

GOOD GOVERNANCE CASE STUDY

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Living the Mission at ProMedica: Innovative Approaches to Improving Community Health



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Living the Mission at ProMedica:

Innovative Approaches to Improving Community Health

Statement of Interest

Leaders at ProMedica, a health system based in Toledo, Ohio, decided about 10 years ago to focus on the social determinants of health that were impacting the well-being of their patients and communities. Toledo is in the shadow of the big three automakers headquartered in Detroit, with several auto-manufacturing plants in the area. The 2008 economic downturn placed a great strain on the region, which was already home to many low-income neighborhoods and Medicaid patients. In an environment in which it was already difficult to maintain health and meet basic needs, the struggle intensified. Most social determinants of health are outside the realm of clinical care, and many of ProMedica's efforts in this initiative have been undertaken at a cost to the system, without reimbursement from payers. However, preliminary data indicate that addressing social determinants of health can have a strong impact on cost, utilization, and outcomes.

Randy Oostra, President and CEO, has been with ProMedica for more than 20 years. When he became President and CEO about 10 years ago, one of his first actions was to request that the leadership team conduct community needs assessments in the communities they served. One of the results of that assessment was that obesity was a prominent issue. Initial thoughts and ideas to address obesity centered around nutrition and lifestyle education in schools and after-school clubs and programs. But during school visits, as they began to peel back the layers and get to root causes, it was revealed that hunger—not obesity—was the underlying core concern. Oostra explained, "When we went into the schools, obesity was a big issue. So we created some large health learning maps for schools. But when [our staff] went into the schools and clubs, they came back realizing that these kids were hungry. While we didn't 'sign up' for hunger, we got into the issue of hunger and its profound effects on people's health." In fact, public health research has shown that obesity and hunger are related in communities where there is lack of access to healthy, fresh, and affordable food.¹

Barbara Petee, Chief Advocacy and Government Relations Officer, has been with ProMedica for 31 years. She was responsible for some of the early work by ProMedica around hunger. ProMedica was the first healthcare organization to become a member of the Alliance to End Hunger. Shortly after Oostra took on the role of CEO, Petee approached him about establishing a fund to address basic needs in food, clothing, and shelter. Known as the Advocacy Fund, this was essentially their first social determinants program.

Working with Petee, Oostra approached his leadership team and board to find a way to address hunger as part of their responsibility to the community, to fulfill their responsibility to the community needs assessment. But addressing hunger was only just the beginning, and shortly thereafter, their fledgling program grew into something significant.

Early discussions in the boardroom centered on:

1. Hunger as a health issue
2. The financial impacts of a prevention approach/how to deal with a changing revenue stream
3. Concern regarding excessive growth in healthcare costs, combined with stagnant patient outcomes and an expanding desire to do more to bend the cost/quality curve

¹ See, e.g., Food Research and Action Center, "Relationship between Hunger and Obesity," <http://frac.org/obesity-health/relationship-hunger-obesity>.

A Profile of ProMedica

ProMedica is a locally-owned, non-profit health system that serves 27 counties in northwest Ohio and southeast Michigan. A network of hospitals, physicians, healthcare professionals, researchers, and specialty clinics and facilities, it offers a full range of diagnostic, medical, and surgical specialties in areas such as emergency medicine and trauma, heart and vascular, oncology, orthopedics, neurology, women's services, and children's services:

- 14 hospitals
- 323,000 lives covered by owned health plan
- Six ambulatory surgery centers
- 8,200 births
- 2,348 licensed inpatient beds
- 90,000+ inpatient discharges
- 71,000+ surgeries
- 350,000+ ER visits
- 198,000+ home care visits
- 400,000+ rehabilitation therapy encounters.

Setting the Stage: ProMedica's Mission and Vision

Oostra's emphasis in the beginning was on how to expand ProMedica's mission beyond the walls of its hospitals. "I think our role in society, as a non-profit, mission-based healthcare organization and the largest employer in our area, is bigger than just to say [in our mission statement] that we only care for you clinically. We had this discussion with our board: let's change our mission statement to say, 'We only care about you when you're inside our walls.' Because what happens three or four blocks from here is very different. So, if you think about your mission, truly, and you want to extend your mission, you need to think well beyond your walls."

The change in the mission statement didn't just involve the words in a sentence but truly a change in thinking and philosophy among those around the table, that would, in turn, change the philosophy and culture of the organization. Board members had concerns in the early discussions about how changing the mission and focus of ProMedica would affect their business. "Where's the revenue going to come from? There's angst associated with that, if you think of a healthcare system as strictly being within the four walls of the hospital," said Vice Chair Stephen Staelin. "It was an evolution in thinking that got us to where we are today. That, coupled with the extreme or excessive growth in the cost of healthcare... we knew that we could not continue on the curve, the trajectory, in terms of cost, because the revenue just could not keep up, and we, along with an awful lot of systems in this country, would be destined to bankruptcy if those trends continued."



