



Colorado Coalition for the  
**Medically Underserved**

# **The Colorado Network of Health Alliances**

Denise Gomez  
CJA Conference, October 2015



Colorado Coalition for the  
**Medically Underserved**

**Build Collaboration.  
Take Action.  
Make Impact.**

**Three years of the Colorado  
Network of Health Alliances**

## Join Our **\$8.5M** National Challenge

*Improving Health Through Community, Health System, and Public Health Collaboration*

The BUILD Health Challenge is designed to foster and expand meaningful partnerships among hospitals, community-based organizations, local health departments, and other organizations. The goal? To identify and address the complex, upstream problems that influence the overall health of local residents. The Challenge will award up to **\$8.5 million** in monetary awards and low-interest loans over two years to support up to 17 community-driven efforts. Our hope is that these unique community collaborations will spur innovative and effective solutions by sharing data, ideas, and resources.

# The **BUILD HEALTH** Challenge

### Bold

Innovative solutions that bring forth new ideas and approaches for addressing complex problems

### Upstream



Life expectancy for 25-year-old men without a high school diploma is 9.3 years less than those with a bachelor's degree or higher



## 16 Communities. 37 Million People. One Goal... Quality Care.



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## Collaborative Health Network

Inspired by people like you, the Collaborative Health Network connects healthdoers and catalyzes the spread of pioneering knowledge of what works across the U.S. so no one has to start from scratch.



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## ABOUT

**Communities Joined in Action (CJA)** is a private, non-profit membership organization of nearly 200 community health collaboratives – each of our members being committed to improving health, improving access, and eliminating disparities in their communities. Our mission is to mobilize and assist these community health collaboratives to assure better health for all people at less cost. CJA supports our members by facilitating the rapid dissemination of innovations across communities. We provide access to technical resources, peer-mentors from model communities, best practices, as well as host conferences and facilitate local networking opportunities among other services. We take an innovative, grass-roots approach to fulfilling our mission by documenting and disseminating exemplary practices based on the cumulative successes of our members. We broker access to value-added technical talent, offer a stronger, shared voice in state and national health policy for our members, and provide connections to prominent national organizations as well as increased visibility with potential funders. Members of CJA belong to a network where the successful program or idea of one health collaborative can be amplified across the country to many others.

Communities Joined in Action is entering a new season of service, engagement, and support for our members. Increased visibility on development of national policy, standardized metrics to benchmark performance and evaluate the efficacy of programs, on-site technical assistance, as well as training and certification for health collaborative directors are being developed to better serve our membership.

We help communities organize for action so they can implement changes that Improve health, eliminate disparities and provide 100% access to care.



# Connecting Communities >>



Care Share's mission is to work with state and local partners to facilitate and foster collaborative networks and models that improve the health of underserved people in North Carolina.

If you are uninsured and would like to learn more about how to enroll in a Qualified Health Plan through the Federal Market Place and/or schedule an in-person appointment with a Certified Navigator or Application Counselor, call NC's toll-free # at 1-855-733-3711, visit NC Get Covered at [www.ncgetcovered.org](http://www.ncgetcovered.org), or apply online at [Healthcare.gov](http://Healthcare.gov).



