



## Take-Home Advice from Community Initiatives Improving Health & Equity



### CJA Update: Matching Communities with National Catalyst Organizations to Improve Population Health

August 2017

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.

Nationally, a large number of philanthropically funded initiatives are working to bring together multisector collaborators to test innovative ways to achieve improved health outcomes for all people. Catalysts and community organizations can learn from each other's experiences in working to improve health, well-being, and equity.

This update highlights the work of 11 catalyst organizations, as well as the lessons learned and advice from leaders of these initiatives. By sharing these insights, CJA hopes to give communities useful perspectives and inspiration to accelerate achievement of their intended goals.



CATALYST LEADERS FROM 11 DIFFERENT ORGANIZATIONS WERE ASKED ABOUT LESSONS THEY HAVE LEARNED FROM COMMUNITIES AND WHAT ADVICE THEY WOULD GIVE TO MAINTAIN BROAD COLLABORATIVE RELATIONSHIPS. THE FOLLOWING COMMON THEMES EMERGED FROM THESE INTERVIEWS.



## REMAIN OPEN TO LEARNING

In life, there are very few instances when everything goes perfectly according to plan. Population health improvement efforts are no exception, and community initiatives often experience unexpected challenges.

*“Each of the 10 DASH communities experienced significant unanticipated barriers, which required them to revise their approach and offered them an opportunity to innovate,”* says Peter Eckart, co-director of DASH — Data Across Sectors for Health. “The complicating factors include a wildly diverse set of community drivers and barriers that are as unique as the community projects themselves.”

Community context dictates unique learning.

*“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. “This process of health improvement is mostly unpredictable; we must respond to the unique context of each place, and that context is changing all the time. This exposes the myth of the ‘best practice’ that can be picked up in one place and dropped in another.”

Successful efforts remain flexible, and leaders adapt their plans to achieve their ultimate goals.

*“The success of a community collaboration flows from a willingness to adapt project goals in the face of challenges,”* explains Eckart. “Keeping an eye on the ultimate focus of the collaboration makes it easier for project partners to jettison processes and mechanisms that do not work and replace them

*with alternative approaches that enable them to take a different path to achieve the same end goal. Keep in mind the target of your intervention and the ultimate goals of the initiative, but stay flexible as you work with partners to reach shared objectives.”*

Maintaining flexibility requires a culture that values adaptive leadership.

*“Understand and foster institutional agility,”* urges Pedja Stojicic, project director for ReThink Health’s Resident Engagement for Health Systems Transformation. “The more you’re able to be nimble and agile the easier it will be for you to implement your goals. Coalitions that are focused on just implementing the predesigned plans, without creating the space for adjustment, or even a complete change of strategy, can either miss the mark completely or create irreversible and dangerous unintended consequences.”

Just as much can be learned from what did not work effectively as from what did.

*“Don’t be afraid of failure, which is inevitable, but be willing to disclose and discuss how you failed and what you learned,”* encourages Eckart. “As a bonus, humility builds relationships!”

Leadership should set the example of communicating about learning opportunities.

*“Community leadership can be quite resilient in the face of uncertainty and uneven resources,”* says Judith Warren, board chair of CJA. “Leadership should be willing to share experiences, even those that result in unintended consequences. All learnings don’t have to be positive. Learning what doesn’t work is just as important when resources are scarce or public policy is uncertain.”



## BUILD TRUST

The path toward achieving significant improvements in population health and equity can be bumpy. Just assembling and maintaining the right team can be challenging. Catalysts were in complete agreement about the importance of building trusted relationships as a core component of population health improvement efforts.

*“True action happens at the speed of trust,” says Jolie Ritzo, senior program manager, HealthDoers Network. “When collaborating, particularly in the online setting, topical affinity is*

*also critically important. People need to be able to connect to a cause and know how they fit in.”*

The broader the coalition of partners, the more important trust is.

*“Building trust is a key element of creating and sustaining broad partnerships,” says Catherine Patterson, senior program officer at the de Beaumont Foundation. “Having a written document, such as a memorandum of understanding, that outlines roles, responsibilities, and expectations has been hugely helpful in keeping these multisector partnerships on track and coordinated.”*



## FIND COMMONALITY

Leadership transitions happen, so it is crucial to ground collaborative work in shared values and a common vision.

