



Take-Home Advice from Community Initiatives Improving Health & Equity



2017 ANNUAL CONFERENCE BREAKING NEWS IN INNOVATION SESSION

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Thousands of communities are moving forward on their journeys to improve population health. Communities Joined in Action (CJA) continues to produce regular updates to provide usable, take-home advice intended to accelerate local organizations' efforts toward achieving better health and well-being for their communities.

This publication complements CJA's 2017 annual conference plenary session, "Breaking News in Innovation." Leaders of 11 catalyst initiatives shared insights gained from their experiences working to improve community health across the country. These interviews focused on notable progress toward catalyzing local population health, as well as strategies for achieving health equity. By sharing successes and challenges, CJA hopes to give local organizations useful perspectives and inspiration to accelerate achievement of their intended goals.



NOTICEABLE PROGRESS

Momentum is accelerating toward improving population health. All catalysts note positive environmental shifts that are accelerating progress toward achieving health equity and improved health in local communities.

The catalysts are encouraged by the increased recognition of the importance of population health. The catalysts are particularly encouraged that this acknowledgement is occurring within health systems.

“Health systems are exploring the concept of population health and determining how the concept fits within their current business models and strategies,” says Judith Warren, board chair, Communities Joined in Action. *“We’re in the beginning phases of work to integrate population health into the mainstream of health and health care.”*

Catherine Patterson, senior program officer at the de Beaumont Foundation, says that while even local hospitals are emphasizing population health within their organizations, to ensure continued population health momentum, future work needs to ensure that *“the voice of both community organizations and public health agencies are consulted and considered full partners in the movement toward population health improvement.”*

With this increased awareness of population health, there is a simultaneous recognition of socioeconomic factors as drivers of health.

“I believe more health systems, community-based organizations, and social service agencies are beginning to understand and embrace the concept of the need and value of upstream interventions that improve population health and health equity,” says Chris Parker, co-principal investigator of Bridging for Health. *“There is an increasing understanding that everybody benefits when there is a real focus on addressing population health, which can improve outcomes and reduce costs over time.”*

This potential improvement in outcomes and costs associated with addressing socioeconomic determinants of health is attracting clinical providers to the population health table.

“In their quest toward attaining greater system efficiency, many health care organizations have begun to assess and address the drivers of high costs, including understanding the diversity of high-cost populations,” says Debbie Chang, co-principal investigator of Moving Health Care Upstream, which tests, shares, and accelerates population health innovations to help clinical systems move upstream. *“As a result, many clinical providers have joined forces with key community stakeholders, such as social service agencies, schools, and departments of public health to create new models that improve access to care, better address care coordination and patient satisfaction issues, focus more on prevention activities, and tackle the broader social needs of patients within their communities.”*

COMMON THEMES EMERGED FROM INTERVIEWS WITH CATALYST LEADERS.

RECOGNIZING BOTH THE SCOPE OF THE CHALLENGE AND THE IMPORTANCE OF CATALYZING POPULATION HEALTH, LEADERS IDENTIFY THE FOLLOWING AREAS OF OPPORTUNITY FOR ACCELERATING COMMUNITY HEALTH IMPROVEMENT.





BE INCLUSIVE

“One of the pitfalls for local leaders to avoid in building partnerships aimed at improving community health is trying to do it all themselves and not involving community leaders at the outset,” warns Marice Ashe, founder and CEO of ChangeLab Solutions.

Taking advantage of the wide range of assets in a community necessitates working with new and previously overlooked partners.

“Don’t operate in a vacuum,” advises Brenda Leath, executive director of Pathways Community HUB Institute. “Make collaboration a valued principle for engagement. Avoid stereotyping the types of stakeholders who should participate. Be inclusive of many types of stakeholders, including executives, midlevel and front-line workers, policymakers, service providers, payers, researchers, evaluators, health economists, and consumers, among others.”

Increasingly, it is acknowledged that those with lived experience need a seat at the table.

