BUILDING A CULTURE OF HEALTH – ARE WE THERE YET?

Healthy County La Crosse Summit 2015
April 17, 2015

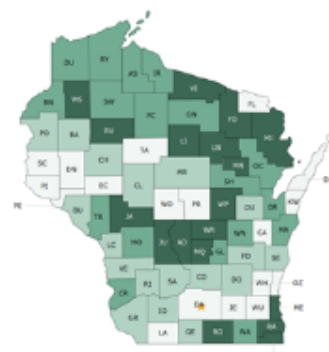Karen Timberlake
Director, UW Population Health Institute

University of Wisconsin
Population Health Institute
SCHOOL OF MEDICINE AND PUBLIC HEALTH

University of Wisconsin
Population Health Institute
SCHOOL OF MEDICINE AND PUBLIC HEALTH

2015 *County Health Rankings* Released!

2015 Health Outcomes - Wisconsin

Rank 1-18   Rank 19-36   Rank 37-54   Rank 55-72

ANNOUNCEMENTS

2015 *County Health Rankings* Released!

March 2015 eNews Catch-Up Briefing Report

E-Cigarettes: An Update on the Science April 15, 2015

Medicaid Provider Payments: Hospitals, Cost-Shifting, and Primary Care Services

2014 Wisconsin Health Trends: Progress Report Now Available

New website available with hospitals and health departments' priorities for improving Wisconsin's health

Wisconsin at Crossroads for Health Care Reform, Reports Study by Population Health Institute Author

EVALUATION RESEARCH

Adolescent Alcohol and Drug Involvement Scale (AADIS) / Adolescent Drug Involvement Scale (ADIS) Scale

Behavioral Health--Prevention and Treatment

Health Disparity-Related Programs

Infrastructure/Services

Health Promotion

Criminal Justice/Correctional Health

Program Evaluation Shared Service

HEALTH POLICY

Evidence-Based Health Policy Project

Cost, Coverage, & Access

Health Reform

Health Impact Assessment (HIA)

E-Health

Health System Performance

Selected Sources of Data and Policy Analysis

MOBILIZING ACTION TOWARD COMMUNITY HEALTH (MATCH)

County Health Rankings & Roadmaps

Healthy Wisconsin Leadership Institute

Making Wisconsin the Healthiest State

Population Health Service Fellowship

Recent Projects

What Works for Health

Wisconsin County Health Rankings

Challenges for Today

✓Be part of establishing a transformative vision for La Crosse – Building a Culture of Health

✓Commit to connecting your efforts through collective impact

✓Go deeper rather than broader – identify common root causes for health challenges and work across sectors, across initiatives, to address them

1. ESTABLISH A TRANSFORMATIVE VISION – A CULTURE OF HEALTH

BUILDING A CULTURE OF HEALTH
What does building a culture of health mean to you?

Culture of Health – Where Are We <u>Today</u>?

❑ Good health flourishes across geographic, demographic, and social sectors.

❑ Being healthy and staying healthy is valued by our entire society.

❑ Individuals and families have the means and the opportunity to make choices that lead to healthy lifestyles.

❑ Business, government, individuals, and organizations work together to foster healthy communities and lifestyles.

❑ Everyone has access to affordable, quality health care.

Culture of Health – Where Are We <u>Today</u>?

❑No one is excluded.

❑Health care is efficient and equitable.

❑The economy is less burdened by excessive and unwarranted health care spending.

❑The health of the population guides public and private decision making.

❑Everyone in our community understands that we are all in this together.

Culture of Health – How Will We Know?

- **Making Health a Shared Value**
  - People strongly agree that health is influenced by their peers and their communities
  - People indicate they have adequate social support from family and friends.

- **Fostering Cross-Sector Collaboration to Improve Well-Being**
  - Local health departments collaborate with community organizations and employers who promote better health in the workplace.

Culture of Health – How Will We Know?

