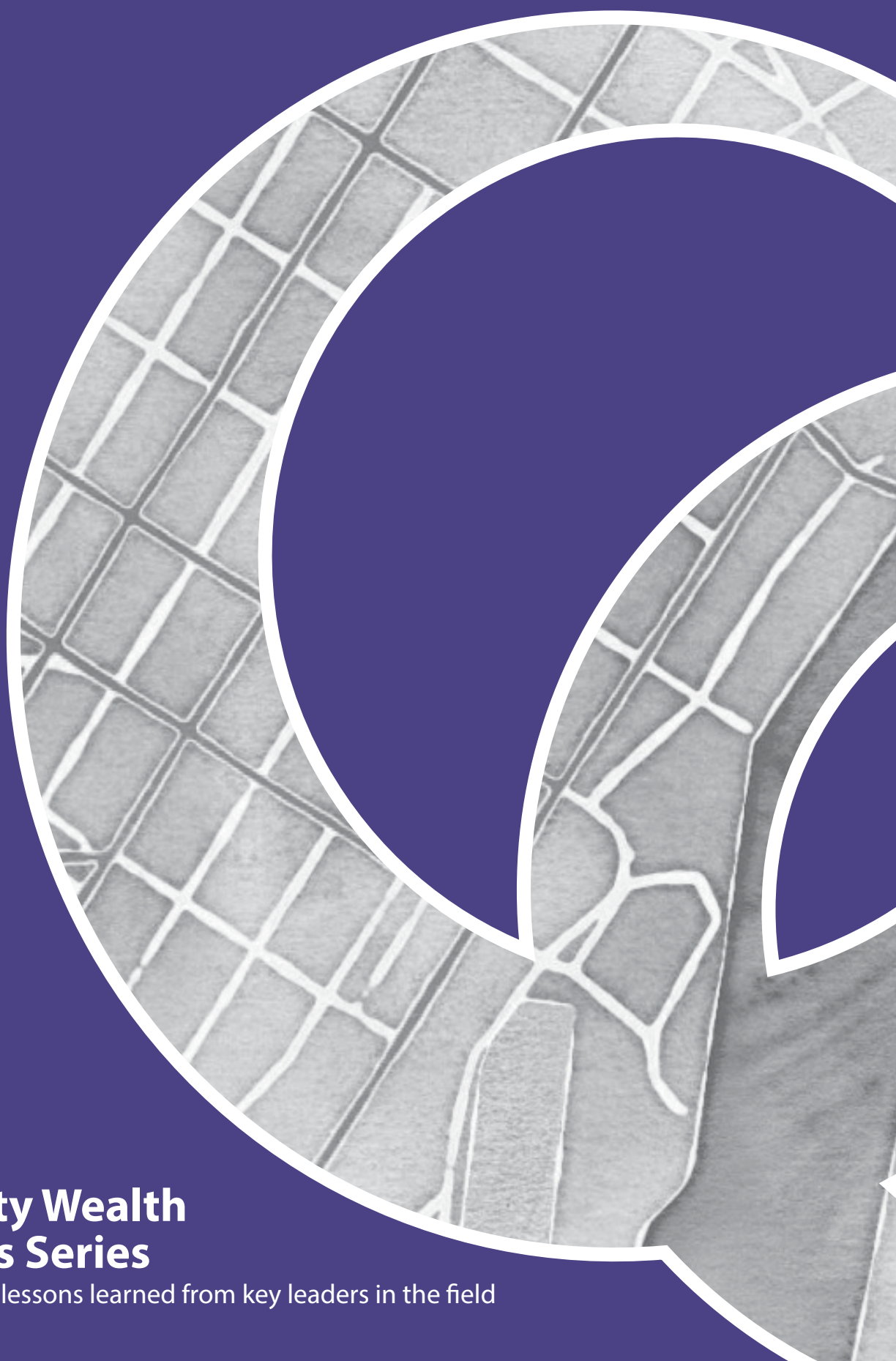
## **Learn more:**

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# Community Wealth Innovators Series

Best practices and lessons learned from key leaders in the field