

HEALTH CARE ORGANIZATIONS EXPAND ANCHOR ROLE

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C OVID-19 is bringing a new level of attention to the deadly effect of health inequities in our country, particularly the disparate impact on people of color, immigrants, low-wage service workers and those without access to health care.

We need to deepen a national conversation and accelerate action to address the structural problems causing these disparities. Healthcare Anchor Network members, which come from 50 hospitals and health care systems across the country, have been focused on equitable health outcomes for communities by tackling the underlying economic and racial disparities that drive the inequities — the structural determinants of health.

The pandemic is overwhelming many of our nation's hospitals, with others preparing for case-load peaks in their parts of the country. Many systems are responding to the urgent needs of procuring personal protective equipment and protecting at-risk employees, as well as needing to address budget deficits caused by the emergency.

RESPONDING TO COMMUNITY NEEDS DURING THE CRISIS

For many Healthcare Anchor Network member health systems, this crisis has underscored the need for continuous engagement and conversation with community partners to meet patients' and community members' needs. To respond to the urgent needs for housing and food access in the communities they serve, some network members are rapidly deploying philanthropic dollars to community organizations providing those services, adjusting grant-making processes to allow for greater flexibility. They also are finding new ways to meet patients' basic social needs through existing institutional resources.

For example, CommonSpirit Health and Trinity Health are redirecting community health workers to provide food to at-risk populations,

including seniors and young families. Children's Hospital of Philadelphia and the Philadelphia Housing Authority started a new food program partnership; the hospital's Healthier Together initiative to combat food insecurity is supporting the housing authority's existing student breakfast and lunch program by offering frozen, family-style dinners at two Philadelphia Housing Authority sites. RWJBarnabas Health provided mini-grants and resources to community-based agencies in need of food support to fill empty shelves.

The St. Joseph Community Partnership Fund released the "Providence St. Joseph Health Community Resilience Fund: Response to Impact of COVID-19 on Vulnerable Communities" grant application in mid-March to support the system's community-level response to COVID-19. As of mid-April, 17 frontline community partners have been awarded grants from this fund for programs to combat homelessness and to support housing and food programs. For the longer-term phase, the funds will be leveraged with other regional grant makers to address economic challenges faced by marginalized populations due to COVID-19. AMITA Health, Lurie Children's Hospital of Chicago and Rush University Medical Center are partner members in West Side United, a collaboration that is providing \$100,000 in emergency micro-grants to support 11 local food pantries on the West Side of Chicago.

In rural areas, the needs are different. There are more limited resources spread out across larger geographies and more limited internet access. There is also the problem that some hospitals, nonprofits and community-based organizations

are temporarily shutting down. Some Healthcare Anchor Network members say they are depending on people and relationships to coordinate across multiple systems.

Dartmouth-Hitchcock Health created a COVID-19 Community Relief Fund, essentially by pivoting their philanthropy department from raising funds for the system to raising money for community social needs response since mid-March. That has allowed the fund to make commitments of \$160,000 to four multi-agency COVID-19 community response collaboratives for services such as home-delivered meals for the elderly and disabled, food support for families, assistance for basic expenses such as gas, food, diapers and heating oil as well health needs.

Among its efforts, CommonSpirit Health's community health workers are serving as liaisons between communities and health care providers. Given the challenges of the pandemic on top of the reduced services in rural communities, they are responding to the shifting conditions in rural areas with ingenuity and purpose.

Many Healthcare Anchor Network members support homeless individuals and families as a top priority. In coordination with local government agencies that are working to provide shelter space, Kaiser Permanente developed a protocol for screening COVID-19 patients for housing insecurity and homelessness, and safely discharging homeless patients showing symptoms. The institution also committed \$1 million for the National Health Care for the Homeless Council, as a community intermediary, to fund at least four housing groups in California, Seattle and Portland, Oregon to help prevent and treat COVID-19 cases for homeless individuals. Boston Medical Center partnered with the city, the state of Massachusetts, and the Boston Health Care for the Homeless program to reactivate a 250-bed building and a 70-bed former long-term acute care hospital in Brighton for patients who are homeless.