- **Creating Healthier, More Equitable Communities,**
  - Grocery stores, farmers' markets, and safe sidewalks throughout communities
  - Children attend preschool
  - Housing is safe and affordable

- **Strengthening Integration of Health Services and Systems,**
  - Quality, efficiency, equity of health and healthcare systems

2. HARNESS COLLECTIVE IMPACT

You Are Solving Wicked Problems

- Difficult to define/many definitions

- Root causes and solutions span organizational and sector boundaries, responsibilities

- Solutions involve changing policy, as well as organizational and individual behavior

- Seemingly intractable; history of failed attempts

- No clear solution

- Solutions may create new problems
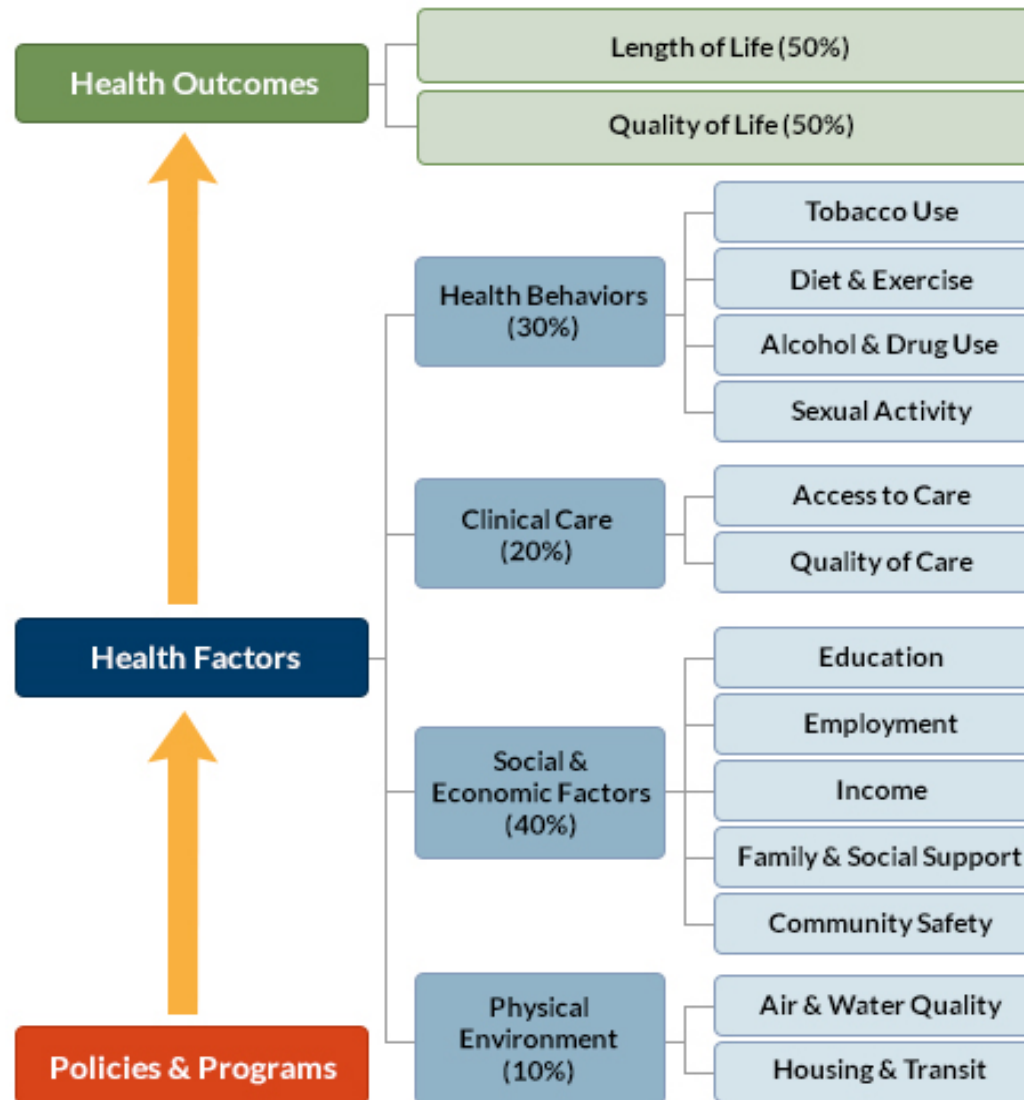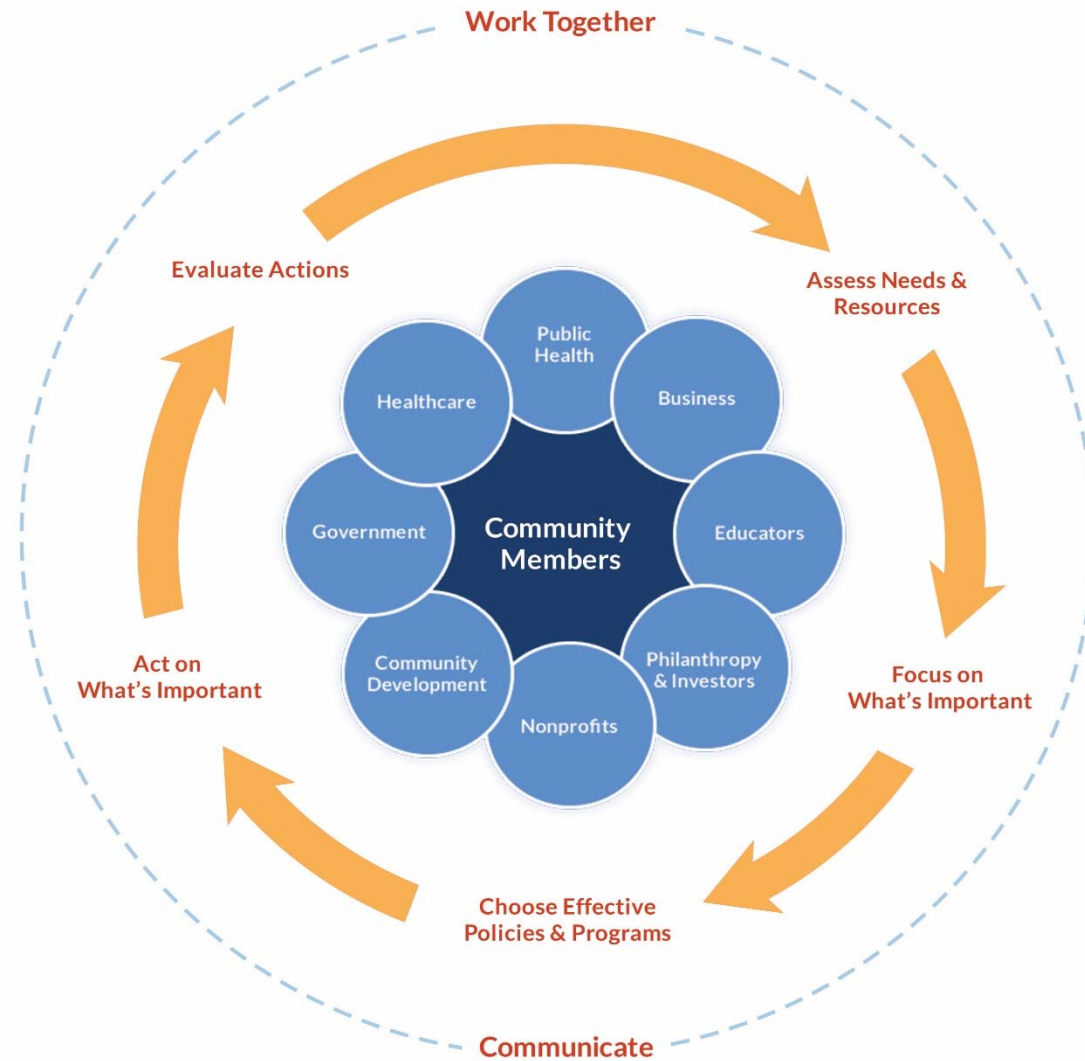
FOUNDATION OF ROADMAPS

