Health System Funders for Housing Justice March Full-Network Meeting

May 23, 2022 | 2-3:30 ET / 1-2:30 CT / 12-1:30 MT / 11-10:30 PT

Attendees:

1. Alexa Eggleston (moderator)
2. Michael Durham (FTEH staff)
3. Lauren Bennett (FTEH staff)
4. Nancy Hanson (guest)
5. Rachel Krausman (ProMedica)
6. Ashley Brand (CommonSpirit)
7. Nicole Wilson (CommonSpirit)
8. George Leventhal (Kaiser Permanente)
9. James Kienker (Trinity Health)
10. Erin Jackson-Ward (Cedars-Sinai)
11. Anira Khlok (CommonSpirit)

Notes:

Alexa initiated the meeting with introductions. New to the Funders Together staff, Michael Durham is in his second week having joined after nine years at the National Health Care for the Homeless Council based in Nashville. Michael is excited to bring that experience to explore the rich possibilities of this Health Systems Network.

Pivoting to discussion, Alexa framed the conversation on how health system funders are rooting their philanthropy in community partnerships. An example of this, guest speaker Nancy Hanson joined to discuss her family foundation's role in founding and supporting The Boulevard in Chicago, which is among the oldest medical respite/recuperative care programs in the country. Mimicking transitional housing, The Boulevard provides its medical services via a partnership with a local Federally Qualified Health Center, rather than providing those services directly. The Boulevard opened its doors (originally named Interfaith House) with support from Robert Wood Johnson Foundation and the Chicago Community Trust - support from RWJF lent credibility within the local philanthropic community. Other funders include the AIDS Healthcare Foundation and federal agencies, principally HUD. Nancy also described the various challenges and opportunities facing medical respite care that she's encountered through her work with the Respite Care Providers Network. She concluded by noting that their initial relationships with hospitals were always positive, but the Boulevard's services were provided at no cost; only in recent years have hospitals started to contract with them.

Turning to ProMedica's experience with community partnerships, Rachel Krausman described what makes their structure unique: on one side is their legacy footprint, where hospitals and provider groups reside - in those communities ProMedica is integral to local services. On the

other side (where Rachel works) is senior care, a network of skilled nursing facilities across 26 states. Because those SNFs were operated by a separate company that ProMedica only recently acquired, they are still working toward integration in the larger system. Community engagement is most prominent, however, in their pivot towards resident-driven care, specifically via resident coalitions who have even contributed to directing community benefit RFPs and informed their Community Health Needs Assessment. They have extended that philosophy in other communities outside their footprint by seeking input from community-based organizations who are otherwise rarely engaged.

Erin Jackson-Ward described how Cedars-Sinai is prioritizing co-funding in order to maximize its investments, such as partnerships with the California Community Foundation, the California Healthcare Foundation, and, more recently, UniHealth Foundation on a project entitled *Pathways to Health and Home*. Other health systems are involved in this as well, including Providence and Health Net. The goal of this project is to bridge the health and housing sectors, specifically via medical respite and medical-legal partnerships, and to identify sustainable funding streams for these services. Eventually Erin would like to create a more formal community advisory board, but in the meantime they have been working to ensure the input of those with lived experience through miniature landscape assessments and supporting particular individuals with pass-through funding to participate in decision-making.

Ashley pointed out that it is especially challenging - but increasingly important - to demonstrate the impact of the programs in which they have invested because of how strapped hospitals are as a result of covid. Rather than using different algorithms to evaluate each program, where might they standardize? Ashley said they're exploring bringing in an external evaluator to help them develop a tool that they can use across programs. She also described their recently-organized advisory group of twelve individuals across California who have lived experience who inform their grantmaking across the state. Challenges continue on how to enable genuine influence from this group that is considered actionable by hospital leadership. Others sympathized with this struggle.

On the issue of evaluation, Rachel shared that their efforts on evaluating specific interventions like medical respite care focus on cost avoidance, therefore analyzing claims data, ER visits, readmissions, etc. It isn't an easy process given that it relies on partnerships with health plans and a separate company to process the data, but it helps identify ROI. Not all programs, such as a grocery store they fund, are measurably reducing costs on the individual level, however.

Wrapping up the meeting, Alexa reminded attendees of the evolving partnership with Grantmakers in Health in an effort to align strategies between health systems and health-related private philanthropy. She added that we had been envisioning an in-person convening in the fall, though some mentioned that travel restrictions are still in place for many. It was suggested that we look toward a meeting in the spring, perhaps in conjunction with another conference where health systems will already be gathered.

The meeting adjourned around 3:15 ET.