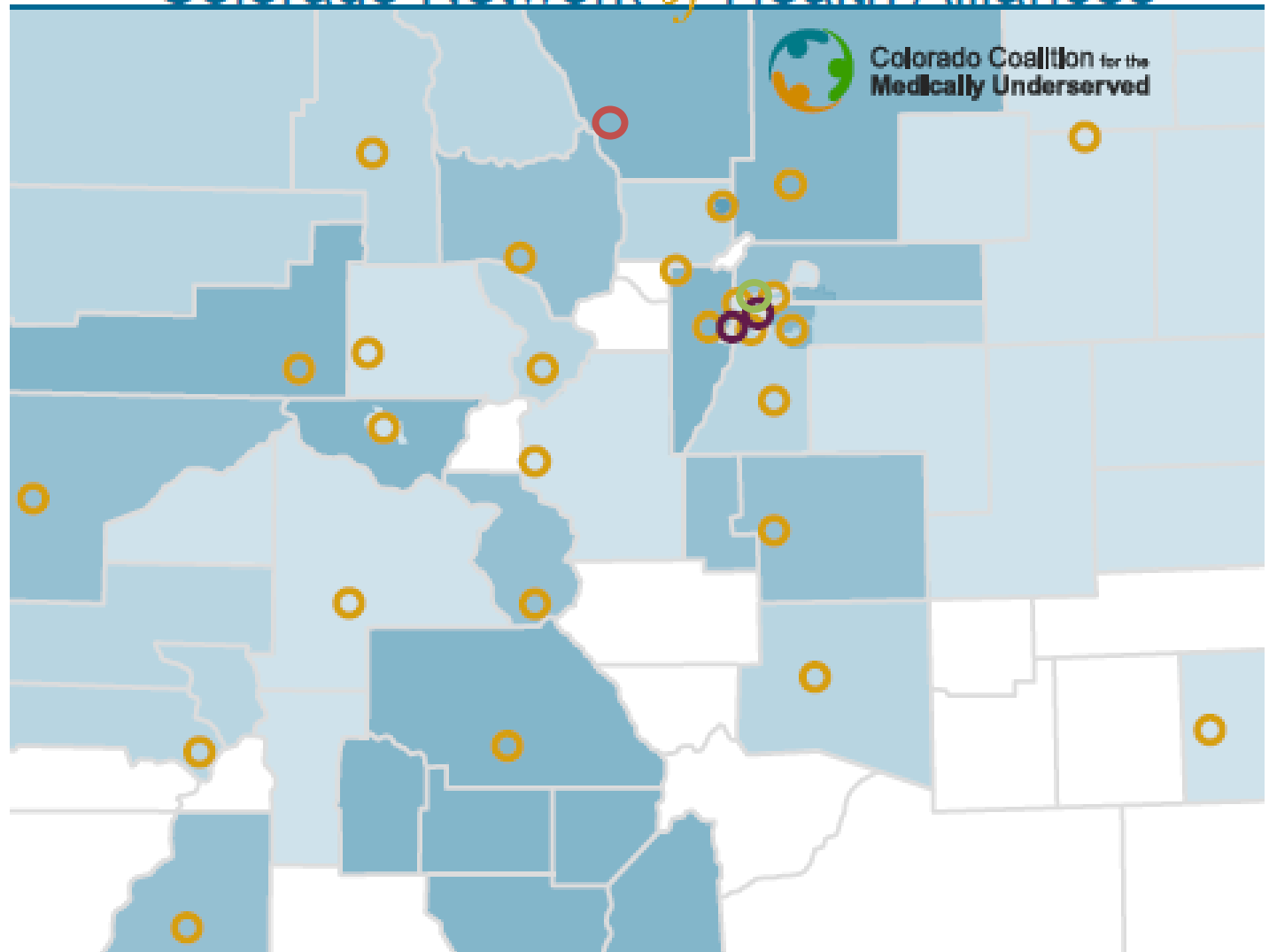
**NC Get Covered**  
POWERED BY THE BIG TENT COALITION

Subscribe to our email list to receive updates about upcoming webinars and services. Register for the Knowledge Bank for tools, templates, and Collaborative Network resources. Or log-in if you have already registered.


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# Colorado Network *of* Health Alliances







