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# Enterprising Health™

Working with Grassroots Populations to  
Improve the Health of Local Communities

Communities Joined in Action  
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One Mission. One Integrated Ministry. One Ascension.



## Who's In The Room?

- How many of you are...
  - From a hospital or health system?
  - From a community based organization?
  - From a public health department?
  - From a faith based organization?
  - Work with grassroots populations?
  - Are entrepreneurs?
  - Are looking for innovative approaches to keeping communities healthy?
  - Feel like you've developed an innovative program to keep communities healthy?
  - Attending your first CJA conference?

## Who is Ascension?

- Ascension is the largest non-profit health system in the U.S. and the world's largest Catholic health system. We are dedicated to transformation through innovation across the continuum of care.
- In FY2015, Ascension provided nearly \$2 billion in care of persons living in poverty and other community benefit programs. Ascension is committed to delivering compassionate, personalized care to all persons with special attention to those who are struggling the most.
- More than 150,000 associates and 35,000 affiliated providers serve in 1,900 sites of care – including 129 hospitals and more than 30 senior care facilities – in 24 states and the District of Columbia.
- In addition to healthcare delivery, Ascension subsidiaries provide a variety of services and solutions including physician practice management, venture capital investing, treasury management, biomedical engineering, clinical care management, information services, risk management, and contracting through Ascension's own group purchasing organization.

## Why Enterprising Health?

- Ascension has a mission to improve the health of communities we serve
- Running hospitals wasn't the best way to do this
- Local community members are the experts on what is needed and what works in their community

# History of Enterprising Health

- Based on the Base of the Pyramid (BoP) Protocol
- Initially developed to serve those in developing countries living at the bottom of the world's economic pyramid

2005- Kenya



*Improving health in  
urban areas  
through cleaning  
and pest control  
services*

2006- India



*Improving nutrition  
by creating roof-top  
gardens and  
promoting soy  
protein in meals*

- Enterprising Health was the first U.S. adaptation and first adaptation related to health

## Flint Model

- Developed a project team that immersed themselves in community through meetings, home stays, team house in the community
- Recruited grassroots community members that were interested in developing a business
- Worked intensely with the group over approximately 18 months



Teach business concepts  
(~3 months, 8-12  
hours/week)

Ideation- co-create  
business ideas (~1  
month)

Support business  
development (~12  
months)

# Flint Outcomes & Lessons Learned



## Outcomes

30+ people engaged;  
~10 stayed involved for  
about 18 months,  
working on 2 business  
ideas

None of the businesses  
came to fruition but some  
participants are still  
working on aspects of  
their business

Participants gained  
valuable skills and  
experience during a  
challenging economic  
time

## Lessons Learned

### Trust

- Bring together groups that already know each other
- Transparency about all steps in the process

### Time

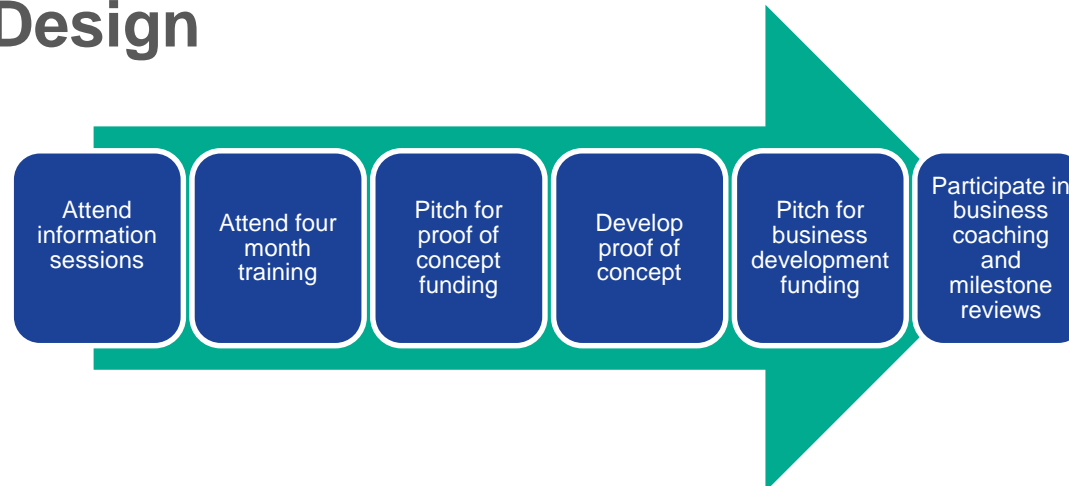
- Seek those that already have a business idea
- More focus on small group and individual work

### Investment

- More expectation of “skin in the game”
- Smaller financial investment; more focus on support and skill development