*“Stakeholders working on a regional effort will certainly change — those involved with the collaboration will come and go, and their perspectives and interests will evolve,” says Lindsey Alexander, senior project consultant for sustainable financing at ReThink Health. “It is important for leaders to continuously focus on building shared values and transparency, and committing to the process and each other.”*

Understanding stewardship is core to creating a shared vision.

*“As we ramp up our efforts in strategy and financing, ReThink Health is increasingly recognizing that these two practice areas become feasible only through strong stewardship,” explains Stacy Becker, vice president of programs at ReThink Health. “Stewardship occurs when regional stakeholders — leaders, residents, and organizations from all sectors — align around priorities, strategies, and a shared vision for fostering healthy people and thriving communities.”*

In the end, everybody benefits from a healthier population. When working across sectors, it takes time to find commonality, particularly when it comes to language used to identify priority areas. Catalysts offer some sound,

consistent advice for getting started.

*“Cultivate curiosity, humility, and the ability to learn the language, and therefore values, of current and prospective partners.”*

— Monte Roulier, president, Community Initiatives Network

*“Really listen, which does not mean being quiet until you can speak.”*

— Jolie Ritzo, senior program manager, HealthDoers Network

*“Invest up front in learning the language, values, and experiences of other sectors. Everything else springs from that.”*

— Clare Tanner, co-director of DASH — Data Across Sectors for Health

*“We advise that organizations focus on creating a shared vision, establishing S.M.A.R.T. goals [specific, measurable, achievable, results-focused, and time-bound goals] with measurements that can track to the multiple sectors involved in the partnership, and implementing a process that ensures partners are listening to each other and seeking to understand (critical for trust building). With those components in place, partnerships are more likely to achieve progress over time to address upstream factors that impact the health of communities.”*

— Debbie Chang, co-principal investigator of Moving Health Care Upstream





## DEVELOP LEADERSHIP

Working with others is necessary to achieve meaningful change, but it is not always a natural process.

*“We understand the idea that thinking and acting together is important to the work, but it can reduce the pace of change,”* reflects Chris Parker, co-principal investigator of Bridging for Health. *“On the other hand, where leadership is unilateral we can see more rapid change. It is finding the ideal balance of being inclusive but driving action that influences what is done and the pace at which things are done.”*

Achieving this balance reflects the qualities possessed by adaptive leaders.

*“As with investable companies, investable multisector health partnerships aren’t necessarily the ones with the best programs or logic models, but they have leaders with a track record of learning through failure and success, and with accountability to deliver,”* says Rick Brush, CEO of Wellville. *“The best bet is a team who is committed to each other, to learning, and to the results they continually produce over time.”*

No single group of leaders can improve health equity on their own. Organizations must be committed.

*“To ensure progress in this work, and ultimately continued funding, population health efforts must strategically align with organizational priorities and, ideally, be a part of the organization’s strategy,”* says Debbie Chang, co-principal investigator of Moving Health Care Upstream. *“Having a visionary or champion in a position of influence that pushes the work or initiative forward within an organization and in the community-at-large is critical. Equally important is pervasive buy-in, across all levels of the organization, as to the value of upstream prevention and addressing the social determinants to improve the health of the community served.”*

To drive change even further, regionally, organizations must align around a shared vision of health improvement.

*“Regional efforts are most successful when they are inclusive and place a major emphasis on strong relationships and a foundation of trust between stakeholders,”* says Jane Erickson, project director of ReThink Health Ventures. *“Regional leaders can overcome often intractable issues if they use distributive leadership models to identify and move past vested interests, even while addressing controversial matters.”*



## EXPAND NETWORKS

Expanded learning networks include learnings from your own experiences and the experiences of others. Each new community initiative doesn’t have to start from scratch. There is learned wisdom residing in the community, in the state, and in the region, and tapping into this wisdom can accelerate local health improvement efforts.

*“Building collaborative relationships provides a way to learn and share with others,”* says Judith Warren, board chair of CJA.