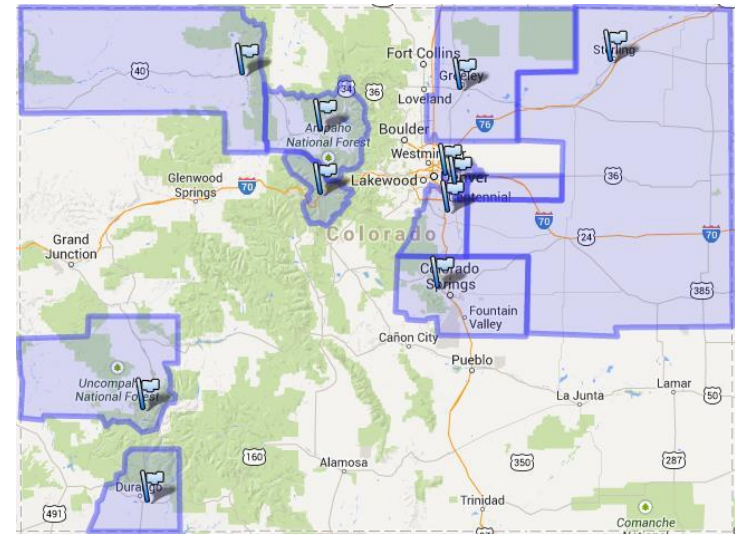
*“...messy, ill-defined, and more complex  
than we fully grasp.”*

-Atul Gawande

# Where it all started...



Colorado Coalition for the  
**Medically Underserved**




# Colorado Network *of* Health Alliances


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## Goals of Network

- Foster shared learning and collaboration
- Increase capacity and efficiency
- Pursue statewide collective action
- Increase visibility and create a statewide narrative of change



***“If you know one health alliance, you know one health alliance.”***



***“If you know one health alliance, you know one health alliance.”***

**True.**





***“If you know one health alliance, you know one health alliance.”***

**True. And...**

# Colorado Network *of* Health Alliances

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## Health Alliance Defined

- Mission to improve access to care and community health outcomes
- Use collaborative strategies to drive change, break down silos, and improve coordination
- Bring together key health system and community leaders across sectors

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## “Collaborative strategies”

Say what???

# Collaboration Spectrum

## NETWORKING

- Flexible roles
- Low-key leadership
- Information sharing
- Minimal decision-making

## COOPERATION

- More formal roles
- Facilitative leadership
- Complex decision-making
- Shared tasks

## COORDINATION

- Defined roles
- Autonomous leadership
- Group decision-making
- Resource sharing

## COALITION

- Defined roles
- Shared leadership
- Joint budgets
- Long-term commitment

## COLLABORATION

- Shared vision & funding
- Highly developed communication
- Trust, leadership & productivity
- Independent systems

All health alliances in Network fall on right side of spectrum

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## Collective Impact

Common Agenda

Shared Measurement Systems

Mutually Reinforcing Activities

Continuous Communications

Backbone Support

Many health alliances in Network formally or informally use this framework





AUGUST 2014

# THE RISE OF COLLABORATION

*A Case Study Analysis of Colorado's Health Alliances*

# Colorado Network *of* Health Alliances

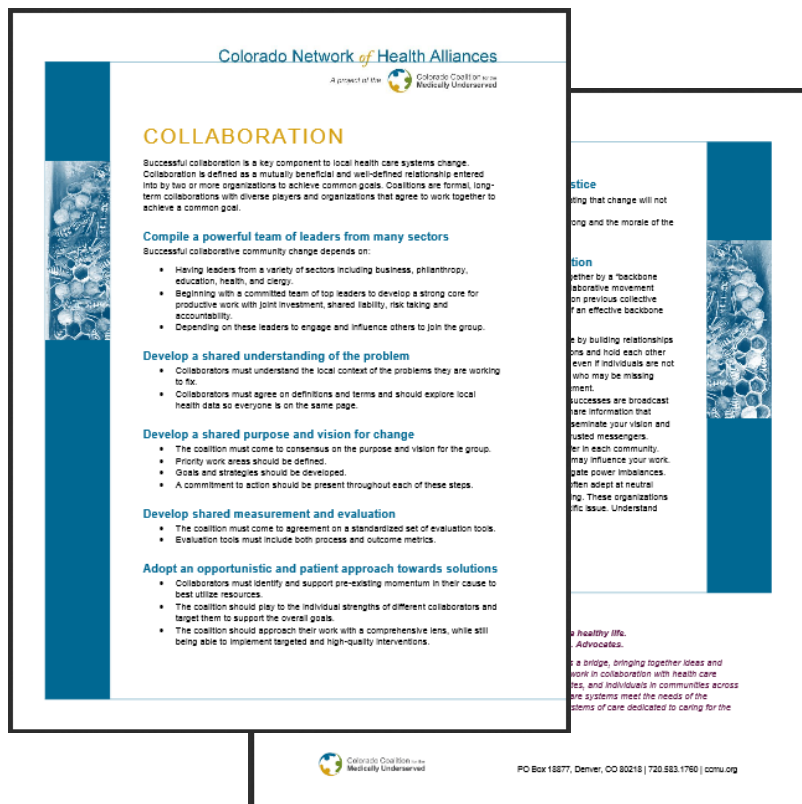
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	Duration	History	Funding	Who?
<b>Aurora Health Access</b>	7 years	Community Church	Grants	Board of Directors, Cmnty Orgs
<b>Community Health Partnership</b>	25 years	Community Health Care Leaders	RCCO, Member Dues, Grants	Paid Staff, Board of Directors
<b>Chaffee County Health Coalition</b>	2 years	HHS, Public Health, Hospital	Potential Shared Funding	Leadership Team, Stakeholders

