



Take-Home Advice from Community Initiatives Improving Health & Equity



CJA Update: A Summary of Learnings From Catalysts February 2018

In 2015 Communities Joined in Action (CJA) launched this take-home advice series to accelerate local organizations' efforts toward achieving better health and well-being for their communities. This marks the sixth issue in this series, which is based on semiannual surveys of leaders from organizations catalyzing population health in order to provide usable information for communities.

This installment is the final in the series and serves as a capstone reflecting on the findings of the previous issues, unanswered questions about how to catalyze population health improvement, and insights for how these efforts will evolve in the coming years. By sharing these insights from catalyst leaders, CJA hopes to give communities useful perspectives and inspiration to accelerate achievement of their intended goals.



EMERGING THEMES FROM CATALYSTS' ADVICE

The following key themes emerged repeatedly in previous catalyst surveys. Catalysts advised that communities should:



We asked catalysts to reflect on these previous findings and, overall, catalysts maintained that this is “evergreen,” “sound advice” that “makes sense.”

“These all have the unmistakable ring of truth, so I wouldn’t argue with any of them, as these themes have formed a background understanding of how to do the work,” says Jeff Doemland, from the Wellville national team. “I also think it is important to recognize that anomalous phenomena lurk in the shadows. And these themes, if used as a map from which one never lifts his gaze, can keep us from seeing into these shadows.”

As Doemland, points out, there is no precise recipe that will yield improved population health. The key themes that emerged from catalysts’ advice are suggested as a guide — a mantra of sorts — but context and nuance matter. Catalysts offer some additional subtleties to supplement the key themes.

Be Specific

For one, catalysts caution against vague expression of goals and plans.

“Strong articulation of specific goals to promote health equity and population health are critical guiding stars,” advises Leslie Mikkelsen, from Community Center Health Homes. “Sometimes partnerships can get bogged down in details of procedures and structures. The goal is what you come back to over and over again to motivate and energize everyone.”

In addition to being a motivator, specific goals and plans can

increase external confidence in community endeavors.

“Having clear and detailed implementation plans increases funders’ confidence in the ability to execute and makes funders more likely to say ‘yes,’” says Esther Dyson, Wellville’s founder.

Keep Up the Spirit

“Short-term ‘wins’ — defined by the collaboration as milestones toward the goal — are also key for keeping momentum going,” says Mikkelsen.

But staying focused over the long term can be harder than anticipated.

“We have found that setting quarterly goals around these long-term commitments is useful to keep communities both focused and able to adapt to changes in the environment over time,” explains Paul Howard, from 100 Million Healthier Lives.

Buy-in to these goals is important at all levels of organizations.

“To ensure progress in this work, and ultimately continued funding, population health efforts must strategically align with organizational priorities,” says Debbie Chang, from Nemours Children’s Health System and 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(s).”

Organizations must remain both focused and adaptable, in part because there is a certain level of inherent unpredictability surrounding these efforts.

“What comes of building relationships and networks is often unexpected,” says Emma Sirois, from Health Care Without Harm. “So it is important to be open to the ideas that emerge and be attentive to the ripeness of the timing for moving forward.”

Don’t Be Afraid to Share and Listen

Learning is a two-way street. Catalysts are clear that organizational leaders must both share their experiences with others and learn from others’ experiences.

“Don’t hide your light under a bushel!” says Sirois. “Both the failures and successes of projects are important to share so that others can build on them to achieve greater impact.”

Relatedly, Dyson reminds organizational leaders that “transparency helps build trust and engagement” and to “be honest!” especially when measuring their own progress.

WE DON'T HAVE ALL OF THE ANSWERS, YET

“Everywhere I go, equity has become a major focus of population health improvement,” says Julie Willems Van Dijk, from County Health Rankings & Roadmaps. “This is a positive, and much-needed shift, and it raises important questions about how to catalyze equity-oriented population health improvement.”

For instance, Brenda Leath, from Pathways Community HUB Institute, asks, *“Who are the best partners or partnerships to help move the population health improvement efforts? And how can we enhance efforts to integrate prevention into population health improvement practice?”*

While recognizing that much progress has been made in the past several years, much remains to be done in order to achieve health and well-being for all. We asked catalysts what big, unanswered questions remain about how best to catalyze population health improvement. Responses centered around how to define value, measure multifaceted progress, share learnings, and sustain momentum over the long run.