But in looking toward expanding your network, think beyond usual partners.

*“Connect with existing cross-sector networks and partners,”* advises Doug Jutte, executive director of Build Healthy Places Network. *“There are others funding and doing this work from whom you can learn. Tap into and leverage what is already out there.”*

Look to others willing to do the hard work of tackling population health improvement.

*“There are a lot of collaboratives that are in phase I of the innovative adoption cycle,”* says Chris Parker, co-principal investigator of Bridging for Health. *“The movement from talking and thinking to doing is difficult. We have to find different approaches to move communities to innovative action. This may require more than verbal buy-in — the idea of ‘I will if you will.’”*





## THINK LONG-TERM

The hard work of improving health equity requires a long-term outlook.

*“Transforming systems is less about logic models and more about endurance,” says Rick Brush, CEO of Wellville. “It is working through the nitty-gritty details at every step and seeing the potential for breakthroughs in the inevitable breakdowns that happen when we try to upend the status quo.”*

Setting long-term expectations for all partners, including funders, is key.

*“Signal to stakeholders, funders, and policymakers that laying the groundwork for success takes years,” advises Ella Auchincloss, senior project consultant for community engagement at ReThink Health. “Progress can be measured, but the progress will be at least partially measured in relational outputs that take time to translate into outcomes.”*

Relationship building takes time and is an ongoing process.

*“Often people have good intentions about collaboration, and they understand the value in doing so, but are less likely to give it the time that is needed to establish strong relationships,” says Jolie Ritzo, senior program manager, HealthDoers Network.*

Bringing the right partners on board is time-consuming but necessary.

*“It is vitally important to build a broad, but effective and strategic, network,” says Judith Warren, board chair of CJA. “We must go beyond the traditional partners and collaborators to see where there are new opportunities that will build connections and generate the resources (human and capital) to sustain our mission and goals.”*

Aside from bringing the coalition together, long-term consideration needs to be given to measuring impact and sustainably financing the effort. Measuring impact is a process that, like coalition building itself, requires time to

overcome barriers, both technical and relational.

*“Almost all community institutions face an actual or perceived barrier to sharing data,” says Clare Tanner, co-director of DASH — Data Across Sectors for Health. “Legal and privacy concerns predominate, but technical barriers and differences of organizational capacity also require more time and effort from project partners. Commit to a long and ongoing process of relationship building and never grow complacent or take partners for granted.”*

Sustaining initiatives over the long term requires sustainable financing.

*“The key to long-term success in public policy strategies is strong relationships, from neighborhood leaders to private sector and public agency staff to elected officials and more,” says Marice Ashe, CEO of ChangeLab Solutions. “These relationships are needed to engage residents, to build trust, to nurture champions, and to measure results. Sustainable relationships require a long-term effort, and long-term effort requires consistent funding.”*

Without planning for long-term financing, successful efforts may not scale as intended.

*“Program innovation needs to be coupled with a sustainable financing mechanism at the front end and throughout the process of development and implementation,” advises Debbie Chang, co-principal investigator of Moving Health Care Upstream. “Although many funded initiatives have created effective models and/or approaches to address chronic diseases such as asthma, obesity, childhood trauma, and depression and to improve health outcomes, they are often difficult to sustain since the programmatic innovations have not been coupled with comparable financial innovations and investments. This not only hinders the ability to spread the new approach within the local health care ecosystem, but also poses significant barriers to spreading the approach to other sites and to scaling the effort more generally.”*






## THE CATALYSTS

### Bridging for Health: Improving Community Health Through Innovations in Financing

 [ghpc.gsu.edu/project/bridging-for-health](http://ghpc.gsu.edu/project/bridging-for-health)

Bridging for Health is fostering connections among diverse stakeholders to align investments in health. The Georgia Health Policy Center (GHPC) is the national coordinating center of the initiative, supported by the Robert Wood Johnson Foundation. GHPC supports and facilitates selected sites in developing, evaluating, and sharing their efforts to innovate mechanisms that fund initiatives targeting upstream drivers of health that will ultimately improve population health outcomes. With a total of seven sites across the nation, Bridging for Health is working to evaluate how collaboratives move through the innovation cycle — by assessing what works, for whom, under what circumstances. GHPC provides technical assistance across four primary domains: stewardship and collaboration, health equity, strategy, and financing innovations.