ProMedica: Core Beliefs and Mission

- We believe you should have access to the best care right in your neighborhood—so wherever you receive care from us, you’re connected to the experience and knowledge of our entire network.
- We believe that no one is beyond the reach of life-saving healthcare—so every year we donate millions of dollars to provide medical services to our friends and neighbors who cannot pay.
- We believe that our neighbors are looking for ways to strengthen our communities—so we work with hundreds of volunteers who lead our boards and hospital auxiliaries to touch the lives of patients and families every day.

Whoever you are, and wherever you live in our extensive service area, ***our mission is to improve your health and well-being.***

According to Board Chair Bob LaClair, a large motivator for the board in delving deeper into hunger, and then later into the other social determinants, had to do with efforts to improve patient outcomes as part of ProMedica’s transition to a population health delivery model. “We didn’t see the outcomes across the community changing. As health systems are starting to move more towards reimbursement that is based upon outcomes, we felt we needed to do something a little bit different to address that. When you look at what causes people to be sick, it really is the social determinants in the community—whether they have access to healthcare, whether they have access to nutritional food, a safe place to live, jobs, health literacy, those are all things that come together and determine the healthy communities in which we operate.”

Petee emphasized the importance of ProMedica’s mission statement as a launch pad to their work on social determinants. “It wasn’t lost on us that Toledo is a wonderful community with great people who have a great passion for serving the needs of others, but there are those in the community who have great needs. How do we as a not-for-profit, mission-based organization, really answer that call? What is our responsibility to do that? It was shortly after Randy took on the role of CEO that we started to examine our mission statement and ask, is it memorable, is it something that we can all recite? Is it something that we understand? Our mission statement now, to improve health and well-being, has only been our mission statement since Randy’s tenure began as CEO. It really sets the stage and is a great springboard for us to be able to take on this work in social determinants, because the well-being part of that mission statement, as Randy has often said, ‘There’s no asterisks on that.’”

ProMedica Case in Brief

The Issue: Roughly 10 years ago, evidence became increasingly clear that a community was struggling to achieve improved health outcomes for its citizens, and particularly for the most fragile in the community. With this in mind, ProMedica, based in Toledo, Ohio, began to evaluate new and non-traditional approaches to enhancing care and improving health and well-being not only for individuals, but for the community as well.

The Decision: The system leadership and its board made a sustained commitment to improve health outcomes over time by addressing the social determinants of health, which are estimated to be responsible for up to 80 percent of a person's health and well-being. As part of this, the organization made a commitment to serve as a regional anchor institution, with a focus on economic development and health inequities. In addition, it identified national opportunities to move the conversation forward regarding social determinants.

Actions Taken:

- Change care delivery model to include social determinants by screening all patients for 10 social determinants, such as hunger, housing, and education.
- Connect patients with resources, either through ProMedica's direct programs or its partners.
- Create resources: food pharmacy, Ebeid Institute of Population Health (which includes Market on the Green, a job training program, and diet/cooking and financial planning education), and economic/real estate development programs; use community organizations as partners when possible.
- Establish new ProMedica National Center for Social Determinants Research and the Ebeid Neighborhood Program; expand offerings at ProMedica Ebeid Institute for Population Health.
- Continue to find opportunities to further economic development in the Toledo region.
- Commit to an "impact investment" involving making a \$10 million loan to a community developing financing institute, and partner with Local Initiative Support Corporation (LISC) to create a loan pool to serve distressed neighborhoods.
- Establish The Root Cause Coalition, a national network to address issues related to social determinants of health.

Results to Date:

- An increase in primary care usage, driving patients to the right place for care at the right time, which has an impact on cost.
- A related reduction of 4 percent in ER use for patients who screen positive for food insecurity and are connected to the needed services, and a 53 percent reduction in hospital readmission rates.
- A 30 percent decrease in costs per member per month for patients who screen positive and receive access to resources; and a 30 percent increase in costs per member per month for those who screen positive and are not connected with resources.
- The Root Cause Coalition membership has grown nationally including hospitals, health systems, national health insurance companies, and non-profit organizations focused on specific issues related to social determinants. The organization focuses on advocacy, education, and research.

- Since 2015, ProMedica has screened more than 3,000 pregnant women for social and economic needs, through the Hospital Council's Pathway HUB. Data shows that when a high-risk pregnant woman is identified and connected with the right services, she has a 90 percent chance of having a healthy birth.
- 359,133 ambulatory patients and 203,585 hospital patients have been screened for food insecurity; 29,808 people (9,766 households) visited ProMedica food clinics, 1,024 ProMedica employees received assistance with food, 1,341 meals were provided at hospital discharge, and 315,816 pounds of food were packaged and distributed through food banks.
- Out of 343 individuals screened through the Financial Opportunity Center, a partnership with LISC, 203 engaged in financial counseling, 184 received free tax preparation, 13 percent improved their credit scores (an average 69-point increase), and 25 percent realized increase in net income.
- 2,840 patients were screened in 2017 for social determinants; needs were identified in 59 percent of patients screened. Top needs were behavioral health, financial strain, food insecurity, and education.

How much does it cost? ProMedica spends less than 1 percent of total annual revenue to address social determinants of health.