▸ It takes everyone

▸ Move from data to evidence-informed action

▸ Focus across the health factors—including social and economic factors

▸ Policy, systems, and environmental change
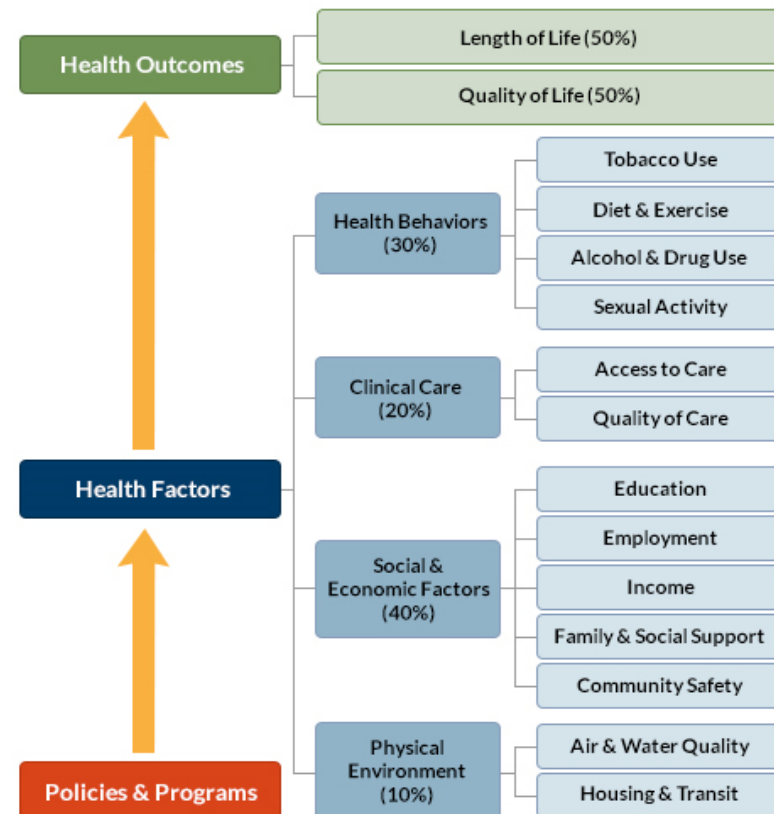
Why Is Collective Impact Taking Hold?

- Today's approach: isolated impact
  - Find and fund "a solution" embodied within a single organization
  - "Scale up"

- Doomed to fail: which one organization, even one sector, owns "injury and violence prevention?"

- Creates redundancy and waste

MADE IN AMERICA

Stanford Social Innovation Review • Winter 2011

The Five Conditions of Collective Impact

Common Agenda	All participants have a shared vision for change including a common understanding of the problem and a joint approach to solving it through agreed upon actions.
Shared Measurement	Collecting data and measuring results consistently across all participants ensures efforts remain aligned and participants hold each other accountable.
Mutually Reinforcing Activities	Participant activities must be differentiated while still being coordinated through a mutually reinforcing plan of action.
Continuous Communication	Consistent and open communication is needed across the many players to build trust, assure mutual objectives, and create common motivation.
Backbone Support	Creating and managing collective impact requires a separate organization(s) with staff and a specific set of skills to serve as the backbone for the entire initiative and coordinate participating organizations and agencies.