### BUILD Health Challenge

 [buildhealthchallenge.org](http://buildhealthchallenge.org)  @BUILDHealthChall  @BUILD\_Health

The BUILD Health Challenge supports partnerships taking Bold, Upstream, Integrated, Local and Data-driven approaches to community health. By aligning funding and leveraging partnerships between community organizations, local hospital systems, and local health departments, the BUILD Health Challenge targets social determinants of health, health disparities, health equity, and upstream factors that impact health care outcomes and costs. Since its launch in 2015, BUILD communities have built local partnerships to tackle a wide range of issues, from improving low-income housing to reduce asthma rates to enhancing access to fresh fruits and vegetables as a treatment for obesity. The BUILD Health Challenge will announce its second round of communities in September 2017.


### Build Healthy Places Network

 [buildhealthyplaces.org](http://buildhealthyplaces.org)  @BHPNetwork

The mission of the Build Healthy Places Network is to catalyze and support collaboration across the health and community development sectors. Together, the Build Healthy Places Network works to improve low-income communities and the lives of people living in them. It connects leaders and practitioners, provides capacity-building tools to make partnerships easier, and curates examples of what works to highlight cross-sector innovation and build the evidence base for collaboration. By joining forces, the community developers and health

professionals can have a more powerful impact in improving the health and opportunity of low-income neighborhoods.

### ChangeLab Solutions

 [changelabsolutions.org](http://changelabsolutions.org)  @ChangeLabSolutions

ChangeLab Solutions creates innovative laws and policies to ensure health for all, whether that is 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. For example, ChangeLab Solutions' work on tobacco control in California alone has contributed to a 25% decrease in tobacco use and a \$134 billion savings in health care delivery.

### CI—Community Initiatives Network

 [communitycommons.org](http://communitycommons.org)

Community Initiatives (CI) is a network of professionals dedicated to improving the health and well-being of communities. Serving as coaches, consultants, and facilitators, CI helps multisector partnerships shape collaborative solutions to advance local economies, grow local food systems, develop walkable and bikeable neighborhoods, restore natural environments, and enhance a sense of community. Creating inclusive and equitable communities has always been a core CI value. CI team members bring expertise in the areas of coalition development, process design, collaborative governance, policy change, performance measurement, and facilitative leadership. CI is a founding partner of Community Commons, a web-based platform that connects community change-makers and provides public access to thousands of data layers and powerful reporting and mapping tools that are widely used by community partnerships, health systems, foundations, researchers, and policymakers.

### CJA—Communities Joined in Action

 [cjaonline.net](http://cjaonline.net)  @communitiesjoinedinaction  @cjaonline

Communities Joined in Action (CJA) is a national nonprofit membership organization with nearly 150 active members across 34 states. Members represent a variety of public and private organizations, such as health system leaders, philanthropists, researchers, social entrepreneurs, and community practitioners, who are committed to achieving health equity, improving health outcomes, promoting community and consumer engagement, and addressing the cost of care in their respective communities. CJA mobilizes and assists the community health coalitions, collaboratives,

## THE CATALYSTS (continued)

and stakeholders through its ability to broker important dialogues, facilitate connections to regional and national initiatives, and host national convenings. GHPC is the administrative home for CJA.

### DASH—Data Across Sectors for Health

 [dashconnect.org](http://dashconnect.org)  [@DASH\\_connect](https://twitter.com/DASH_connect)

Data Across Sectors for Health (DASH) is a national program of the Robert Wood Johnson Foundation, led by the Illinois Public Health Institute, in partnership with the Michigan Public Health Institute. DASH identifies barriers, opportunities, promising practices, and indicators of progress for multisector collaborations to connect information systems and share data for community health improvement. DASH identifies methods, models, and lessons that can be applied locally and shared with other communities that wish to improve their ability to share data and information across sectors. DASH provided 10 grantees across the nation with \$200,000 to develop and implement multisector data-sharing projects. DASH is a founding partner of All In: Data for Community Health, a nationwide learning collaborative that helps communities build capacity to address the social determinants of health through multisector data-sharing collaborations. All In is building a robust network of networks to link communities with challenges or opportunities with experts and communities that have relevant solutions or experience.