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## The ‘Backbone Organization’



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### COLLABORATION

Successful collaboration is a key component to local health care systems change. Collaboration is defined as a mutually beneficial and well-defined relationship entered into by two or more organizations to achieve common goals. Coalitions are formal, long-term collaborations with diverse players and organizations that agree to work together to achieve a common goal.

**Compile a powerful team of leaders from many sectors**  
Successful collaborative community change depends on:

- Having leaders from a variety of sectors including business, philanthropy, education, health, and clergy.
- Beginning with a committed team of top leaders to develop a strong core for productive work with joint investment, shared liability, risk taking and accountability.
- Depending on these leaders to engage and influence others to join the group.

**Develop a shared understanding of the problem**

- Collaborators must understand the local context of the problems they are working to fix.
- Collaborators must agree on definitions and terms and should explore local health data so everyone is on the same page.

**Develop a shared purpose and vision for change**

- The coalition must come to consensus on the purpose and vision for the group.
- Priority work areas should be defined.
- Goals and strategies should be developed.
- A commitment to action should be present throughout each of these steps.

**Develop shared measurement and evaluation**

- The coalition must come to agreement on a standardized set of evaluation tools.
- Evaluation tools must include both process and outcome metrics.

**Adopt an opportunistic and patient approach towards solutions**


- Collaborators must identify and support pre-existing momentum in their cause to best utilize resources.
- The coalition should play to the individual strengths of different collaborators and target them to support the overall goals.
- The coalition should approach their work with a comprehensive lens, while still being able to implement targeted and high-quality interventions.

**Practice**  
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...ng and the morale of the

**tion**  
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...aborative movement  
...on previous collective  
...an effective backbone

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...ons and hold each other  
...even if individuals are not  
...who may be missing  
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...penetrate your vision and  
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...may influence your work.  
...gate power imbalances,  
...often adopt at neutral  
...ing. These organizations  
...tic issue. Understand

**A healthy life.**  
**Advocates.**  
...a bridge, bringing together ideas and  
...work in collaboration with health care  
...tes, and individuals in communities across  
...are systems meet the needs of the  
...stems of care dedicated to caring for the

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- Collaboration
- The importance of a ‘backbone organization’
- Alliances as Backbone Organizations
- CMMU as a Backbone Organization

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## CCMU Contributions

- Tools and Resources
- A Neutral Convener
- Connection to Statewide Partners

# Colorado Network *of* Health Alliances

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## Member Contributions

- Lessons Learned and Best Practices
- Mentoring
- Regional Coordination
- Comradery and Solidarity





# Membership Agreements

- Principles:
  - Commit to improving access to care and community health outcomes of everyone
  - Engage leaders across sectors in collaboration
- Goals:
  - All Coloradans will have access
  - Health system will meet the needs...
  - Health equity