Lessons Learned:

- "Throw out the old tapes" and try something new and bold.
- Get beyond the critics by keeping an eye on the long-term vision and choosing strategies with short-term and long-term returns that will help attain that vision.
- Remain mindful of resources, but change expectations (e.g., don't expect a quick ROI, because if you do, that influences your decisions).
- Engage partners to delineate roles and do more together by leveraging resources.
- Make sure the right leaders are in place, throughout the organization and community, to implement the vision.

Next Steps:

- Continue to build social determinant improvement goals into the strategic plan.
 - Further integrate social determinant screening and intervention into acute care and private practices.
 - Improve the screening and measuring process to better connect activities to address social determinants with patient outcomes and ROI.
 - Continue to be the leader in social determinants both regionally and nationally.
 - Launch Ebeid Neighborhood Promise in two community neighborhoods focusing on neighborhood revitalization.
 - Establish a national center for social determinants of health research and education.
 - Continue to expand The Root Cause Coalition nationally.
 - Identify strategies to improve the ability to track health and cost outcomes, including consistent social determinants definitions and metrics.
-

Thinking Upstream: Why do Social Determinants Matter?

ProMedica, like many U.S. health systems, began looking at implementing a population health model around the same time as the issue of social determinants of health came to the forefront. The board and senior leaders had been asking questions such as how to improve outcomes, what are the primary drivers of health, and how and what to measure for success in improving patient population outcomes, such as infant mortality, smoking cessation, obesity rates, and mental health. As the discussions developed, the realization became that non-clinical concerns were affecting patient outcomes more than previously assumed (Oostra cites research showing that only 15 to 20 percent of a patient's health outcome is determined by direct medical care, and the rest is affected by social determinants²). This then drove a discussion in determining the role of the hospital or health system such as ProMedica in addressing these non-clinical issues.

Why would a health system be concerned about a patient having access to food? One key example is that many medications cannot be absorbed properly without food, and if they are taken without food their efficacy is significantly reduced. ProMedica's leaders and physicians began to see this issue as a wasted cost if medication was purchased and taken without effect.

The related ideas of wellness and prevention have been circulating among payers and providers for decades, but these ideas have centered on things that are inside the clinical realm and that primary care physicians traditionally deal with—lifestyle factors affecting health (diet, exercise, dental hygiene) and getting annual physicals and prevention screenings. But people who are negatively affected by social determinants have barriers to wellness that keep them from succeeding at the outset, such as lack of transportation, no primary care physician, or being unable to afford healthy food.

10 Social Determinants:

1. Financial strain
 2. Employment
 3. Access to healthy food
 4. Behavioral health
 5. Safe and healthy housing
 6. Utilities
 7. Education
 8. Transportation
 9. Childcare
 10. Personal safety
-

Most importantly, these people often are not set up to make good lifestyle decisions in the first place because of these barriers.

For ProMedica leaders and the board, the questions became about defining the differences between wellness and social determinants, and shaping a meaningful way to address both, within the strategic framework of a population health approach. Mike Browning, CFO, explained, "Wellness is a good thing to do—smoking cessation, being fit, taking the lifestyle you have



² See, e.g., Paula Braveman, M.D., M.P.H. and Laura Gottlieb, M.D., M.P.H., "The Social Determinants of Health: It's Time to Consider the Causes of the Causes," *Public Health Report*, National Institutes of Health, Jan–Feb 2014, Vol. 129 (Suppl 2), pp. 19–31.

today and making it better. By addressing social determinants, you're giving people the chance to be able to prosper and be good citizens of the community. We're dealing with situations where people don't have the choice of a good lifestyle. We're taking people from having challenging situations to putting them in a good position to make the right decisions."

It's not always easy for someone to admit that they are having trouble putting food on the table or are homeless or at risk of being homeless, due to the social stigma associated with these issues. Healthcare providers have a unique relationship with patients, and through their work to address social determinants, ProMedica has found that patients who might not have been willing or able to reach out for help may feel more comfortable talking with their physician or nurse practitioner when the provider is the one to initiate the discussion. "We're seeing some patients being more responsive and willing to have the conversation, because we are coming from a different lens," explained Kate Sommerfeld, President of Social Determinants of Health at ProMedica. "If your doctor comes in and asks if you have access to healthy food, it can be a different conversation than if a traditional food bank comes and asks the question, and folks are really responding differently. They feel like the physician's office can be a safe spot to ask for help and get connected to the right services."

"If you're worried about the lights going off, if you're worried about the car not working, or how you're going to get to work that day, you're not so worried about getting your annual screening. As a parent, your first priority is to keep your kids safe, to get them fed each day. It's not as much about whether they are getting their immunizations on time. It's not a lack of caring—it's a matter of prioritizing. When you don't have those foundational things in place, you're not going up that ladder. You deal with crises as they occur and often times people are dealing with crises on a daily basis."

—Barbara Petee, Chief Advocacy Officer

Taking Action: Screening for Social Determinants

ProMedica's Actions:

1. Screen all patients for all 10 social determinants.
2. Connect patients with resources, either through ProMedica's direct programs or its partners.
3. Create resources: food pharmacy, the Ebeid Institute of Population Health (Market on the Green, job training program, and diet/cooking education), economic development programs.