“If we meaningfully engage those who are most impacted and have lived experience—those that know what it’s like to struggle with accessing healthy food or know what it’s like to live in a very violent

neighborhood — they can help co-design, implement, and evaluate the initiatives and the solutions to make sure that we’re meeting their needs,” explains Laura Brennan, director of Pathway to Pacesetter. “We can learn from the for-profit business world. They engage the end user when they’re designing systems. We need to have those with lived experience at the table and engaged in the design process.”

Community representatives can play an influential role in creating interventions.

“Oftentimes in the development of partnerships, a predetermined agenda, agreed to by a small number of powerful stakeholders, is presented to community partners based on those organizations’ interests and does not always align well with community-level interests or priorities,” says Debbie Chang, co-principal investigator of Moving Health Care Upstream. “As health institutions partner with other key community stakeholders, they must prioritize listening, participating in honest discussions about the concerns of the community, and through a lens of health equity, collaborating in creating effective, new interventions that are aimed at addressing community-noted priorities and improving community health.”



THINK LOCALLY

“There is a widening recognition that both health and health care are produced locally and are strongly shaped by forces close to home,” says Bobby Milstein, director of ReThink Health. “ReThink Health’s Pulse Check on Multi-Sector Partnerships, for example, provides a window into the sharp upward trend of new regional partnerships, many of which have formed in the last 10 years, and fully half focus on the county level. Directing our attention outside of the beltway to the unique history and possibilities of each region is a promising move to foster greater self-determination.”

Thinking locally brings all community assets together to tackle the challenge of deeply rooted health disparities.

“There is increasing recognition about the power and importance of community,” says Laura Brennan, director of Pathway to

Pacesetter. “It was previously thought of as a nice thing, but now there is recognition of the need to work with and coordinate with all sorts of different, diverse stakeholders to create solutions at the local level. It is about addressing biological, psychological, social, educational, and environmental issues together.”

Thinking locally respects the unique elements and local context of each community and challenges the notion of a one-size-fits-all solution to improving population health.

“In the five Wellville communities, we are learning that goals and plans — as important as they are — are simply the beginning of an ongoing practice of learning,” says Rick Brush, CEO of Wellville. “We must respond to the unique context of each place, and that context is changing all the time. This exposes the myth that ‘best practice’ can be picked up in one place and dropped in another. Transforming systems is less about logic models and more about endurance. It is about working through the nitty-gritty details at every step and seeing the potential for breakthroughs in the breakdowns that happen when we try to upend the status quo.”





WORK ACROSS SECTORS

“If you want to go fast, go alone. If you want to go far, go together,” says Rick Brush, CEO of Wellville. “Health and well-being depend on a broad set of interconnected factors that go far beyond the doctor’s office and hospital. Nonclinical factors account for approximately 80% of what makes us healthy or sick in the first place. Improving social determinants of health like housing quality, access to healthy food, and employment opportunities requires coordinated action at the system level.”

“Putting all of the resources into health care has not resulted in better health and health equity,” notes Judith Warren, board chair of Communities Joined in Action. “The field of population health needs to evolve as an interdisciplinary approach and from a cross section of communities.”

“It is important to engage policymakers and payers in the dialogue, too,” says Brenda Leath, executive director of Pathways Community HUB Institute.

Noticeable action is occurring.

“I have seen enormous progress in considering the role for nonmedical sectors in improving population health, for example, housing, education, transportation, public safety, finance/banking, and anchor institutions, such as universities and hospitals acting as buyers, investors, and employers rather than as medical care providers,” says Doug Jutte, executive director of Build Healthy Places Network. “This is an exciting change and suggests the early stages of a broad movement.”

Experts note, though, that while the potential for impact is huge, multisector work can be challenging.

“Avoid making assumptions about what the challenges are. Multisector work requires a period of getting to know each other, the others’ language, values, and desired outcomes,” explains Peter Eckart, co-director of DASH—Data Across Sectors for Health. “Build organic collaboration around shared vision and goals, not toward funding opportunities.”



ACKNOWLEDGE THE COMPLEXITY

In the rush to show impact, collaborative leaders can lose sight of the complexity of the task at hand — improving the health and well-being of an entire population of people.

