Take-Home Advice from Community Initiatives Improving Health & Equity

Communities joint in action

Georgia Health Policy Center

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Thousands of communities are moving forward on their journeys to improve population health. Communities Joined in Action (CJA) strives to provide practical, take-home advice to accelerate local organizations’ efforts to achieve better health and well-being for their communities.

Thirteen leaders from national community health improvement initiatives offer advice to local collaboratives on how to achieve greater health equity and how to avoid some common pitfalls in the areas of establishing common goals, building trusted relationships, and financing population health. CJA hopes these insights will provide useful perspectives to accelerate achievement toward improved health and health equity in communities across the country.
100 Million Healthier Lives

100 Million Healthier Lives, convened by the Institute for Healthcare Improvement, is an unprecedented collaboration of change agents across sectors who are pursuing 100 million people living healthier lives by 2020. The initiative aims to fundamentally transform the way the world thinks and acts to improve health, well-being, and equity. It offers simple, powerful tools to measure the overall health and well-being of people and places and to identify indicators tailored to local context and improvement focus.

Shannon Welch, project director, on measuring outcomes: “I encourage collaboratives to be intentional about measuring the work — whose lives are getting better? We also need to ensure we are measuring equitably — not simply using our own desired measures (e.g., rates of chronic disease) but inviting the people whose lives we are trying to improve to tell us if their lives have gotten better. We need to measure factors that are important to them.”

Alignment of Governance and Leadership in Healthcare

The Governance Institute, in partnership with Stakeholder Health and the Public Health Institute, and with support from the Robert Wood Johnson Foundation, is implementing a national strategy to accelerate population health capacity among health systems. Alignment of Governance and Leadership in Healthcare (AGLH) recognizes that future success for hospitals and health systems will require a substantial expansion in focus, moving beyond the delivery of medical services to become community-engaged institutions and to work strategically with others to improve health. AGLH strives to increase knowledge and contribute to the acceleration of health care transformation in the field by documenting steps taken by hospitals and health systems to build population health capacity.

Kevin Barnett, senior investigator, Public Health Institute, on geography and health equity: “Keeping a regional frame is important to ensure attention to public policy development and larger jurisdictional decision-making. However, focus and align resources across sectors in census tracts (in urban areas) where there have been many decades of discriminatory business and lending practices.”

Bridging for Health

Bridging for Health: Improving Community Health Through Innovations in Financing is fostering connections among diverse stakeholders to align investments in health and equity. The Georgia Health Policy Center (GHPC) is the national coordinating center of the initiative, supported by the Robert Wood Johnson Foundation. GHPC supports selected sites in developing, evaluating, and sharing their efforts to innovatively fund initiatives targeting upstream drivers of health. With a total of seven sites across the nation, Bridging for Health is evaluating how collaboratives move through the innovation cycle — by assessing what works, for whom, and under what circumstances.

Karen Minyard, CEO, Georgia Health Policy Center, on financing population health: “Communities must figure out how to fund initiatives targeting the upstream drivers of health and health equity. Increasingly, the ability to leverage and coordinate various funding streams is seen as a key strategy for financial sustainability of population health improvement efforts. Up-front capital investment can be blended and brokered from diverse sources, such as government resources, philanthropic grants, hospital community benefit dollars, community bank loans, or, ultimately, reinvestment of shared savings generated as a result of program success.”

CJA — Communities Joined in Action

Communities Joined in Action (CJA) is a national nonprofit membership organization. Members include health system leaders, philanthropists, researchers, 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 and collaboratives 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.

Linda Kinney, board chair, CJA, on establishing collective goals: “Collective goals work best when everyone understands how their organization’s goals are included in the collective goal. Goals don’t have to be exactly the same, but they have to advance everyone’s work in some way. How is this achieved? By gathering input from everyone and spending time on the process so the collective wisdom and needs of the group are represented.”

DASH — Data Across Sectors for Health

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 across sectors. 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.

Clare Tanner, co-director, on data and collaboration: “Building collaboration is hard. Sharing data requires whole new levels of collaboration. We have seen that poorly designed technology can be a barrier to collaboration. Not only are key decision-makers, leaders, and the folks who allocate resources required to have a shared vision, but now the IT people, the data analysts, and the front-line staff and providers also must be engaged. Technology and data systems that don’t live up to their promise can squander good will and/or put off partners who were reluctant anyway.”
Jonathan Clarke, chief lending officer, on pitfalls to avoid: “Some pitfalls that collaboratives should try to avoid are having goals that are too broad and having too many funders at the table, which can increase the programmatic requirements and make implementation more difficult.”

NNPHI — National Network of Public Health Institutes
nnphi.org  @NNPHI_ORG

The National Network of Public Health Institutes (NNPHI) consists of more than 40 member public health institutes, 10 university-based regional training centers, and 40 affiliates. NNPHI’s mission is to support national public health system initiatives and strengthen public health institutes to promote multisector activities resulting in measurable improvements of public health structures, systems, and outcomes. We achieve this mission by working as a network of more than 8,000 subject-matter experts with multisector organizational partners across the nation. Our partners include community organizations, government agencies, health care systems, and businesses in advancing public health practice and improving population health. To improve population health, the network supports the public health workforce, promotes collaboration across sectors, and drives the field towards cutting-edge research and practice.