The first action implemented was to screen all patients for food insecurity using two key questions. Later on, the checklist was expanded to include questions addressing risk for all 10 social determinants. If patients screen positive for any single determinant, they are connected to community resources to help them. It was decided early on that it was important to screen

everyone (no one can opt out) and build it into the system-wide EMR so that the screening has become part of every physician visit.

For the questions related to hunger, ProMedica turned to Children's Health Watch as a resource.³ A food pharmacy was created for patients who screen positive for food insecurity. They receive a prescription from their doctor, just as they would for a medication, and then visit the ProMedica food pharmacy, which is located in the same location as primary care services, to receive a three-



day supply of food for the patient and his or her family. While at the food pharmacy, patients are also offered an option to work with a dietician, which is especially helpful for those with Type 2 diabetes, hypertension, or other diseases that are directly affected by diet. For example, the dietician can help educate patients on making good choices in the grocery store, by alerting them to look for canned vegetables without sodium added.

Early results of this screening process include:

- A related reduction of 4 percent in ER use for patients who screen positive for food insecurity and are connected to the needed services, and a 53 percent reduction in hospital readmission rates.
- A 30 percent decrease in costs per member per month for patients who screen positive and receive access to resources; and a 30 percent increase in costs per member per month for those who screen positive and are not connected with resources.
- 359,133 ambulatory patients and 203,585 hospital patients were screened for food insecurity; 29,808 people (9,766 households) visited ProMedica food clinics, 1,024 ProMedica employees received assistance with food, 1,341 meals were provided at hospital discharge, and 315,816 pounds of food were packaged and distributed through food banks.

The social determinants screening process began as a pilot program, with the goal of screening every primary care ProMedica patient by the end of 2017. They considered motivation to change lifestyle an important indicator of success, so the first 200 patients in the pilot were asked to what degree they were motivated to change their lifestyle (high, medium, or low). As of July 2017, 87 percent of patients in the pilot were highly motivated, and another 12 percent indicated that they were moderately motivated. In 2018, the screening will be expanded to include acute care hospital patients, specialists' office visits, and urgent care.

Beyond individual patient screening, ProMedica now conducts three different community health needs assessments: one for the early childhood population, one for the adolescent/school-aged population, and then one for the adult population. They have noted that needs and issues are different for each age group and also in urban areas versus rural. They are using this data to adjust their priorities and services for the needs in each age group and community.

³ See <http://childrenshealthwatch.org/public-policy/hunger-vital-sign/>.

But the data is only one piece. “We also need to be engaging our patient population and asking questions,” said Sommerfeld. “What’s impacting the health of patients and their families? What’s driving it? Sometimes data gives us a great snapshot, but it’s also important that we’re actually talking to those who are affected, and engaging them in the right solutions and strategies.” One of the commitments ProMedica leaders have made is to listen—to have very candid conversations with patients and their communities, and use those conversations to drive the community needs implementation plan, as well as the larger population health and social determinants strategy.

Condition	Positive Screen; Food Pharmacy		Positive Screen; No Food Pharmacy	
	6 months before first food Rx visit	6 months after first food Rx visit	6 months before first positive screen	6 months after first positive screen
	PMPM Cost	PMPM Cost	PMPM Cost	PMPM Cost
All (average)	\$1,241	\$849	\$828	\$1,062
Hypertension	\$1,493	\$980	\$920	\$1,277
Hyperlipidemia	\$1,498	\$858	\$812	\$1,054
Depression	\$1,710	\$873	\$897	\$945
Diabetes	\$1,975	\$1,368	\$880	\$1,476

Market on the Green, Job Training, and Economic Development

A food desert or “low access community” is defined by the USDA as a neighborhood or area of at least 500 people and/or at least 33 percent of the census tract’s population that does not have access to a supermarket or large grocery store within one mile (for rural areas, the distance is 10 miles). In 2015, ProMedica started mapping food deserts across Toledo and found a food desert in the urban core of central Toledo. A large superstore that had existed previously left the area, and the remaining options were small corner stores.

Sommerfeld recalled an important example of how a lack of grocery stores affects the health of the local community. “One mom with two adolescent boys needed milk. She went to the first corner store and the refrigerator was warm. She went to the second corner store, and the milk was two days past the expiration date. The third store didn’t have any milk at all. She ended up having to pay a friend to take her out to a suburban supermarket.”

ProMedica saw this issue as an opportunity to fulfill a community need. In partnership with local philanthropist Russell Ebeid, the Ebeid Institute of Population Health was created, and Market on the Green opened in December 2015. The intent was twofold: 1) create access to healthy food for those in the inner city, and 2) help spur economic development in a crumbling downtown core. As part of this project, ProMedica invested in downtown real estate (including the building that houses the market, which had been an empty warehouse), and has relocated 1,000 employees to new downtown offices.