“The significant and complex health issues faced by residents are deeply rooted in social, economic, and environmental conditions that will take time and coordinated effort to change,” cautions Rick Brush, CEO of Wellville. “The forces keeping the current systems in place can be difficult to change. For example, existing health care business models typically reward treatment, rather than prevention, of illness. Meanwhile, our culture, neighborhoods, and pocketbooks too often favor unhealthy choices. What’s needed is a coordinated approach that shifts social, environmental, and economic systems toward health.”

The challenge of the work to be done is further complicated

by a lack of a long-range strategy.

“There is a time discrepancy between funders who wants to see rapid results and the longer time horizon to realize long-lasting systematic change,” says Peter Eckart, co-director of DASH—Data Across Sectors for Health.

This lack of a long-range vision may hamper the sustainability of population health efforts.

“Too often, leaders and investors concentrate on short-term transactions to achieve a discrete, time-constrained goal, while overlooking the potential to support persistent actions that may deliver progressively greater value for the population over time,” says Bobby Milstein, director of ReThink Health.



UTILIZE DATA

“Understand the root causes of health inequities in your communities,” encourages Chris Parker, co-principal investigator of Bridging for Health. “To the extent it is possible, use evidence to inform those strategies.”

Data can elucidate health challenges in a community and can unite people and organizations around common goals. While catalysts and local leaders recognize the importance of using data to make improvements in population health and equity, on the ground there are often struggles to present data.

“BUILD sites have really struggled with sharing data between sectors and institutions, which is frustrating because the data to drive action is there,” admits Catherine Patterson, senior program officer at the de Beaumont Foundation, which helped launch the BUILD Health Challenge. “It is just really

difficult to share.”

Additionally, there are challenges regarding how to track data over the long term to measure impact.

“There is a demand for evidence and return on investment, but this is complicated because health outcomes are often long-term, if not even intergenerational,” says Doug Jutte, executive director of Build Healthy Places Network. “Also, many of the important changes needed to achieve health are not actually health-related or medical, like ensuring that every child in a community attends preschool or is at grade-level reading in third grade. These are likely some of the most powerful steps required to achieve population health, so an emphasis on measuring ‘health’ outcomes may risk missing other, potentially more important markers of improving health.”



EMBRACE ADAPTIVE LEADERSHIP

It is recognized that having a visionary champion can help push initiatives forward, particularly in the early stages. But respondents say that being an adaptive leader may be most critically important.

“Strong leaders with significant emotional intelligence are important to energize the process,” observes Chris Parker, co-principal investigator of Bridging for Health. “But I have learned that it is very important to have an adaptive mindset in the role as facilitator or catalyst. Since communities have different and changing contexts, no one approach to technical assistance will always fit each community well.”

A leader’s adaptiveness can also get coalitions through tough times.

“Even the best-intentioned community health coalitions are vulnerable to breakdowns, from arguments over turf to scarce

funding,” notes Rick Brush, CEO of Wellville. “Fortunately, it’s possible to learn our way through the breakdowns and create momentum that will improve our likelihood of making a long-term impact.”

But for initiatives to make real impact, buy-in is necessary throughout all levels of an organization and between partners, not just among key leaders.

“True collaboration is the foundation of meaningful change,” explains Peter Eckart, co-director of DASH—Data Across Sectors for Health. “Early in community capacity building, charismatic leaders can drive it, but once multisector partners are at the table, support for the initiative comes from common ownership and organic priority-setting. Shared leadership is harder, slower, more complicated, but necessary to generate a bigger, deeper, longer-lasting impact.”





EXPLORE SUSTAINABLE FUNDING

Catalysts remain frustrated that many population health initiatives are not sustainably financed long enough to achieve maximal impact.

“Most initiatives are neither strong enough nor sustained long enough to deliver their full potential,” laments Bobby Milstein, director of ReThink Health. “This insight leads us to concentrate on restructuring how resources flow over time and to reshape economic incentives to reward health value, rather than the sheer volume of services required to address urgent needs. One of the most reliable, leading indicators of future progress is whether there are, in fact, dependable resources channeled into smarter investments.”

Meaningful investment in population health requires resources from outside the traditional health care sector.