### MHCU—Moving Health Care Upstream

 [movinghealthcareupstream.org](http://movinghealthcareupstream.org)  [@mhcupstream](https://twitter.com/mhcupstream)

Moving Health Care Upstream (MHCU) creates, tests, and disseminates strategies for producing large-scale, sustainable population health improvements working with more than 32 anchor organizations in 21 cities. The focus is on helping health care providers to collaborate with other community-based organizations to help children, patients, and families access new resources to address upstream drivers of health. While the lens is children and families, the work applies generally to communities, and learnings are available on an open source platform. MCHU is funded by the Kresge Foundation with additional support from the Doris Duke Charitable Foundation. MHCU is co-led by Nemours Children's Health System and the UCLA Center for Healthier Children, Families and Communities.

### Network for Regional Healthcare Improvement

 [nrhi.org](http://nrhi.org)  [healthdoers.org](http://healthdoers.org)

The Network for Regional Healthcare Improvement (NRHI) represents more than 30 nonprofits, regional health improvement collaboratives, and state or regional

partners, all working to transform their health care delivery system to achieve the Triple Aim. Launched in 2014 by NRHI, with funding from the Robert Wood Johnson Foundation, HealthDoers is the premier network for health and health care change-makers to come together to connect, collaborate, and accelerate their work. At the heart of HealthDoers is an easy-to-use online platform that supports tailored collaboration and shared learning. HealthDoers fosters strong community connections to accelerate health improvement, bringing together groups and individuals with shared goals through online tools and virtual and in-person events.

### ReThink Health

 [rethinkhealth.org](http://rethinkhealth.org)  [@ReThinkHealth](https://twitter.com/ReThinkHealth)  
 [@ReThink-Health-173860696282359](https://www.facebook.com/ReThink-Health-173860696282359)

ReThink Health is a signature initiative of The Rippel Foundation. Its goal is to establish new national norms and standards that create and sustain a viable system for significantly improved health, well-being, and care in the United States. ReThink Health works with change-makers across the country to create the conditions and capacities that are essential for reimagining and transforming regional health systems: broad stewardship, sound strategy, and sustainable financing. ReThink Health's three-part strategy includes (1) research and development projects to explore ideas at the frontiers of system change; (2) place-based partnerships to learn with others, test emerging ideas, and support development of exemplars; and (3) an influence agenda to accelerate the take-up of new practices.

### Wellville

 [wellville.net](http://wellville.net)  [@waytowellville](https://www.facebook.com/waytowellville)  
 [@WayToWellville](https://twitter.com/WayToWellville)

Wellville is the nonprofit sponsor of a 10-year project to improve health, well-being, and financial outcomes in five U.S. communities: Clatsop County, Ore.; Lake County, Calif.; Muskegon County, Mich.; North Hartford, Conn.; and Spartanburg, S.C. Founded by angel investor Esther Dyson, Wellville uses a startup approach to generate the kind of collaboration and investment that is needed to scale, spread, and sustain impact over time. Each Wellville community receives a dedicated coach who works with local leaders to target outcomes that matter to them, use data and stories to measure progress, and share what they learn along the way. Currently, Wellville communities are pursuing a range of initiatives, including pay-for-success financing of prenatal care and universal prekindergarten; reversing the epidemic of opioid overdoses; developing trauma-informed approaches to address adverse childhood experiences; and transforming food, economic, and social support systems to eliminate health inequities.





## MAKING CONNECTIONS: Optimizing Health for All

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The 2018 CJA National Conference will be held at the Westin Peachtree Plaza in lively downtown Atlanta, GA!

Visit <http://www.cjaonline.net/2018-conference/> for registration details.

	CJA Member	Non-CJA Member
Half Day Preconference Workshops	\$100	\$125
Early Bird (register by December 12, 2017)	\$395	\$495
Regular (register by February 7, 2018)	\$450	\$550
Late (after February 7 - Onsite)	\$475	\$575

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