# Membership Agreements

- Commitments:
  - Collaboration & Courtesy
  - Shared Work
  - Dedication
  - Participation requirements
  - Dues
  - Privacy & Transparency
  - Innovation
  - Shared measurement
  - Sustainability

## THEORY OF CHANGE

INPUTS		OUTCOMES		
Collaborative Strategies	Short-Term	Intermediate	Long-Term	
<b>DEFINITION</b> Actions carried out and resources created by Alliances	<b>DEFINITION</b> Process-oriented outcomes of Alliance projects	<b>DEFINITION</b> Outcomes that indicate changes in the population	<b>DEFINITION</b> System-level population health changes; aspirational goals	
<b>EXAMPLE</b> Diabetes prevention classes are developed and scheduled	<b>EXAMPLE</b> Patients enroll in the program and have a high attendance rate	<b>EXAMPLE</b> Class participants successfully manage their diabetes	<b>EXAMPLE</b> Diabetes is no longer a public health concern	
<b>INDICATORS</b>	<b>INDICATORS</b>	<b>INDICATORS</b>	<b>INDICATORS</b>	
<ul style="list-style-type: none"> <li>Relationship-building activities and meetings</li> <li>Data aggregation and assessment</li> <li>Stakeholders interviews and recruitment</li> <li>Backbone support</li> <li>Collective Impact strategies</li> </ul>	<ul style="list-style-type: none"> <li>Consistent meetings</li> <li>Joint program development</li> <li>Grants applied for/received</li> </ul>	<ul style="list-style-type: none"> <li>Internal policy change of community organizations</li> <li>Community readiness</li> <li>Strong leadership external and internal to the alliance</li> <li>Message mirroring of alliance's mission</li> <li>Embedded collaborative strategies</li> <li>Long-term community relationships</li> </ul>	<ul style="list-style-type: none"> <li>Improved population health</li> <li>Lower health care costs</li> <li>Increased health care value</li> <li>Increased coverage and access</li> <li>Health equity</li> </ul>	
	<b>PRECONDITIONS</b>			
	<ul style="list-style-type: none"> <li>Authentic relationships</li> <li>Established trust</li> <li>Ability of members to articulate the shared vision</li> <li>Shared definition of problem and metrics</li> <li>Formal governance structure</li> </ul>			

