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BRIDGING FOR HEALTH

*Improving Community Health Through
Innovations in Financing*

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BRIDGING FOR HEALTH LEADER INSIGHTS

Part 1: Collaboration and Population Health

We asked leaders from each of the four initial Bridging for Health sites for their reflections on what a successful collaboration looks like, obstacles to building this coalition, and what assets each of their communities currently have in place to improve population health.

The Makings of a Successful Collaboration

There is widespread consensus that improving conditions around non-traditional drivers of health—education, economic development, housing, and access to food—can improve population health. Often these are complex and long-standing issues in a community. No one organization and no one sector can address these challenges alone.

As communities plan to tackle these issues, they must assemble a team. Site leaders say that getting the right people to the table often builds upon established trusted relationships. Big community players bring valuable experience and power, but having buy in and participation across sectors is seen as equally important.



For example, as the Allegheny County Health Department in Pennsylvania continues its Bridging for Health work they have a wealth of community partners to draw from—two large health systems that are exploring population health through community benefit efforts, nonprofit organizations working on inequalities that previously may not have been viewed as health related, and county-wide efforts to address gaps between the rich and poor in the built environment.

Similarly Spartanburg South Carolina's Way to Wellville Challenge team includes city government, local health system, United Way, a university, and private foundation.

Looking for a broad coalition of partners recognizes the value of contributions from individuals and organizations that approach wellness from different angles.

"A successful collaborative includes representation from each community sector, organization or stakeholder impacted by the prospective decisions of the governance body," explains Jim Carlough,

Jr., president and CEO of Yamhill Community Care in Oregon. “Such a collaborative should be equipped with complementary knowledge, experience, skills and diversity to contribute to the mutual strategies, and desired outcomes.

Bringing multisector partners to the table is a first step, but site leaders say a successful collaboration requires partners to go further by sharing a common vision and goals. In the broadest sense, all participants are on the same page. Everybody wants to see healthier, thriving communities. But, each partner’s vision of what healthier is and how to achieve it may be different. So while site leaders cited a shared vision as essential to building a successful collaboration, they also all say framing the common goal and aligning partners around it is challenging in practice.

Challenges to Building the Ideal Coalition

“The biggest challenge to building a multisector collaboration is managing the organizations’ different priorities while creating a common vision,” says Elizabeth Lutz, executive director of the Bexar County Community Health Collaborative in Texas. Carlough adds that promoting the concept of stewardship can aid in recognizing and mitigating conflicts of interest among collaborative partners.

“It starts with a willingness to see things from another’s perspective,” says Karen Hacker, M.D., director of the Allegheny County Health Department.

“It is also about realizing that we are talking about the same issues, even though we may be using different terminology,” adds Lutz.

But developing a common language cannot be discounted, as it is part of building trust and establishing a shared vision among partners.

“Breaking down silos between the languages of each sector has taken more time and finesse than originally anticipated,” Hacker admits.

Site leaders agree building a successful collaborative requires planning to sustain the energy and passion over the long haul.

“It takes time. Relationships have to be built, trust has to be built, and egos have to go by the wayside,” says Kathy Dunleavy, president and CEO of the Mary Black Foundation in Spartanburg, S.C. “As you build relationships and leaders understand that the ultimate goal is not to see who gets credit—the ultimate goal is to get the results that are good for the community—then you have built a successful collaboration.”

Allegheny County Health Department, Pennsylvania

- Karen Hacker, M.D., director
- Casey Monroe, executive policy adviser

Bexar County Community Health Collaborative, Texas

- Elizabeth Lutz, executive director
- Robert Ferrer, board chair
- Charles Kight, past board chair

Mary Black Foundation, South Carolina

- Kathy Dunleavy, president and CEO

Yamhill Community Care, Oregon

- (Jim) James D. Carlough, Jr., president and CEO

Start Small, But Think Big

The scope of the work can be daunting.

“A big misconception is that you have to do it ‘big,’” says Kathy Dunleavy, president and CEO of the Mary Black Foundation in Spartanburg, S.C. “It seems that this may be a deterrent. Major financing of socioeconomic determinants includes major risk and complexity that many communities don’t want to or can’t tackle.”



Addressing housing, hunger, education, and job training requires resources and manpower beyond the capacity of any one organization or sector. But site leaders recognize that money alone cannot solve these long-festering issues. They see the building of the coalition as integrally related to developing innovative mechanisms for financing upstream drivers of health.

“I think that seeing financing socioeconomic determinants of health as a monolithic accomplishment is probably impossible,” says Karen Hacker, M.D., director of the Allegheny County Health Department. “Public health has a role to play, but so does economic development, jobs training, etc.”

Starting small can lower the risk and allow organizations to test a concept. The sum of many small efforts may lead to big gains in a community’s health.

“The largest misconception, in my opinion, is not understanding the value of prevention,” explains Jim Carlough, Jr., president and CEO of Yamhill Community Care in Oregon.

“In addressing socioeconomic determinants of health, this could be as simple as providing a pair of diabetic shoes rather than a wheelchair, or the air-conditioner for the elderly patient rather than the hospitalization. It is hard to measure the cost and impact of the avoidance and therefore harder for financiers to envision the benefits, or return on investment.”

Need for Money and a Shift in Mindset

There is no one financing mechanism that will meet the needs of all communities. Bridging for Health emphasizes innovating. The innovations may include implementing a known financing mechanism in a new setting, combining financing innovations in new ways, or creating new vehicles to meet the local context.

“Every community is different so, while it is important to talk to and learn from others, make sure you design your work in a way that’s right for your community,” says Dunleavy. “As you plan your work, dig down and look for the root problems. At times, we wanted to jump right into a solution and realized we had more questions to ask.”

Money alone cannot single handedly tackle inequities and transform population health. It takes the right partners with a willingness to devote the time and energy to shift their mindset, whether that is towards focusing on prevention, stewardship, or health equity.

“We want stakeholders to understand that it is not another short-term grant process,” says Elizabeth Lutz, executive director of the Bexar County Community Health Collaborative in Texas. “One ‘magic bullet’ would be for people to understand that if we invest now, it can translate into positive long-term health outcomes in our community.”

Site leaders agreed that health disparities didn’t happen overnight and the underlying causes of unhealthy communities cannot be solved quickly either.

“The health equity lens would be a wonderful ‘magic bullet.’ It is hard to celebrate that infant mortality rates are down when the disparity between black and white is significant,” says Dunleavy. “We must set our sight on the ultimate goal, celebrate the small, incremental improvements, and keep at it.”

The work communities are undertaking as part of Bridging for Health is not easy. While health transformation may start small and take longer than desired, Hacker admits, “This process has helped us dream bigger.”

About Bridging for Health

Many national efforts are underway to encourage communities to explore novel mechanisms to fund initiatives targeting the upstream drivers of health and wellness. Bridging for Health: Improving Community Health Through Innovations in Financing, supported by the Robert Wood Johnson Foundation, takes a systemic approach to improving population health. It fosters connections among diverse stakeholders to align investments to target the upstream drivers of health that will ultimately improve population health outcomes. To accomplish this, Bridging for Health focuses on the linkages between three key areas—innovations in financing, collaboration, and health equity.

BRIDGING FOR HEALTH

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