How to Define the Value of Population Health

The big, unanswered question for Karen Minyard, from Bridging for Health, is how to align financial resources to support population health. More specifically, Jolie Ritzo, from the Network for Regional Healthcare Improvement, asks, *“Can we effectively shift payment from the health care setting to those that help keep people healthy, addressing the 80% of health and well-being that happens out of the clinical setting?”*

Emily Yu, from the BUILD Health Challenge, says this shift requires finding the most effective way to capture return on investment in efforts that address the upstream drivers of health.

Since addressing population health necessitates the inclusion of multisector partners, the way we speak about return on investment has to be clear to nonhealth partners.

“We are still searching for a common value proposition for multisector participation in population health,” explains Peter Eckart, from Data Across Sectors for Health. “Many of us believe intuitively that incorporating social determinant data is key to understanding and improving individual and community health, but quantifying that impact lies ahead of us.”

For instance, how does broad community investment translate to health improvement?

“We need to better understand the impact of community investment on population health,” says Colby Dailey, from the Build Healthy Places Network. “The connection between investing in communities and health improvement is there, and we need more models that make the case for holistic community development projects.”



What Are the Correct Measurements?

Community organizations and funded initiatives have a commitment to measuring results, or what Dyson, Wellville's founder, calls *“creating a culture of accountability.”*

There is an inherent tension between needing to measure as part of being accountable, and not quite having developed the best tools for measurement of outcomes that are the result of multiple factors and possibly multiple investments.

“The ability to adequately measure systemic impacts continues to be a challenge and limits the degree with which programs direct energy and funds to upstream strategies that have undefined measurement,” says Sirois, from Health Care Without Harm.

The lack of agreement regarding the ideal measurements can additionally limit agreement around goals.

“There are still uncertainties about what catalyzes population health improvement, which of those factors may be subject to change on what levels, how we should measure relative importance, and,” adds Eckart, from Data Across Sectors for Health, “if we can even develop a broad or basic consensus on what population health improvement means.”



Ensure Transmittal of Lessons Through Sharing

This uncertainty around the best means to measure return on investment and population health improvement progress makes it all the more important for initiatives to broadly share their experiences with the field.

“Share successes and failures,” urges Mikkelsen, from Community Center Health Homes, “so we can leverage action in individual communities to build momentum for national change.”

Sharing holds benefits for individual sites, too.

“How can we help ensure that no community acts in isolation, but rather can efficiently connect with other communities facing similar challenges?” asks Howard.



Sharing of lessons can speed design and implementation of plans, which can in turn help to sustain motivation and enthusiasm over the long term.

Chang, from *Moving Health Care Upstream*, says the sites that make the most significant progress toward achieving their primary goals and staying focused over the long run share several characteristics. These include:

- Using probing questions to guide understanding of barriers and accelerators and how to overcome or utilize both in achieving their goals
- Creating a reflective process of developing and revisiting goals as progress is made to ensure that the focus remains

on key strategies

- Encouraging themselves to constantly articulate what they are attempting to change, test the underlying assumptions about their theory of change, track the results of what they tried, and assess whether their assumptions were accurate
- Dedicating regular meeting time to bringing together the organizational members from both the leadership and ground levels to come to a shared understanding of how to move the plan forward

HOW WILL COMMUNITY HEALTH IMPROVEMENT EFFORTS EVOLVE?

A true focus on population health requires that health equity and social determinants of health play a central role in any community-focused initiative.

“I think over the next few years, policy and the need for nontraditional pathways to address chronic disease and health overall will be in the forefront of the national conversation,” says Yu, from the BUILD Health Challenge. “With large demographic and generational shifts on the horizon, there will be an inevitable crossroads where systemic changes are going to have to be made across sectors that will ultimately determine the future of health in America.”

Planning in Uncertain Times

Yet, given lingering uncertainty in the national health reform landscape, community-based organizations are faced with planning population health improvement initiatives in an environment laden without a clear policy backdrop.

“Depending on what happens in our national landscape, we may need to refocus efforts towards issues where we had made significant progress,” says Willems Van Dijk, from County Health Rankings & Roadmaps. For example, significant changes in the Affordable Care Act could again increase the number of uninsured people and thus require local solutions.

But despite this uncertainty, catalysts and communities remain steadfast in their goal of achieving their long-term vision for a healthier population.

“Despite the uncertainties of federal health policy, many community and health care organizations remain committed to the necessity

of addressing the social determinants of health,” says Mikkelsen. “Our vision is clear: both improving community conditions and access to quality primary care are anchors of a system of health — and critical for achieving health equity. Yet, this vision is still not the status quo. States will likely be the incubators of innovation in payments, incentives, and regulations in health care.”