Phases of Collective Impact

Components for Success	PHASE I Initiate Action	PHASE II Organize for Impact	PHASE III Sustain Action and Impact
Governance and Infrastructure	Identify champions and form cross-sector group	Create infrastructure (backbone and processes)	Facilitate and refine
Strategic Planning	Map the landscape and use data to make case	Create common agenda (goals and strategy)	Support implementation (alignment to goals and strategies)
Community Involvement	Facilitate community outreach	Engage community and build public will	Continue engagement and conduct advocacy
Evaluation and Improvement	Analyze baseline data to identify key issues and gaps	Establish shared metrics (indicators, measurement, and approach)	Collect, track, and report progress (process to learn and improve)

Framing Questions

- **What** is the problem you are trying to solve?
- **Who** must be engaged?
  - Do you have *all* the right eyes on the problem?
- **How** should individuals and organizations work together?
  - Change happens at the "speed of trust" [Covey]
  - **Build** alignment around the agenda, competency in using data, committing to continuous learning, **before** picking solutions
- **How** will change happen?
  - Complex problems require adaptive solutions – focus attention, create the space for hard conversations, build engagement and alignment of effort

When Collective Impact Works, What Is Possible?

- Local individuals or organizations begin to **work together differently**, and find and adopt new solutions as a result

- A successful strategy that is **already working** locally, but is not systematically or broadly practiced, is **identified and spread** more widely

- Evidence-based policy, practice, movement, resource from **outside** the community is identified and applied

Brown County Community Partnership for Children:
Focus, Discipline, Leadership

- Healthy start and school readiness: 0 – 5
- Welcome Baby Visits
- Follow-up Assistance and Coordinated Direct Referrals
- In-home Visits
- Parenting Support Classes

Connecting the Dots:

When families and caregivers enable optimal early childhood development, then children will start school safe, healthy and ready to succeed.

When children start school ready to learn, they are more likely to read at grade level by third grade.

When children read at grade level by third grade, they are more likely to graduate from high school.

When children graduate from high school, they are more likely to go on to higher education, military service and/or enter the job market as taxpaying citizens.

Employable, invested, taxpaying citizens are critical to a vital economy and overall way of life.

http://www.browncountyunitedway.org/files/impact/CPC-2012-Mid-Year-Report.pdf

Community Partnership for Children

- **Common Agenda:** Ensure all children born and living in Brown County are safe, healthy, and prepared for school

- **Backbone:** United Way

- **Aligned Activities:** Hospitals, early childhood, home visiting – adopt evidence based practices

- **Communication:** Website, meetings, reports

- **Shared Measurement :** See their report:
  - http://www.browncountyunitedway.org/docs/2013%20midyear%20Report%20sept%202013..pdf

From CPC to Cradle to Career

"The Cradle to Career Civic Infrastructure discussed at the summit is not a program, but a way in which a community comes together around a vision and organizes itself to identify what gets results for children; improves and builds upon those efforts over time; and invests the community's resources differently to increase impact."

Community Leadership Council

Executive Team

Backbone Team

Outcomes Collaborative

Outcome Team #1
Outcome Team #2
Outcome Team #3
Outcome Team #4
Outcome Team #5
Outcome Team #6
Outcome Team #7
Outcome Team #8

Birth – 4 years old
5-18 years old
10-18 years old
18-24 years old
18-26 years old
5-26 years old