The Market on the Green has a job-training program for its employees, who are part-time, reside within a one-mile radius of the store, and are in need of upward social mobility. The program duration is between six to 12 months and provides basic skills in retail stocking, operations, and customer service, along with four hours per week of supplemental education. If employees need to complete their GED, they are paid to do so. Employees are connected with a financial coach who provides free services to anyone in the community, including budgeting, creating savings plans, student loans, and home ownership. There is a teaching kitchen with chefs who teach basic cooking skills and nutritionists who provide health and diet education.

To date, the job training program has a 100 percent retention rate. “We see those individuals go from walking to work, struggling to break even at the end of the month to a point where they own their own vehicles, they have savings accounts, they’ve built their credit, and they know how to cook,” said Anthony Goodwin, Director of Operations at the Ebeid Institute.

Getting into the retail grocery business created a steep learning curve for ProMedica and the Ebeid Institute as they navigated sustainable business strategies for meeting customer needs and making sure they could keep the lights on. Goodwin explained, “We brought in some products that we didn’t open with, just based on customer demand. If you’re going to be my neighborhood grocery store, I have to be able to come here and purchase what I’m looking for when I go grocery shopping. That was one big barrier that we had to overcome in the first few months—either we’re going to try to stick to this model to be a health and wellness specialty store, or we are going to be a sustainable downtown grocery store. The decision was made to go towards the sustainable model because the grocery store is the revenue that supports the wraparound services. So, we brought in some more conventional selections.” For example, typical grocery stores stock shelves near the cash registers with candy bars and sugary drinks for people to grab quickly as they are waiting in line. The Market on the Green placed fruit and granola bars near the cash registers, but they did not sell, so that had to be reevaluated. They replaced many of the national brands with a value private label to address budget concerns of their customers. “Over the last six to eight months, we’ve seen tremendous growth in revenue, traffic, and customer count since we’ve adjusted the product mix and really looked at pricing,” Goodwin said.

Beyond the market and its related services, ProMedica decided there are other ways it can help spur economic development in the center city (as part of its role as an anchor institution in the region). There was a large parcel of land along the riverfront that was owned by Chinese developers and was sitting empty for several years. ProMedica was able to purchase the land (about 80 acres) for a little over \$3 million. They recruited the local parks service and an out-of-town developer who are paying ProMedica back and developing the land into useable green/park space along with residential and retail spaces. In addition, the developer is investing \$150 million into two new projects in the area. “That’s a great example of where we were opportunistic,” said LaClair. “We had the ability to purchase a site, stabilize it, and then create a development opportunity. There will be other similar opportunities that will continue to surface and we will continue to support.”

In 2016, ProMedica opened a Financial Opportunity Center (FOC) in partnership with the Local Initiative Support Corporation (LISC), based on a national model from the Annie E. Casey Foundation. LISC operates 80 FOCs across the country and ProMedica was the first health system in the nation to establish an FOC. Recently, LISC announced plans to ensure that \$10 billion invested nationwide over the next 10 years to improve health across the country in urban and rural communities. ProMedica will be the first healthcare system to collaborate with LISC and be the leader in “impacting investing” which will create a \$75–100 million loan pool for needed real estate, housing, and business projects that would otherwise not be possible.

In the fall of 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 create a model for neighborhood revitalization. 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 model for neighborhood revitalization, using best practices and evidenced-based programing. With a key focus on health, education, job creation, and family stability, 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 infrastructure and physical environment of the neighborhood will also be improved. ProMedica will be partnering with LISC to implement ENP, and they have created a \$100 million investment pool to support local, minority-owned, and women-owned business and development projects such as housing, businesses, and commercial development.

ENP will begin its work in areas with poor health outcomes including infant mortality. A robust evaluation plan is in development to measure impact and sustainability.

Seeing Results: Early Examples

ProMedica's screening process has resulted in countless cases in which patients needs were addressed beyond the clinical scope. In one poignant example, a ProMedica cancer patient ended up screening positive for food insecurity. When further questions were asked, it turned out this patient was homeless. He didn't look homeless—he would arrive at his doctor's office clean and wearing clean clothing. But if he had not been asked the screening questions, they would not have known that he was homeless. They were able to connect him to a local housing service that provided him with an apartment. ProMedica staff donated furniture for the apartment. They felt it was important for him to be able to go through cancer treatment with a safe, clean place to recover. Otherwise, his treatment would be less effective, and from that perspective, both a wasted cost and also a negative patient outcome that could be avoided.



Another patient came to the ProMedica Center for Health Services with stomach pain, cramping, nausea, and diarrhea. Traditionally, she would have received medication and left. But through the social determinant screening questions, the staff discovered that the quality of the water in her rental unit was poor, and the likely cause of her stomach issues.

Another area where their efforts have shown to make a difference is in women's health. To date, over 15,000 pregnant women have been screened on the social determinants, and their findings have shown that when a pregnant woman screens positive for one of the triggers, and they are able to connect that mother to the right resources—whether its housing, transportation, or even something as simple as diapers—that mother has a 90 percent chance of having a healthy baby.