“We expect the current perfect storm of decreased regulatory oversight and government support for health care, plus a continued increase in chronic disease and associated health care costs, will give rise to a new upstream focus on population health in which public and private sectors collaborate to address the social and environmental determinants of health,” predicts Sirois, from Health Care Without Harm. “We are already seeing examples of collaborations between hospitals, health insurance companies, local governments, and community-based organizations. In particular we see a unique attention paid to our physical environment.”

Cross-sector Partnership Will Expand

The catalysts unanimously predict that cross-sector collaboration will define the future of population health improvement efforts.

“We expect to see the current efforts led by public health and health care to be joined by leadership from other sectors as they further understand their work as part of a larger effort to improve health, well-being, and equity,” says Eckart, from Data Across Sectors for Health. “We have seen this begin with community development, housing, education, and even businesses and chambers of commerce. We are all learning each other’s language and becoming more familiar with and committed to our shared mission of human development and equity.”

Catalysts remain committed to facilitating these new partnerships.

“HealthDoers will continue to support communities and trusted conveners to intensify connections, collaboration, and exchange of what works,” says Ritzo, from the Network for Regional Healthcare Improvement. “We will support those that are forging connections between community and health care to create shared vision in a culture of health and health care affordability.”

And finally, these new collaboratives will need to have grassroots participation.

“Efforts will require the ability to look across issue-specific improvement work to systems-wide work,” predicts Howard, from 100 Million Healthier Lives. “Stakeholders new to population health efforts and those who have been working in population health improvement will need to adapt how they work. Effective partnerships for sustainable population health improvement also will require partnership with those who are most affected, the people who live, learn, work, play, and pray within specific communities, to be equal leaders and change makers — to realize the promise of true transformation in outcomes and ability to sustain those outcomes.”



New Funding Mechanisms

Innovations in partnerships and collaboration will not be enough to make meaningful improvements in population health, the catalysts warn. They say that new funding mechanisms must be coupled with on-the-ground efforts.

Catalysts believe that specific funding mechanisms that will receive increasing attention include value-based care and

financing, local wellness trusts, and health partnerships with community development financial institutions.

While there is often great excitement around initiating a groundbreaking financing innovation, catalysts caution that communities look at the sustainability of financing mechanisms.

“Program innovation needs to be coupled with sustainable financing mechanisms at the front end and throughout the process of development and implementation,” suggests Chang, from Moving Health Care Upstream. “Although many funded initiatives have created effective models to address chronic diseases 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 it also poses significant barriers to spreading the approach to other sites.”

Catalysts also warn that future funding mechanisms should consider support for building the capacity of nascent multisector collaborations.

“The initial investment in getting to know one another takes time and should not be overlooked,” says Eckart, from Data Across Sectors for Health. “Because we don’t have a lot of collaborative funding mechanisms to support staffing and capacity development for multiple partners in a collaboration, we often support existing power structures and, ironically, contribute to the destabilization of lower-capacity partners who may be crucial to building long-term community engagement.”

THE CATALYSTS

Bridging for Health: Improving Community Health Through Innovations in Financing is fostering connections among diverse stakeholders to align investments in order to improve population health outcomes. The Georgia Health Policy Center is the national coordinating center of the initiative, supported by the Robert Wood Johnson Foundation. 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.

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 tackled a wide range of issues, including improving low-income housing, reducing asthma rates, and enhancing access to fresh fruits and vegetables.

Build Healthy Places Network’s mission is to catalyze and support collaboration across the health and community development sectors. Build Healthy Places Network 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. Together, the community developers and health professionals can have a more powerful impact in improving the health and opportunity of low-income neighborhoods.



THE CATALYSTS (continued)

Community-Centered Health Homes, an initiative of the Prevention Institute, outlines an approach for community health centers to promote community health as they deliver high-quality medical services to individual patients. The research-informed recommendations provide steps to achieving improved outcomes through the population health intervention model including inquiry (collecting data and forming partnerships), analysis, and action.

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 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.

Health Care Without Harm's (HCWH's) mission is to transform health care worldwide so that it reduces its environmental footprint and becomes a community anchor for sustainability and a leader in the global movement for environmental health and justice. Motivated by concern about the unhealthy, inequitable, and unsustainable food system in the United States, and by the growing commitment by hospitals to respond to community health needs, HCWH has carried out a national research and resource development project to support hospital community benefit programming to promote healthy food access and healthier food environments. In March 2018, HCWH will launch an online playbook.

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. 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.

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.

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.

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. Wellville uses a startup approach to generate the kind of collaboration and investment that is needed to scale, spread, and sustain impact over time. 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; and transforming food, economic, and social support systems to eliminate health inequities.

Improving Health — Eliminating Disparities

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