## EVALUATION TOOLS

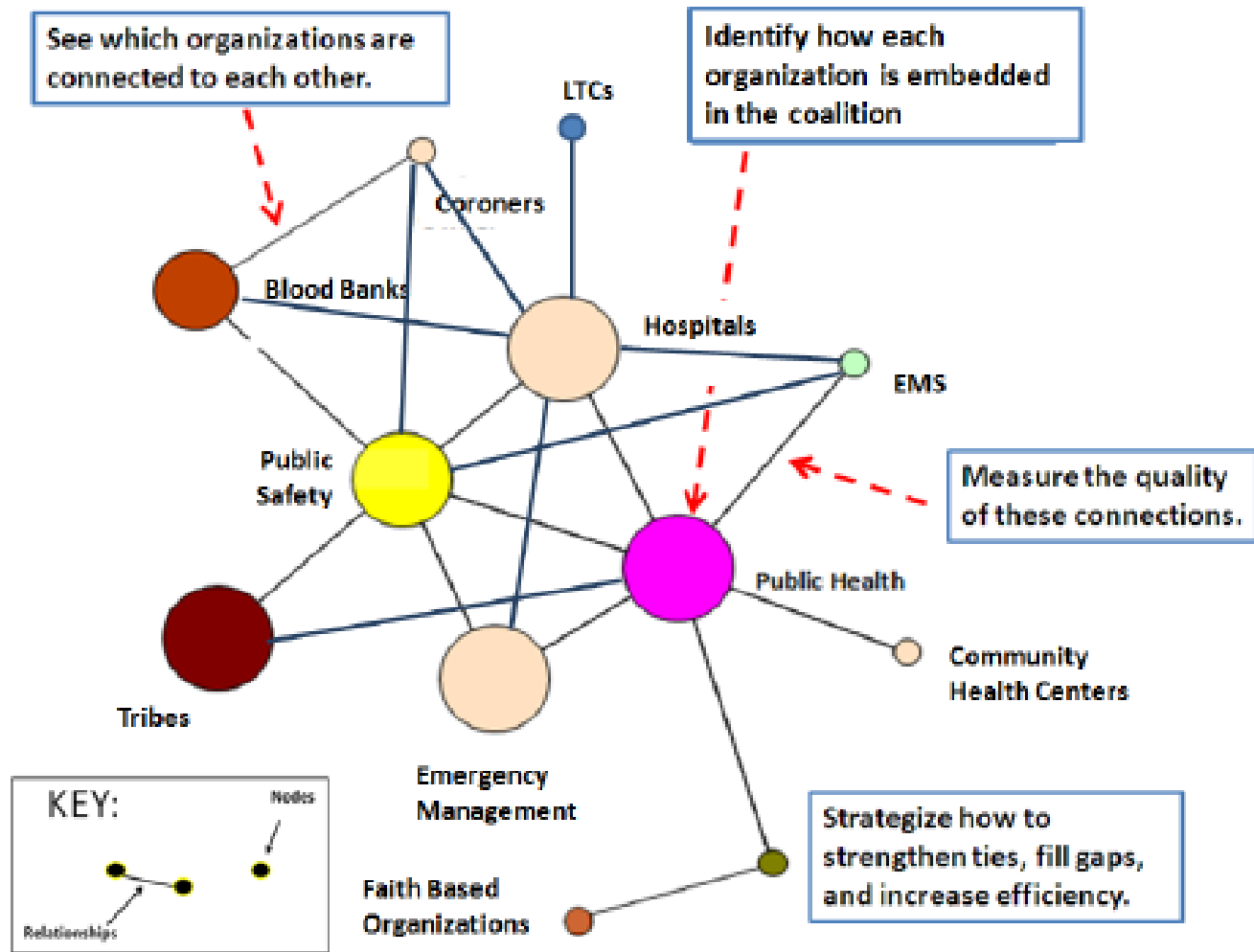


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