ProMedica has also worked to tackle concerns that might otherwise be taken care of by local public health agencies, or perhaps not dealt with at all due to lack of public resources. Recently, Toledo was having trouble with high levels of lead paint in older homes, which make up a majority of the city's housing stock. Over three thousand children had been poisoned by lead paint. ProMedica worked with landlords and developers to pass a city ordinance requiring all rental properties to be lead-free. "Our position has been that children's health is critical, and we're not going to wait until a child has been poisoned to take action," said Sommerfeld. "We found some landlords and some real estate developers who feel strongly and are in agreement with our approach, but some disagree as well."

“We’ve got to start to think differently, to tackle the root causes. If a patient comes in and we’re simply treating them with medication and sending them on their way, without asking what might be the cause, we’re doing something wrong. Through advocating and identifying those key issues, we’re not only able to connect and get patients to the right care, but we’re also able to prevent potential additional issues.”

—Kate Sommerfeld, President, Social Determinants of Health

Dealing with Critics: Is This Our Business?

In the beginning, Oostra had to work with his board to provide information and education on why ProMedica should be taking on these kinds of activities and investments. There were concerns and some hesitation on the part of physicians as well, many of whom made the assumption that their patients were not the ones who had these kinds of needs. Initial questions in the boardroom included:

- How will we show return on investment?
- How can we measure and connect the investments with patient outcomes?
- What will this do to our bond rating and our reputation?

“I think from a board’s perspective, there was a lot of concern about how to measure outcomes,” said LaClair. “A lot of us work for for-profit organizations where, when you spend X, you expect a certain return and in a relatively short period of time.” Oostra and the board also recognized that the Toledo community was struggling, and that this would have a financial impact, in turn, on ProMedica. LaClair added, “Making a major investment in real estate in the city’s urban core takes a little bit of vision—connecting the dots so that we understand that this isn’t just a real estate play. It’s a community jobs play. It really is a game changer for downtown Toledo and our ability to rejuvenate a downtown that, really for decades, has been sort of abandoned and forgotten.” That perspective helped board members focus more on longer-term goals, with the expectation that they would see impacts on outcomes in years to come, while at the same time, ensuring that the organization remains financially strong.

“My doctors were just floored with the responses that were positive for domestic abuse, drug addiction, food, and transportation issues. It was an amazing moment within our practice. They just didn’t think it really was going to affect *their* patients—that was somebody else, that was the clinic, that was the downtown, that was the indigent population.”

—Kent Bishop, M.D., Director of Women’s Services and Chief Experience Officer

Reasons Why ProMedica Is Addressing Social Determinants:

- Social determinants drive up to 80 percent of a person's health and well-being.
 - A new model of healthcare is needed.
 - ProMedica is an "anchor institution" in Toledo: a large employer with a long history in the region and significant financial resources as a community asset whose actions affect the local economy, from jobs to development to health.
 - If not ProMedica, then who will do this?
 - Understanding that the role of the health system is sometimes a leader and sometimes a partner, to encourage other local organizations and agencies such as schools, churches, non-profits, public health agencies, food banks, etc. to work together and combine resources to make a bigger difference together.
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Physicians are at the center of the primary work in social determinants, which is the screening process itself. So physicians needed to not only be involved from the beginning, but also believe in the importance of the work. Kent Bishop, M.D., Director of Women's Services and Chief Experience Officer, explained the early physician mindset. "We started to roll out a questionnaire in our infant mortality program. That questionnaire, which is asked three times during the course of a pregnancy, has questions about transportation, housing, food, and things like that. In the beginning, our private practice physicians pushed back. 'This is going to affect my workflow. This isn't that important.' Or, 'My patients don't really have these problems.' My practice is a suburban practice, and we do about 1,200 deliveries. My doctors were just floored with the responses that were positive for domestic abuse, drug addiction, food, and transportation issues. It was an amazing moment within our practice. They just didn't think it really was going to affect their patients—that was somebody else, that was the clinic, that was the downtown, that was the indigent population." Now Dr. Bishop's practice is an advocate for social determinants work. The physicians enjoy being part of it and look forward to seeing their data each month showing how many patients required referral to outside resources.

"It's not totally altruistic. It's also good for our business model. A growing community needs healthcare. You can provide healthcare to a dying community, but that's probably not a good thing for your long-term business model. So why wouldn't we invest our community? We believe that our investments have generated somewhere close to \$500 million in other development around us. And the response, we believe, is very positive and it's helping to be an economic driver for our community."

—Randy Oostra, President & CEO

Effects on the Bottom Line

ProMedica takes a long view on the return on investment of their efforts. The health system invests less than 1 percent of the system's overall revenue on work related to social determinants. So, the costs are considered minimal compared with the overall operating budget. The assumption is that, down the road, they will see improved outcomes and lower costs because patients will be better able to address their health concerns early on, before issues become severe and complex. Some of the funding is connected to the community benefit budget, which is considered necessary spending to justify tax-exemption. Also, the investment is considered in context of the organization's population health strategy.

They find ways to provide services affordably, using local charities and partners to help out, so ProMedica isn't "going it alone." Local food banks contribute food at a significantly reduced cost to the food pharmacy, for example.

