



## Outside the Hospital: Partnering with Communities to Expand the Mission

By **Bill Hulterstrom**, President & CEO, *United Way of Utah County*

### **The influence of COVID on our work as a hospital board is ever changing.**

Back in March, the initial impact of the pandemic on our board was that we couldn't meet in person, and we thought we were looking at a short-term issue. We saw things changing constantly, and we were learning as we went.

We were not able to address every issue in real time, and we recognize now that there were things we could have been asking ourselves to prepare for a situation like this. Although it looks like the end of the pandemic is in sight, there are still questions we can consider year-round to prepare ourselves for something similar that may happen in the future.

Some of the questions we think would be helpful to address moving forward include the following:

- Which populations have been most highly impacted by the pandemic?
- What healthcare disparities exist, particularly with COVID, and why do they exist?
- What barriers keep our patients from accessing the care they need?
- How can we as a community hospital board work with community partners to address these impacts?

Community boards across the U.S. are looking at their role within their community and within their larger health system with new eyes. Though we are still in survival mode and not yet able to go back out into our community in person, we must keep sight of what we can really do to make a difference.

### **Board Perspective Pre- and Post-Pandemic**

Due to our experience with the pandemic, we know we need to ask more about what we should be doing as a board. I anticipate that, next year and into the future, as we are able to reflect back on what happened during this time, our discussions will be able

to move more in this direction. My joint experience leading United Way and as a board chair has taught me that it is difficult to forecast the future of healthcare, but we can use this experience to be prepared for many possibilities.

Our parent system, Intermountain Healthcare, is tackling the scenario planning necessary to move our organization out of pandemic response and into a new future. But it will definitely be necessary to discuss things that need to adapt and change in communities in relation to hospitals. The COVID experience gives us many opportunities to reflect on successes, such as our outreach programs and accelerating testing, as well as areas where we have fallen short, then finding the gaps and determining how to close them.

## **Critical Non-Healthcare Partnerships Will Endure**

As a board made up of community members, we have the unique opportunity to witness things that others may not see going on directly in the community. This helps us look at the community impact as a whole and identify ways community partners can rally together to make a difference.

The patients in our hospitals are citizens of our community. They are part of neighborhoods that benefit from our programs. As community agencies reach out to support clients they are serving, there is a natural overlap. Our board finds it only natural to be partnering with and investing in non-healthcare organizations that also help our patients.

We have been fortunate to have a decades-long history of partnership with United Way and other local non-profits, which allows us to connect our patients with needed community resources and provide coordinated outreach of necessary information.

Additionally, mental health has been significantly impacted by COVID, so our partnerships with volunteer community health centers tie into our mental health initiatives. One important lesson we learned in addressing mental health is the critical role of financial assistance programs in reducing anxiety. The hospital must have a very caring financial assistance program to reduce some of the stress and barriers to care and ensure our patients are aware of the help available to them; our mental health partners have become critical in helping connect our patients to caregivers and assistance programs.

During this time, we have strengthened our partnerships with schools, food banks and pantries, and smaller healthcare focused non-profits such as volunteer care clinics and community health centers. This has created a network for communication and

collaboration to maximize resources in support of the public health department. Being part of a larger system helps us to leverage these community partnerships. For example, Intermountain has been able to share extra PPE, supplies of hand sanitizer, and other proactive outreach assistance. We cannot imagine being able to accomplish much of our work in this area without being aligned with the largest hospital in our region.

These partnerships allowed the hospitals and the community to work together to increase testing, outreach, and information. We are proud that we already had many strong partnerships, and historically we know they are very effective. We were able to build on that history and strengthen and develop new partnerships.

We expect that many of the connections we made during COVID will remain into the future. We have discovered new partners and new neighborhoods that would like to be part of the partnership. The goal now, for community organizations and the hospital, is to come out of this stronger and with a recognition of the need to learn from this experience and apply those lessons in consequential ways.

“It may sound simple, but we must keep focused on being the voice of the community. We must truly listen and see the entire community, and find and amplify those voices who are not being heard.” —*Bill Hulterstrom*

## **Our Role as Part of a System**

Our health system has been a true leader in determining how best to share resources with partners. Many of our small agency partners weren't able to acquire the equipment they needed when it was in high demand and short supply. We were forced out into the open market, so to rely on the system partnership has been fantastic. It reminds us that we are not an island, and though the hospital has more employees and a larger budget than our small partners, we are becoming aware that we all have things we can share and learn.

Nationally, as systems continue to grow, I am seeing an ever-increasing need and responsibility of the local hospital boards to share their voice and perspective. The bigger a system grows, the more important this counterbalance becomes. Community board roles are taking a different shape but are ever more critical for the long-term success of the healthcare system. As a hospital board, we have to constantly keep reevaluating how best we can contribute and support health in our community.

## Maintaining Focus on the Future

When our ICUs are at peak capacity, it is extremely difficult as a board chair to work on a longer-range issue. I am worried that we have neglected some of these issues because of COVID. But we do not lose focus on our ability to actually make our hospital and our world better. I think we have to constantly ask ourselves, “How can I contribute and create impact in my role as a board member?” It’s easy to sit at the sidelines and watch things happen. Conversely, the strength that comes from a board is hard to match elsewhere. In particular, the strength of having a diverse board means that we all look at the world differently, and that’s what makes a board so valuable.

*The Governance Institute thanks Bill Hulterstom, President & CEO, United Way of Utah County and Board Chair, Utah Valley Hospitals, for contributing this article. He can be reached at [billh@unitedwayuc.org](mailto:billh@unitedwayuc.org).*