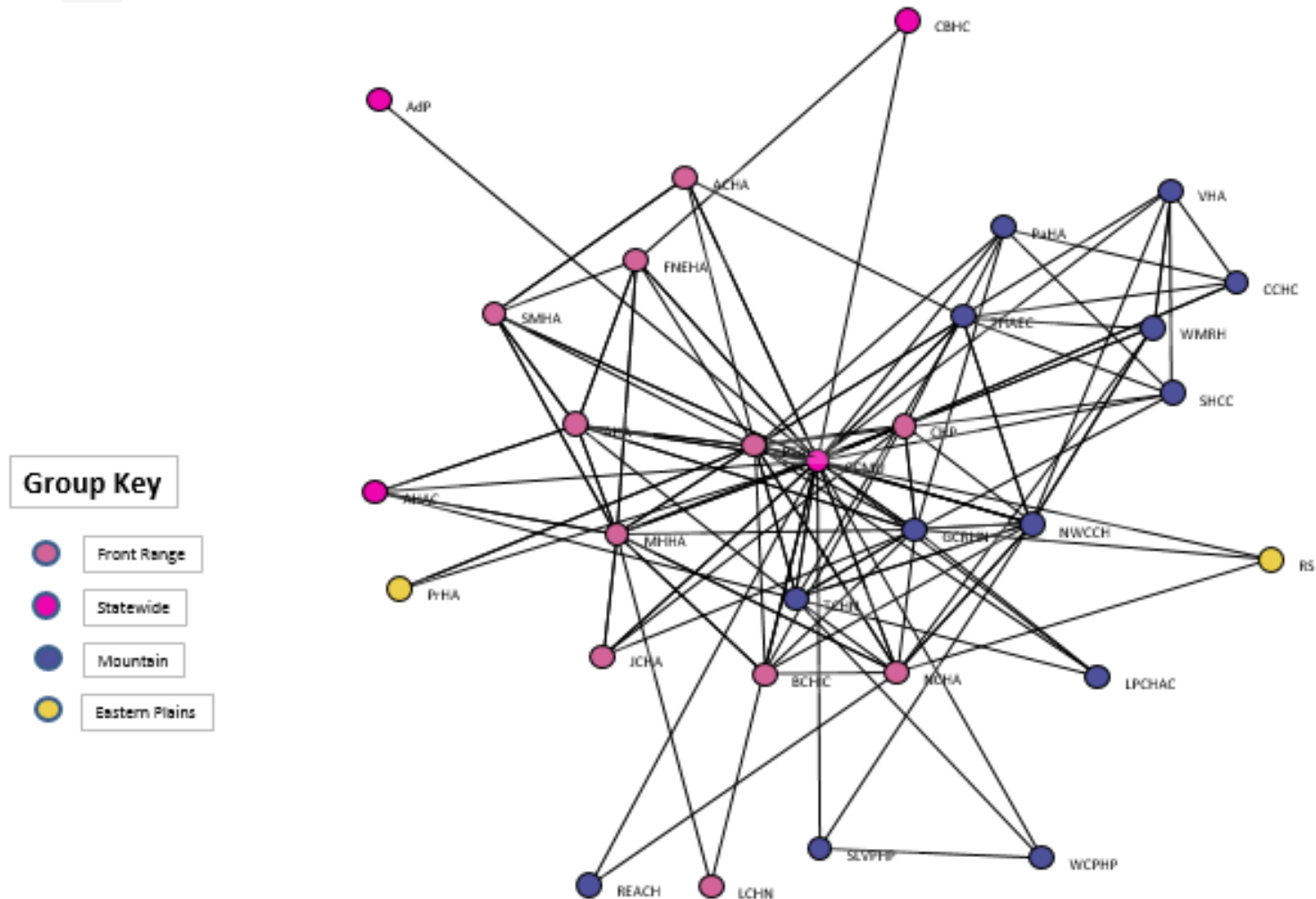
## Visualizing our Network via Social Network Analysis