Browning receives frequent questions from bond rating agencies about their social determinants initiative because so few organizations are doing similar things. He believes these activities help ProMedica with ratings and bondholders because it is seen as an investment in the future and improving the community as a whole, rather than just focusing on short-term ratings and returns. While there is not a return on investment in the short term, Browning considers the long-term return to be significant, and encourages the board to think past quarterly and annual numbers. "It's keeping people out of the healthcare system, and that's where the value equation comes in," Browning said. "But more importantly, it puts people in a better state. People who are healthier are more likely to enter the workforce. They're more likely to have an income. They're more likely to afford healthcare. And so when they have food or they have housing or they have their medical needs met, they're more likely to be able to do the right things."

"It costs the same to feed someone for a year as it would to provide hospital care for one day. Doesn't it make more sense to make sure that the woman who is pregnant is eating nutritiously and carrying her baby to term so we don't have a low-birth-weight child that may have millions of dollars of developmental needs and care over the course of his or her lifetime? Not to mention the human toll, which is incalculable."

—Barbara Petee, Chief Advocacy Officer

LaClair provided an alternate perspective. "I think we have to look at the cost of *not* focusing in this area. It's hard to get your arms around what that is. Other than to say, when you look at the health of our community, what we have in place now is a traditional healthcare delivery system in this country, and it's not working. If we're going to change outcomes, we have to keep people from showing up sick in our facilities. We have to help them lead healthy lifestyles. We have to help them understand what healthcare means to them and how they can benefit from healthcare. It's hard to specify what doing nothing looks like, financially, but we know we have to focus on the front-end."



Source: *Beyond Our Walls*, 2016 Mission and Community Benefit Report, ProMedica.

The Importance of Partners

In order to expand the scope of their efforts and ensure success, ProMedica leaders recognized early on that they needed to bring other partners to the table to discuss the issues and work together to take action. First meetings included food banks and then evolved over time to include local businesses, financial institutions, schools, real estate developers, other non-profit charities, and local government agencies. They started with the message that ProMedica wanted to be part of the solution and would not try to dominate or take over in areas where other organizations were already working. They looked at where the gaps were, and how ProMedica as a health system could be uniquely positioned to fill those gaps.

Petee described these early efforts to partner. “We called a meeting of those who were working in food security and food banking, and we invited people to come to the table. We made a promise to keep our stripes at the door, because, as a large health system, you can eclipse smaller organizations. But we made that promise and we asked everyone else to do the same. Our pledge was that we want to be part of the solution and moving in the same direction. It takes very little financial resources to have a seat at the table and be part of that conversation at the front end. All we did was ask, ‘How can we help?’”

A happy side effect of these efforts includes engaging donors in ways that they hadn’t been able to before, as well as finding new, sometimes non-traditional donors. “Traditionally, hospital foundations have funded equipment or things within the hospital, and our foundation has been very successful in engaging some non-traditional donors who might not have been interested in funding an MRI machine or a piece of equipment,” said Sommerfeld. “When we start talking about community and creating jobs, opening a grocery store, and funding a food pharmacy, this all of a sudden has opened up a new pool of donors for us who say, ‘Oh, I understand the connection between jobs and health. I understand how housing impacts health.’ Our foundation has really been able to engage a huge donor pool in a new way, which is exciting.”

“Our experience is not about money. It’s about where our hearts and minds are, and the more you embrace that, the more you’re going to find yourself not only wanting to do more, but you can do more because you have the resources to do it. We’ve heard people say, ‘Aren’t you boiling the ocean? We don’t have money to do that.’ But it’s not about money—it’s about understanding people’s needs.”

—Randy Oostra, President & CEO

Ideal partners are passionate about making change in their community and willing to invest time and effort. ProMedica’s partners have included the following types of local organizations:

- Food banks
- Schools/school districts
- Churches
- Public health agencies and local government
- Non-profit local charities including the Boys and Girls Clubs, Live Well Greater Toledo, The Flower Market and Flower Market Garden Grocer, Veggie Mobile, and Safe Kids Greater Toledo
- Financial institutions
- Real estate developers and landlords
- Other large employers

Starting a Movement: The Root Cause Coalition

ProMedica, the Alliance to End Hunger, and the USDA have been working together to deal with hunger since 2008. They began to feel, as the years went by, that they needed to take their work to the national stage to expand awareness and spur action. They held a hunger summit on Capitol Hill in February 2014. Legislators, healthcare professionals, top executives from not-for-profit and non-governmental organizations, and the faith-based community came together for a half-day meeting. After this event, the AARP Foundation approached ProMedica to join forces and take on not just hunger but all of the social determinants in a larger way.

The Root Cause Coalition was formed by ProMedica and the AARP Foundation in 2015, to take continued action on a national scale to address the social determinants of health. The CDC signed on to do some original research with the coalition to analyze the role of hunger and the other social determinants on overall health and society. It emphasizes hunger specifically as a public health issue and advocates for public policy development. It has now grown to 35 national members and held its first annual summit in Chicago last year, tackling issues including urban farming, hunger, housing, personal security, and more.