## Detroit Model I

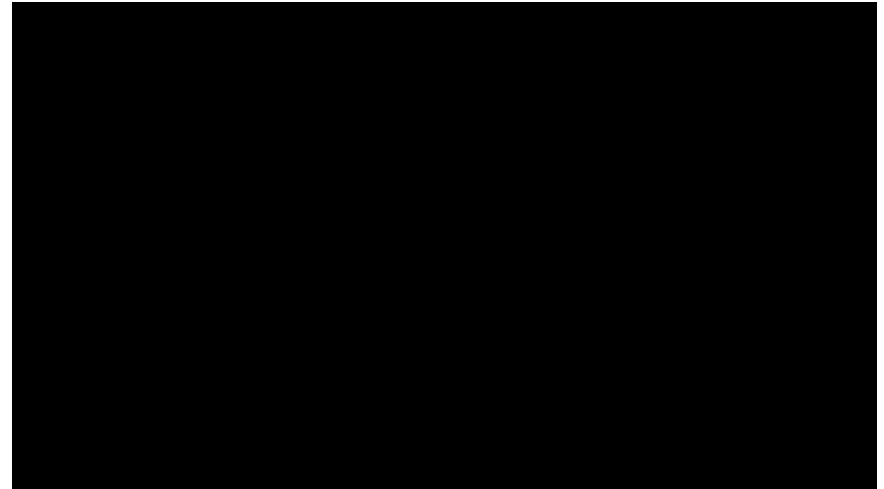
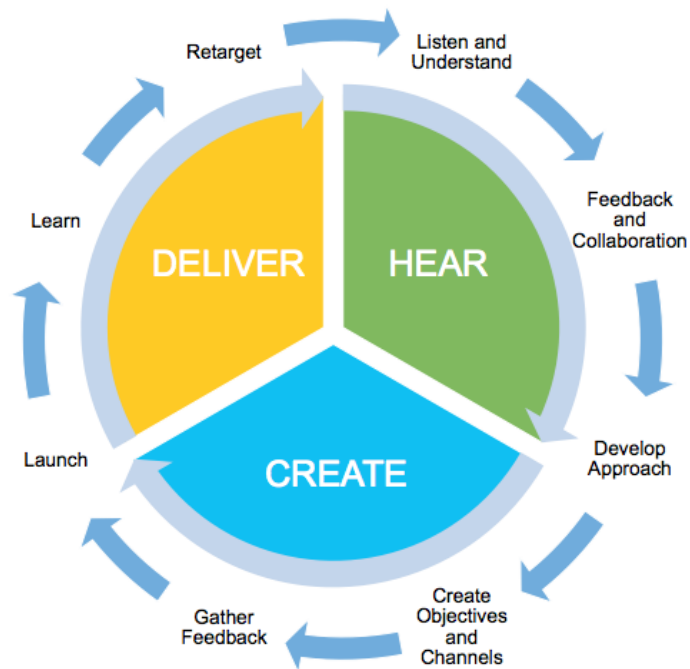
- Developed a team of experienced, local entrepreneurs to lead Enterprising Health
- Recruited professionals in the field of healthcare, community engagement and other leaders to participate in Enterprising Health
- Participants “co-created” the program model with the Enterprising Health team using strategies from **Human Centered Design**





# Detroit Model I (continued)

## HUMAN CENTERED DESIGN

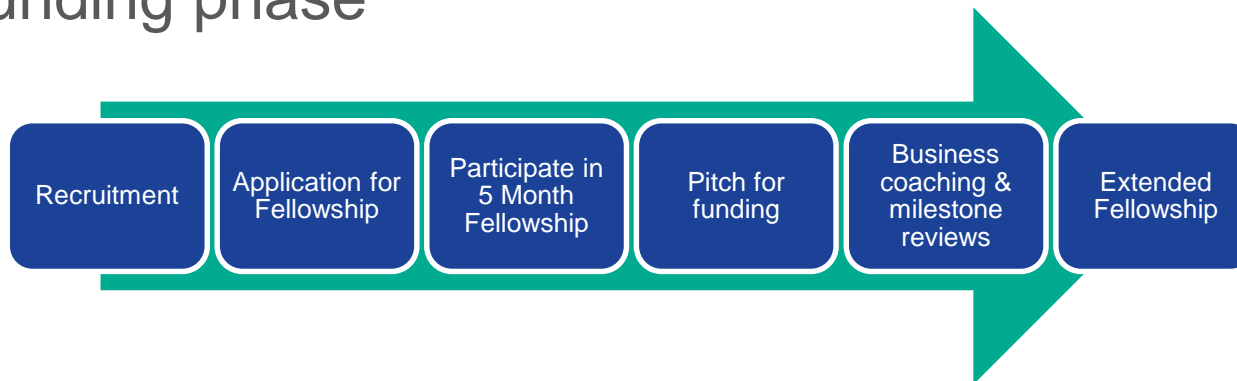


# Detroit Model 1 (continued)



## Detroit Model II

- Smaller program team
- More involvement from sponsors
- Targeted recruitment
- Five-month Fellowship Program
- More focus on business model development
- One funding phase