Healthcare Anchor Network member systems are also focusing on the disparate impact of COVID-19 on communities of color, lower-income households and other vulnerable populations. For example, New York Gov. Andrew

Cuomo has commissioned Northwell Health and the State University of New York at Albany to lead the state's efforts, in coordination with the state's Department of Health, regarding the disproportionate impact of COVID-19 on minority populations. Due to its existing relationships with community groups and leadership on health equity, West Side United, the anchor collaborative in Chicago that includes Healthcare Anchor Network hospitals, was asked by the city of Chicago to co-lead a Racial Equity Rapid Response Team to convene and activate rapid response teams to focus resources and outreach in communities hardest hit by COVID-19, both in the short and long terms.

Franciscan Missionaries of Our Lady Health System's hospitals are reaching out to disaster recovery groups to initiate and expand community testing for COVID-19 in underserved areas. As a direct result of a collaboration between Bon

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Secours Mercy and the Community Economic Advancement Initiative, designated flu clinics are being opened in Ohio to evaluate and treat members of underserved and vulnerable communities who have flu-like symptoms.

THE WORK TO HIRE, SOURCE AND INVEST LOCALLY CONTINUES

Systems continue to focus on their anchor mission strategies — to use their institutional resources particularly related to hiring, sourcing and investing to improve residents' financial security and strengthen the local economic ecosystem. COVID-19 is an unprecedented crisis. The health inequities exposed by the virus have been built on long-existing social and economic inequities

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In the area of local and inclusive hiring and workforce issues, Healthcare Anchor Network members are strategizing about how to hire local and culturally competent staff for community health worker positions to respond to current and ongoing health needs. Kaiser Permanente created an online platform for health care staff to gain new skills in partnership with Futuro Health. The free training program will provide a certification and is intended to reach 15,000 workers and could be expanded. RWJBarnabas Health is offering financial planning to employees and revised processes for employees to access loans on future earnings.

Many systems want to ensure childcare for their employees, so they can be confident their children are well cared for when they are coming to work and providing patient care. CHRISTUS St. Vincent in Santa Fe, New Mexico, surveyed its staff regarding childcare needs during the pandemic and is working with local early childhood providers to identify childcare slots for older children. Other Healthcare Anchor Network members offered employees free childcare service options as additional benefits.

Healthcare Anchor Network member systems are examining how they can continue to support local- and minority-owned businesses. Some are looking into ordering from local vendors or redirecting existing vendors to do food delivery. In some cases, network members are supporting local restaurants by providing funds so they can provide food for the homeless.

Trinity Health contracted with a local woman-owned and -led Detroit company, Detroit Sewn, to produce 50,000 masks for the pandemic, leading to 13 new expected hires. The health system also made introductions between Detroit Sewn

and other health systems in the region that need masks and is working with its other hospitals across the country to do similar local procurement. Rush University Medical Center provided emergency funding to existing small business grantees. RWJBarnabas Health has equipped local vendors with technical assistance to complete disaster funding applications, so they can maintain community presence and economic stability.

BROADENING POLICY ADVOCACY ON DETERMINANTS OF HEALTH

Many Healthcare Anchor Network members have expressed that the COVID-19 response must entail continued collective policy advocacy around social determinants of health-related policies including paid sick leave and paid time-off policies, and increasing funding for social services needs like food and housing. The crisis is laying bare the gaps in the social safety net that exist for so many. While it is a good thing that our members are responding to this crisis by finding new ways to support communities and services, nonprofits and community groups should not have to scramble to find resources for people in need, in good or bad economic times. The Healthcare Anchor Network policy advocacy role should be to ensure a resilient and just economy.

Health care institutions are on the front lines battling COVID-19 while facing immense challenges. Healthcare Anchor Network members are scrambling to serve the community's immediate needs while still focused on the social and structural problems built on longstanding inequities and gaps in the system. Though daunting, many of our member systems see this crisis as elevating the conversation on structural determinants of poor health and adding urgency to achieving economic mobility, stable incomes and overall community health and well-being.

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