“This is at the root of what we do. We are rooted in public health. Many hospitals today came into existence decades, if not a century ago, because there was a public health crisis that needed a local hospital to address. I would argue that we need to be on a parallel track and never lose sight of advancing healthcare, but always staying on solid footing and remembering what our roots are and addressing those most basic needs.”

—Barbara Petee, Chief Advocacy Officer

Lessons Learned, and Looking Ahead

Telling their story was the key most important lesson learned by ProMedica leaders and the board. Effectively communicating what they were doing and why—and connecting it in an emotional way—with the board, physicians, nurses, staff, community, stakeholders, and their partners, was key to taking those raised eyebrows from skepticism to understanding and enabling buy-in for success. LaClair emphasized, “Be mindful of taking on more than you can handle. You want to be successful, especially if you’re going to color outside the lines. Second, be aware that when you start to do something non-traditional, there will be critics. Don’t let them derail your vision and your strategy but really take the time to help them truly understand what you’re trying to accomplish. You’re not going to please everybody along the way, so you have to have a thick skin.”

Oostra believes that not-for-profit hospital and health system boards still focus too much on financial strength, at the detriment of being willing to take risks and do something different. “I think there were non-profits that needed to be more professionally managed,” he explained. “And I think they tipped a little bit too far to the for-profit mindset. I had to ask somebody the other day how large his system was. He said, ‘We made X amount last year.’ As a board member, do you want to be with a health system whose first line is how much money was made? Yes, there’s a fiduciary duty and you need to be good stewards, but why wouldn’t you want to look beyond your walls and really impact the lives of people? Isn’t that what you signed up to do?”

He challenges boards to stop asking first what will be the ROI or effect on the bottom line, and instead ask first, how does this help fulfill our mission? Does this represent who we are as an organization, or who we want to be? The ProMedica board and leadership also feel that health-care organizations need to do much more to change the national healthcare cost and quality equation, and this is one way that ProMedica has chosen to do that.

For Chief Legal Officer and General Counsel Jeff Kuhn, another important lesson from these efforts has been sustainability, and that is where he believes the need to engage partners comes in. “It takes a lot of effort, it takes a village. It takes all the non-profits, the business community. And the anchor institutions like hospitals and schools need to be all in. We are a catalyst—we have created excitement and urgency, but in order to keep that going we can’t be the only player.”

Lessons Learned:

- “Throw out the old tapes” and try something new and bold.
 - Get beyond the critics by keeping an eye on the long-term vision and choosing strategies with short-term and long-term returns that will help attain that vision.
 - Remain mindful of resources, but change expectations (e.g., don’t expect a quick ROI, because if you do, that influences your decisions).
 - Engage partners to delineate roles and do more together by leveraging resources.
 - Make sure the right leaders are in place, throughout the organization and community, to implement the vision.
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What's next? Oostra, Petee, and the board feel strongly that it is their role to continue to be the leader in social determinants, both at the local level and nationally. They will continue to build these goals into their strategic plan and continue with improving the screening and measuring process to better connect their efforts with patient outcomes. "We look to embed and incorporate this work into our strategic plan every year," said Petee. "This isn't just something off to the side. This is something we measure. Are we screening enough patients? Are we screening the number of patients this year compared to last year to show improvement? Are we getting the data that shows that we're on the right track? Are we investing in the right solutions in the community and with individual programming to show that addressing these basic needs really does make a difference?"

Oostra, in particular, has high hopes for continuing the economic regeneration of Toledo and creating a destination of innovation and culture where younger generations want to put down roots. "If you fast-forward a decade from now, you would see the rebirth of a great American city. One of the hottest places to live in the country. It's a hub for innovation, it's a hub for young people, with great arts and culture, in addition to a concerted effort by community partners to change the life of the people in the downtown neighborhoods." As a part of this, he expects to see significant reductions in infant mortality, gains in employment and job growth, reductions in poverty, and education advances such as a lower high-school dropout rate and higher percentages of high-school graduates entering universities or vocational schools.

As Staelin put it, "Through Randy's leadership and through a board that is very community minded, we're not worried about beating somebody else. We're worried about operating this system in a thoughtful, professional manner, and addressing the healthcare needs of the community. And you couple that with a CEO who has a vision for where we should go with this, I think that is one of the prime ingredients for success."

Acknowledgements

The Governance Institute thanks ProMedica, Randy Oostra, and everyone who contributed their valuable time to sharing their story with us, listed below in alphabetical order:

- Kent Bishop, M.D., Director of Women's Services and Chief Experience Officer
- Mike Browning, Chief Financial Officer
- Anthony Goodwin, Director of Operations, Ebeid Institute of Population Health
- Jeff Kuhn, Chief Legal Officer and General Counsel, Chief of Construction and Property Management, and President, ProMedica Indemnity Corporation
- Bob LaClair, Board Chair
- Randy Oostra, D.M., FACHE, President and CEO
- Barbara Petee, Chief Advocacy and Government Relations Officer
- Kate Sommerfeld, President, Social Determinants of Health
- Stephen Staelin, Vice Chair