# Detroit Model II (continued)



## Outcomes

16 businesses participated in fellowship

6 selected for funding and 4 accepted funding

2 businesses are still operational

Strong educational foundation on community health issues and community assets in addition to business concepts

## Lessons Learned

Moving from planning to execution is hard

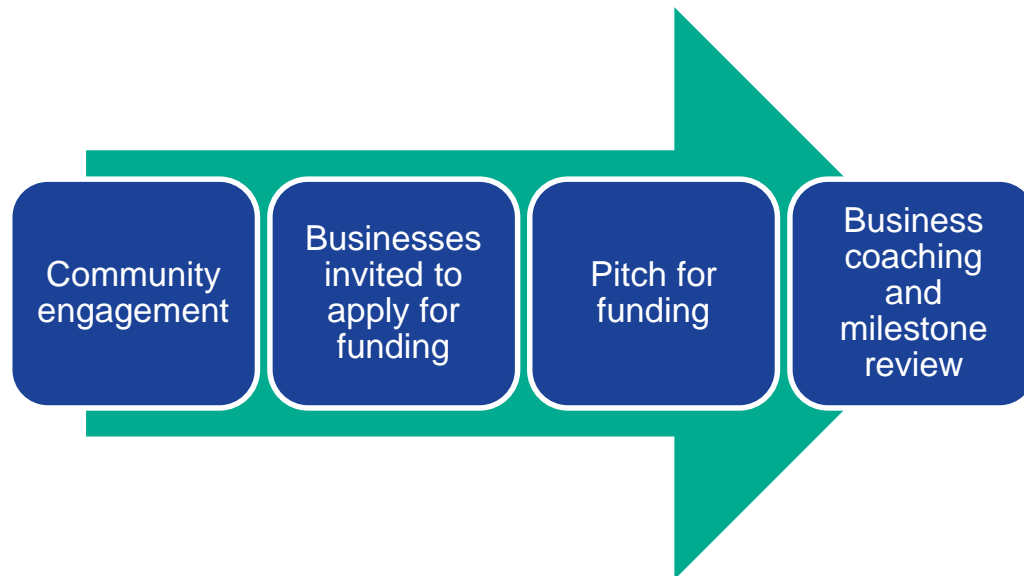
Social entrepreneurs have difficulty focusing on generating revenue

New innovative business concepts + inexperienced business leaders = the need for more time to work together

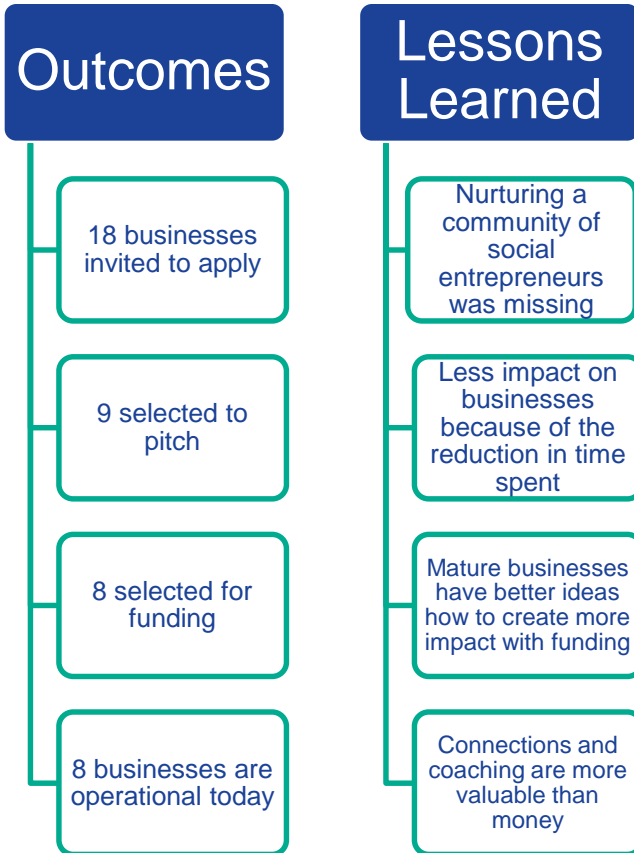
The Fellowship community was extraordinarily valuable