Vincent Lafronza, CEO, on the dangers of siloed work: “Siloed work has a low propensity for sustainability. It is easy to fall into a pattern of keeping programmatic efforts in silos that are defined by funders. We can attempt to avoid the siloed work pitfall by intentionally braiding the work so that as we implement programs, we bring to bear the resources and intellectual capacities of multiple programs, staff, and organizations.”

Nonprofit Finance Fund
nff.org  @nff_news

Nonprofit Finance Fund (NFF) advances missions and social progress in underserved communities through financing, consulting, partnerships, and knowledge-sharing. NFF is a leading community development financial institution managing over $329 million in assets. NFF helps mission-driven organizations connect money and program expertise to create impact. Working closely with thousands of nonprofits, social enterprises, funders, and investors, NFF understands the sector’s dynamic environment from both national and hyperlocal perspectives.

Jessica LaBarbera, chief business development officer, on the challenge of collective goals: “Avoid putting ‘me’ before ‘we.’ Collaboration requires looking at the collective good, which can be difficult for individual organizations grappling with their own opportunities and challenges. This can be avoided by clearly articulating the value of working collaboratively both for the collective and for individual participants, too.”

PhilanthropywoRx
philanthropyworx.com

PhilanthropywoRx is a consulting and partnering organization engaged in efforts on a local, regional, and national level to promote and implement better philanthropic practice — particularly at the convergence of community, field building, research, and grantmaking. PhilanthropywoRx was founded to fill a space in the philanthropic landscape and provide perspective on how foundation practice and community aspiration can better align and energize. PhilanthropywoRx helps grantmakers of all varieties — private and public — break down silos and self-imposed barriers that lead to underutilizing their human, financial, and intellectual capital.

Allen Smart, founder, on defining health equity: “Recognize that equity is not only represented outcomes framed by differences in race, ethnicity, gender, and sexual preference, but also encompasses the physically and developmentally disabled, as well as voices not heard because of class distinctions, economic status, history, and cultural disconnect. Think about everything that might be or has been lessening opportunity for health.”

Purpose Built Communities
purposebuiltcommunities.org  @PurposeBuiltCommunities  @PurposeBuiltCS

Purpose Build Communities offers expert leadership and consultation to break the cycle of intergenerational poverty through holistic community revitalization. By partnering with a local lead organization that serves as the community quarterback, Purpose Build Communities helps create vibrant new communities where everyone has the opportunity to thrive. Transforming struggling neighborhoods requires bringing together the vital components necessary for holistic community revitalization, including high-quality, mixed-income housing, an effective cradle-to-college education pipeline, and comprehensive community wellness resources.

Melissa Devereaux, vice president, on the role of leadership: “C-suite–level leadership plus dedicated staffing is required to really get things done. When meetings of a collaborative are not robust enough to keep the attention of the CEO level, you will lose steam, decisions won’t get made, and you won’t be able to move as fast as you need to. Finding the right balance of manager-level work and CEO-level engagement for decision-making will help make the work proceed more smoothly and more quickly.”
ReThink Health

ReThink Health is a signature initiative of The Rippel Foundation. 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 research and development projects to explore ideas at the frontiers of system change; place-based partnerships to learn with others, test emerging ideas, and support development of exemplars; and an influence agenda to accelerate the take-up of new practices.

Nina Burke, senior program associate, on vital conditions for health equity: “Vital conditions are those conditions we must put in place and safeguard in order to achieve health equity. Examples include humane housing, reliable transportation, and meaningful work and wealth. My advice is to develop a shared understanding of which of the vital conditions are most important in your community to advance health equity, and then move an action agenda forward on those vital conditions.”

RWJF Culture of Health Prize

The annual Robert Wood Johnson Foundation (RWJF) Culture of Health Prize competition recognizes communities that are bringing partners together around a shared commitment to health, opportunity, and equity. Prize criteria include defining health broadly; committing to sustainable systems changes and policy-oriented long-term solutions; creating conditions that give everyone a fair and just opportunity to reach their best possible health; harnessing the collective power of leaders, partners, and community members; securing and making the most of available resources; and measuring and sharing progress and results. The Prize is a collaboration between RWJF and the University of Wisconsin Population Health Institute.

Olivia Little, associate researcher and community improvement strategist, on relationships: “Successful collaborators leave their egos at the door. Building strong relationships and fostering authentic collaboration across community leaders, partners, and residents is crucial. This may involve additional time and challenging conversations but is necessary for truly advancing health equity.”

Wellville

Wellville is the nonprofit sponsor of a 10-year project to improve health, well-being, and financial outcomes in five U.S. communities. 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 adviser who works with local leaders to target locally selected outcomes, to use data and stories to measure progress, and to share what they learn. Wellville communities are pursuing a range of initiatives, including pay-for-success financing of prenatal care and universal pre-K; developing trauma-informed approaches to address adverse childhood experiences; and transforming food, economic, and social support systems to eliminate health inequities.

Jeff Doemland, CEO, on community partnership: “Too often, collective goals aren’t truly collective. When neighborhoods (e.g., the recipients of interventions) are included from the very beginning of the process (an artful dance in itself) the results are richer— maybe not what the collaborative planned or desired but maybe what the broader community most needs.”