“Without the participation of the financial sector to provide resources needed to develop jobs and improve community resources and infrastructure, it is difficult to improve the community’s health,” says Doug Jutte, executive director of Build Healthy Places Network. “In the past, the development and finance sectors did not see their links to health, but increasingly they do, and they are looking for guidance on how to make their

investments most meaningful and most beneficial to historically underinvested communities.”

Despite the interest of nontraditional sectors in investing in population health, complex, fractured systems and payment models pose challenges to building comprehensive collaborations.

“The focus on community benefit and the accountable care organization movement highlights the need to be able to tease out return on investment from multisector approaches,” explains Peter Eckart, co-director of DASH—Data Across Sectors for Health. “We still see fragmentation for funding for social services within organizations and funder-driven silos that inhibit the ability to offer person-centered care or a true population health approach.”

Catalysts say development of models for programmatic innovation has outpaced financial innovations and investments needed to sustain them.

“One of the biggest obstacles noted by MHCU participants is that financial incentives to support population health–focused initiatives continue to be misaligned,” observes Debbie Chang, co-principal investigator of Moving Health Care Upstream (MHCU). “Oftentimes dominant payment models do not reward or support improvements in population health or the assurance of greater equity across populations served. Persistent issues such as disparities in care outcomes, unless tied to cost-inefficiencies, are oftentimes not addressed and have no consequences.”



LOOK FORWARD

While there is always uncertainty surrounding transformational work, Brenda Leath, executive director of Pathways Community HUB Institute, says forward-looking leaders need to pay attention to —

- Accountability
- Effective processes and systems
- Risk identification and management
- Cost reductions
- Value-based payments
- Performance-based assessments

Additionally, Leath sees growing opportunities in the areas of —

- Health in all policies
- Integrated health service delivery systems
- Team-based, patient-centered care
- Patient involvement and input into health policies and health care decision-making
- Continuous quality improvement activities
- Use of research and data to achieve health equity
- Reduced health disparities through the use of culturally and linguistically competent services

PARTING ADVICE

Catalysts share some critical ‘dos’ and ‘don’ts’ to help community leaders look for ways to expand the impact of their work:

Find Your Place

“Constantly question how your work fits within the larger health ecosystem, as well as your role as a change agent within it,” advises Bobby Milstein, director of ReThink Health. *“As more and more changemakers situate themselves within a common system, our true interdependence will become more obvious, as will our potential to generate greater value together.”*

Align Efforts

“Do your research. Look at what local leaders have said, supported, and worked on over the years,” suggests Catherine Patterson, senior program officer at the de Beaumont Foundation, which helped launch the BUILD Health Challenge. *“Aligning your work with their experiences is key to gaining support from local leaders and institutions.”*

Financing Is One Piece

“There is sometimes a desire to quickly discuss the financing

mechanism without having other key questions answered,” warns Chris Parker, co-principal investigator of Bridging for Health. *“Frustration in not being able to see or forecast the sources of funding can sometimes lead to the slowing down of the process and stakeholder abandonment.”*

Learn From Everyone

“Avoid the ‘terminally unique syndrome,’” says Laura Brennan, director of Pathway to Pacesetter. *“Too often, we think that we’re not like others and, yes, we are unique but we have so much to learn from others, whether it be a frontier or rural community learning from an urban community or vice versa.”*

Be Aware of Unintended Consequences

“Think in terms of a health in all policies perspective and ensure that unintended consequences don’t steal the show,” warns Marice Ashe, founder and CEO of ChangeLab Solutions. *“For example, working on bikable or walkable communities or access to healthy foods can lead to gentrification and the potential displacement of low-income residents from their homes and community. We need to listen and evaluate for unintended consequences and then not be afraid to deal with them.”*

THE CATALYSTS

Bridging for Health: Improving Community Health Through Innovations in Financing

Bridging for Health is fostering connections among diverse stakeholders to align investments in health to achieve improved population health outcomes. This is done through focusing on innovations in financing, collaboration and collective impact, and health equity. The Georgia Health Policy Center is the national coordinating center of the initiative, supported by the Robert Wood Johnson Foundation.