## Detroit Model III

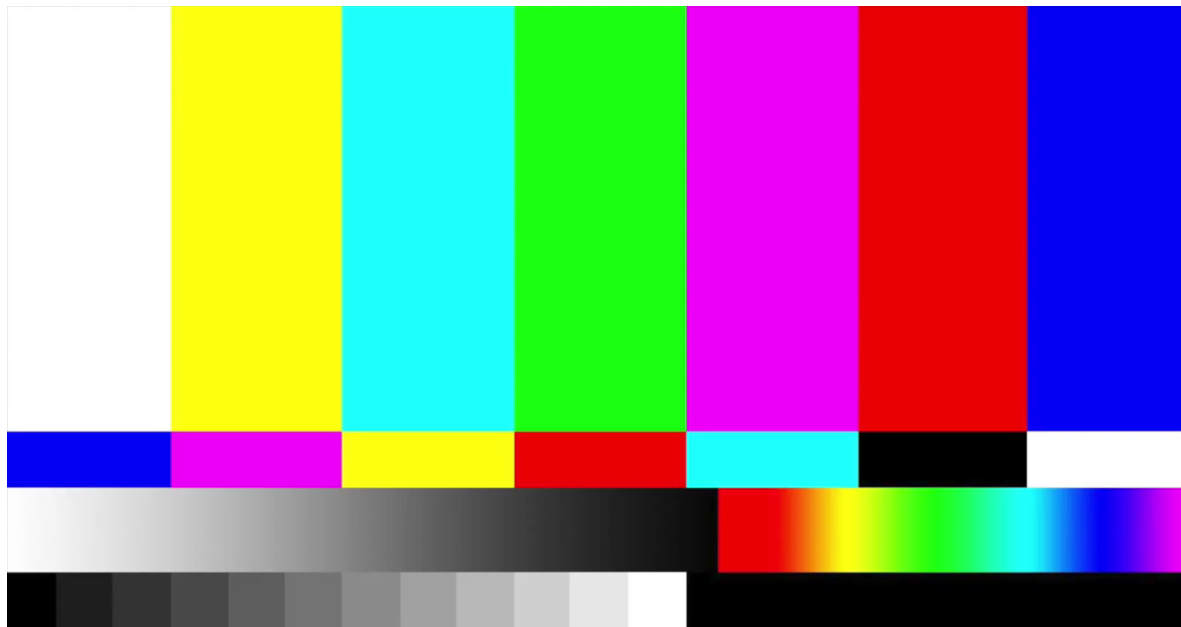
- Sponsor lead
- Networked in entrepreneurial community
- Invited mature businesses to apply
- One phase of funding



# Detroit Model III (continued)



# Networking Out



# Healthy Dollar

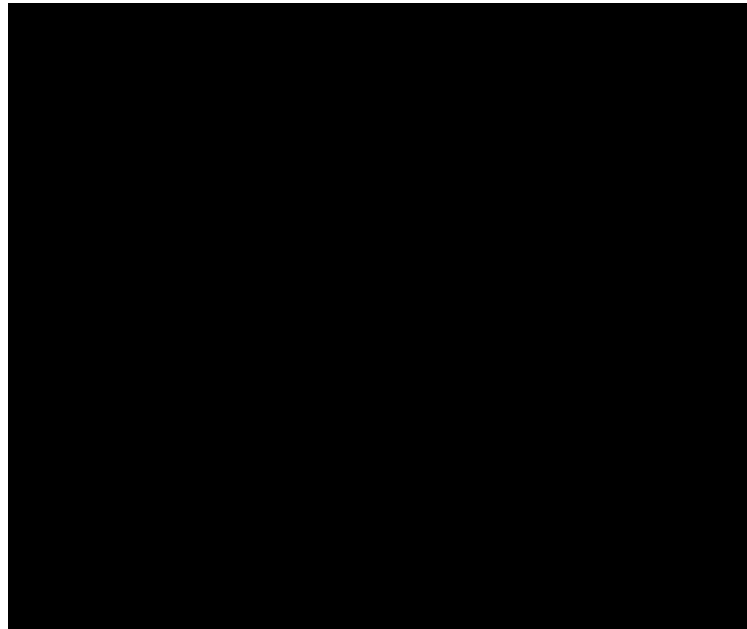


*Smoothies made fresh  
at Healthy Dollar  
Holla!*





# Fresh Corner Cafe



## How Would You Help Patricia Nevels?



### Details

- 43 years old
- Divorced
- Owns a brand new resale shop
- Has 2 kids
- Masters Degree in Philosophy
- Laid off after working 16 years at a non-profit organization
- Has hypertension and uncontrolled diabetes
- Newly insured with Medicaid expansion coverage
- Doesn't trust doctors and is afraid they will judge her for being overweight
- Her old car broke down, and with the new businesses and family expenses she doesn't have the resources to repair it

### Goals

- Business to become profitable within 3 years
- Help two children succeed in high school so they can get scholarships to college
- Become an adjunct professor
- Reduce stress and manage her time more effectively
- Lose 50 pounds

## Questions?

For more information, contact:

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