# Why PARTNER?





# 2015 PARTNER Results



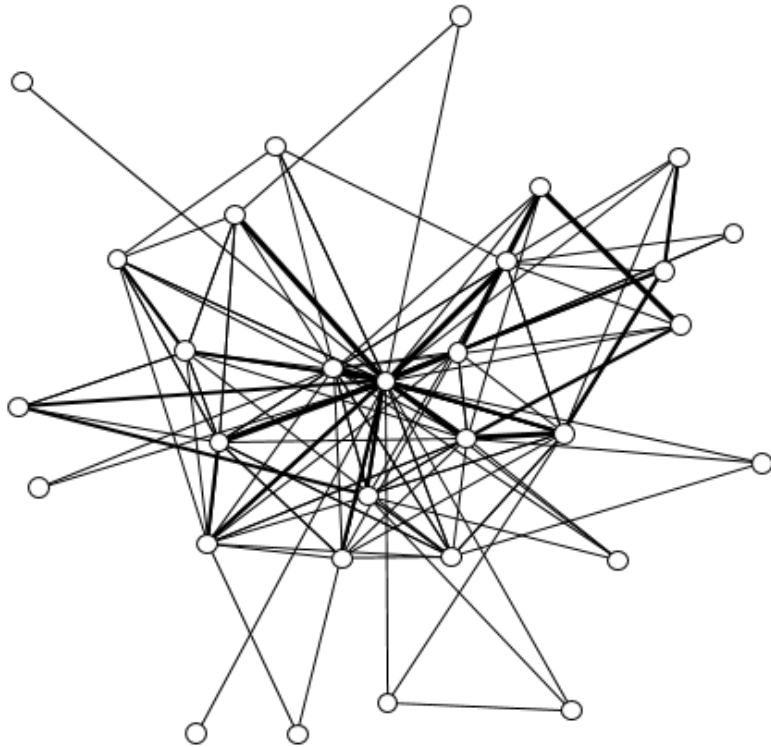


# In numbers...

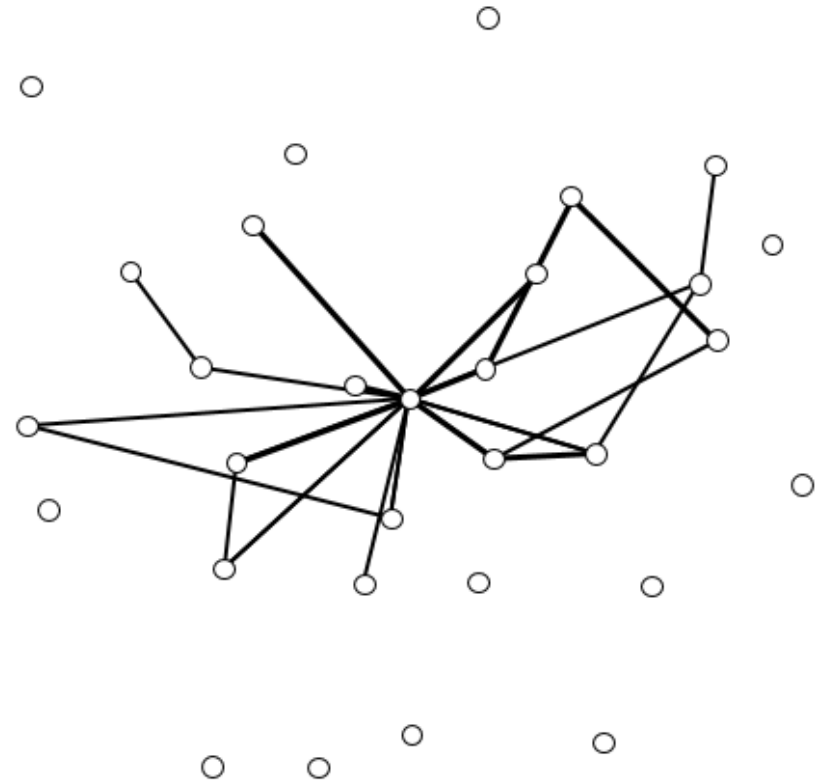
Network Scores	2014	2015
Density	22.4%	26.0%
Degree Centralization	83.3%	79.3%
Trust	72.9%	76.2%

# What kind of activities does your relationship with this alliance entail? (2015)

## Cooperative Activities



## Coordinated Activities





# Process Quality Scale

Scores	2014
Process Quality Score (Out of 5)	3.93
Lowest Score – Often decisions are made in advance (reverse)	3.41
Highest Score <ul style="list-style-type: none"><li>- Responds fairly to members</li><li>- Some people's merits are taken for granted (reverse)</li><li>- Some people are discounted (reverse)</li></ul>	4.14

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## Our Collective Impact

- Counties covered: 47 (73%)
- Population covered: 3,773,280 (72%)
- Organizations represented: **890**
- Direct services provided to 152,996 individuals

## Our Collective Impact

- Alliances provide backbone support for convening and programs, and drive the community toward action.

“If CHP didn’t exist our community would have many more islands and our health care system would be much less efficient.”

John Wilson, VP, Colorado Springs  
Regional Business Alliance

## Our Collective Impact

- Alliances provide a systems perspective and a common vision.

“The alliance has changed the focus tremendously on our vision of health care in the community.”

Bob Morasko, CEO, Heart of the Rockies  
Regional Medical Center

## Our Collective Impact

- Alliances help redefine the work organizations do and how organizations work together.

“At the meetings, I’d have ‘aha!’ kind of moments where I realized that these two other organizations have an interest in something I’m working on...”

Cathy Roberts, VP, Mercy Regional  
Medical Center



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Denise Gomez

Community Initiatives Manager

Denise.Gomez@ccmu.org

720-217-3985