BUILD—Health Challenge Bold, Upstream, Integrated, Local, and Data-Driven

The inaugural BUILD Health Challenge launched in June 2015 with grants to 18 communities to strengthen partnerships among hospitals, nonprofits, and local health departments to improve the health of low-income neighborhoods. The goal is to increase the number and effectiveness of cross-sector collaborations to improve

community health, promote health equity, and stimulate more effective methods of sharing and using health data. Awards were possible through funding from the Advisory Board Company, the de Beaumont Foundation, the Kresge Foundation, Colorado Health Foundation, and the Robert Wood Johnson Foundation.

Build Healthy Places Network

Build Healthy Places Network’s mission is to catalyze and support cross-sector collaboration between the health and community development sectors to improve low-income communities and the lives of people living in them. The network builds on the work of the Healthy Communities Initiative and the Commission to Build a Healthier America. Build Healthy Places Network is supported by the Robert Wood Johnson Foundation, the Federal Reserve Bank of San Francisco, and the Public Health Institute.



THE CATALYSTS (continued)

ChangeLab Solutions

ChangeLab Solutions creates innovative laws and policies to ensure everyday health for all, whether that's providing access to affordable, healthy food and beverages, creating safe opportunities for physical activity, or ensuring the freedom to enjoy smoke-free air and clean water. Its solutions address all aspects of a just, vital, and thriving community, like food, housing, child care, schools, transportation, public safety, jobs, and the environment.

CJA—Communities Joined in Action

CJA is a national, private, nonprofit membership organization with nearly 200 members representing a variety of public and private organizations, all committed to improving health, access to care, and eliminating disparities in their communities. CJA mobilizes and assists these community health collaboratives through its ability to broker important dialogues and to convene stakeholders. The Georgia Health Policy Center is the administrative home for CJA.

DASH—Data Across Sectors for Health

DASH, funded by the Robert Wood Johnson Foundation, aims to support community collaborations by fostering multisector data and information sharing to improve community health. Through work with grantee collaboratives, DASH is working to identify methods, models, and lessons that can be applied locally and shared with other communities who wish to improve their ability to share data and information across sectors.

MHCU—Moving Health Care Upstream

Moving Health Care Upstream tests, shares, and accelerates population health innovations. The focus is on helping clinical systems go upstream. While the lens is children and families, the work applies generally to communities, and learnings will be available on an open source platform. MCHU is funded by the Kresge Foundation with additional support from the Dorris Duke Charitable Foundation. Nemours Children's Health System and the UCLA Center for Healthier Children, Families and Communities co-direct MHCU.

Pathway to Pacesetter

The Pathway to Pacesetter program is the result of the 100 Million Healthier Lives and the Spreading Community Accelerators through Learning and Evaluation (SCALE) teams' efforts to identify simple, scalable, affordable ways to make meaningful technical assistance available to all communities. The Pathway to Pacesetter program will support over 100 communities in accelerating their improvement journey.

PCHI—Pathways Community HUB Institute

PCHI is the certifying agent of the Pathways Community HUB model of care coordination, which connects payment to the value of services provided and actual improvements in health outcomes. HUB Certification ensures an accountable and sustainable community care coordination system that leads to better health and lower costs. PCHI is supported by the Kresge Foundation, in partnership with the Community Health Access Project Inc. and the Rockville Institute.

ReThink Health

ReThink Health works with communities to help them foster catalytic leadership and test innovative ideas for bridging and redesigning their health and health care systems to achieve systemwide change. ReThink Health envisions a "healthy health system" — one that bridges stakeholders from across the community by focusing on the critical domains of active stewardship, effective strategy, and sustainable financing. At the core of its approach is the interactive ReThink Health Dynamics Model. The Ripple Foundation and the Robert Wood Johnson Foundation fund ReThink Health.

Wellville

Wellville is a national, nonprofit organization helping communities accelerate better health and financial outcomes through entrepreneurial zeal and data-driven accountability. Currently, five communities around the U.S. have committed to a five-year challenge to make significant, visible, and lasting improvement in measures of health and economic vitality. Collectively, these initiatives could lead to big improvements in the lives of the people who call these communities home.



Improving Health — Eliminating Disparities

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