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# ADVANCING THE PRACTICE: DISCOVERY PHASE

November 2019

## BACKGROUND

The Georgia Health Policy Center (GHPC) explored the domestic and global landscape of communities and organizations that are coinvesting in community health through local wellness funds. The discovery process included a literature review, a landscape scan, and a field survey:

- A literature review provided initial grounding and learning on key concepts and terms.
- Drawing on findings from the literature review and insight from Robert Wood Johnson Foundation (RWJF) and other catalysts with knowledge about local wellness funds, GHPC conducted a broad landscape scan for domestic and international funds investing in social determinants of health and special populations using information available in the public domain.
- GHPC developed and distributed a survey to (1) collect information about known funds, (2) surface new funds not visible in the public domain, and (3) identify sites interested in joining the community of practice excellence. The public survey has been sent to a list of 100 sites, broadly distributed through list serves and newsletters, and will remain open for the duration of the project. To date there have been 19 responses.
- As this comprehensive approach has uncovered active local wellness funds, it has become clear that communities do not always recognize their coinvestments as a local wellness fund because there is no standard definition or practice. Additionally, information about local wellness funds is not always publicly available.

## LOCAL WELLNESS FUND

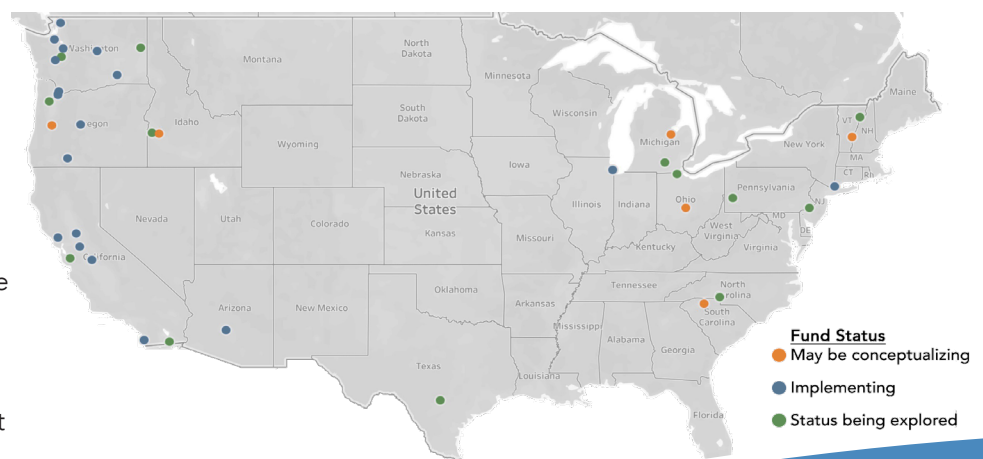
A locally controlled pool of funds created to support community well-being and clinical prevention efforts that improve population health outcomes and reduce health inequities. Sources of funding may be public and/or private.

## WHAT WE ARE FINDING

As part of an initiative to advance the practice of establishing wellness funds, GHPC, with funding from RWJF, has begun to document where wellness fund activity is occurring nationally. Given the great diversity of fund names and uses, it is difficult to build a comprehensive list from public records. While work to surface local wellness funds will continue throughout the learning journey, GHPC is prepared to offer a preliminary description of the funds and those in development that have been located.

During the search, 38 domestic efforts to establish local wellness funds were uncovered, along with lessons that can be applied from global funds. Among the 38 domestic efforts identified:

- More than two-thirds of local wellness funds (25) are located on the West Coast.
- The remaining local wellness funds are scattered nationally in the Southwest (2), Midwest (5), Northeast (4), and Southeast (2).



- GHPC confirmed 13 active local wellness funds and seven ongoing efforts to establish a fund.

**Sources** — State and federal policy influence local wellness fund development and sustainability:

- The majority of local wellness funds are occurring in places where funding mechanisms established by the Affordable Care Act (e.g., Delivery System Reform Incentive Payment Program, State Innovation Model, and waiver funds) are supporting the work of backbone organizations and their operations. Local wellness funds are seen as an opportunity for sustainability.
- Other common sources for blended funds include philanthropic funds and community benefit dollars.
- Local wellness funds targeting housing use loans and tax or accounting mechanisms, like low-income housing tax credits.

**Uses** — GHPC surfaced local wellness funds that invest in social determinants of health and wellness prevention. Many of these funds are broadly used to support a mixed portfolio of community and clinical prevention activities and interventions that may or may not be focused on a specific population. Community needs assessments and health improvement plans also seem to influence how some of these funds are initiated and used.

**Structure** — The structure of local wellness funds varies drastically:

- Among confirmed local wellness funds, the most common approach blends funds and relies on a decision-making group.
- Funds managed by foundations often offer an “alignment” option that allows donors to invest a specific amount to a specific cause.
- Engaged sectors most often include hospitals and health providers, foundations, banks and community development financial institutions, and nonprofit organizations focused on health and human services.

## INTERNATIONAL FINDINGS

- Sources include government, philanthropy, social impact bonds, replenishment funds, loans, corporate social responsibility, and corporate matching dollars.
- Pooled funds and trusts are used for health care, research and development, national prevention funds, and general humanitarian funds.
- Funds have clearly defined uses and strong governance structures that guide budgeting and disbursement of dollars.
- All funds grew from an identified need or gap. Some funds developed a structure and then sought funding, others developed to provide structure and management for existing funding streams.

## NEXT STEPS

GHPC will continue to search for domestic and global efforts developing or implementing local wellness funds and will invite all interested parties to participate in a community of practice. By the end of the year, GHPC will:

- Connect with communities that are actively establishing or managing local wellness funds to learn more than what is present in the public domain.
- Produce a formal report that synthesizes the discovery findings.
- Develop criteria and identify 10 sites to engage in the more in-depth and in-person learning based on a continuum of the attributes and input from the advisory council and RWJF.

### Fund Attributes to Consider

General Attributes	Sources	Uses	Structure
<ul style="list-style-type: none"> <li>• Development stage               <ul style="list-style-type: none"> <li>• Conceptualizing</li> <li>• Developing</li> <li>• Implementing</li> </ul> </li> <li>• Geography</li> <li>• Population size</li> </ul>	<ul style="list-style-type: none"> <li>• Primary contributors</li> <li>• Number of sources</li> <li>• Public or private</li> <li>• Funding sectors</li> <li>• Type of pooling</li> <li>• Amount in the fund</li> </ul>	<ul style="list-style-type: none"> <li>• Upstream versus downstream</li> <li>• Single versus multi-focus</li> <li>• Focus area(s)</li> <li>• Special populations</li> <li>• Outcome measures</li> </ul>	<ul style="list-style-type: none"> <li>• Backbone functions</li> <li>• Partnership               <ul style="list-style-type: none"> <li>• Number</li> <li>• Sectors represented</li> <li>• Agreements</li> </ul> </li> <li>• Administrative model</li> <li>• Third-party finance manager</li> </ul>

GHPC will also convene the community of practice in April 2020 in conjunction with the Aligning Systems for Health’s launch event.