http://www.browncountyunitedway.org/cradletocareer/

DRAFT
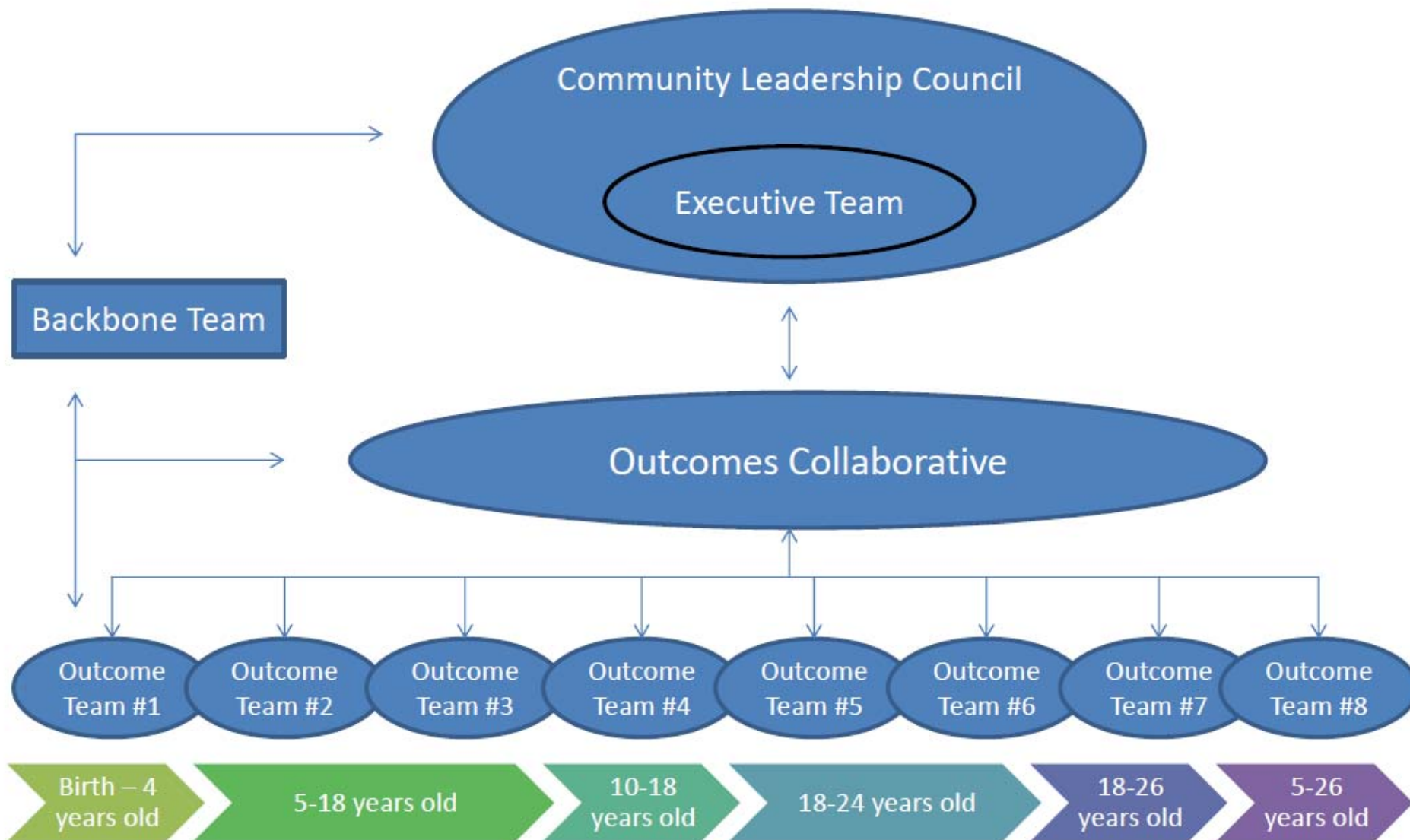
Editorial: Potential of community's 'collective impact' enormous

10:54 PM, Sep. 21, 2013 | 💬 0 Comments

🖨   ⊟ A A ⊞

FILED UNDER

GPG
GPG-Editorials

The group that gathered last week at Rock Garden for the Cradle to Career summit was a relative who's who for Green Bay and Brown County. Elected officials, business leaders ↗, educators, philanthropists and folks who earn a living helping others spent a full day learning about an exciting new initiative that is taking shape this fall.

3. GO DEEPER RATHER THAN BROADER - SOCIAL AND ECONOMIC DETERMINANTS AS COMMON ROOT CAUSES (AND SOURCE OF YOUR COMMON AGENDA?)

HEALTH PROBLEM ANALYSIS WORKSHEET

Health Problem

Risk Factor

Risk Factor

Direct Contributing Factor

Direct Contributing Factor

Direct Contributing Factor

Direct Contributing Factor

Direct Contributing Factor

Direct Contributing Factor

Indirect Contributing Factor

Indirect Contributing Factor

Indirect Contributing Factor

Indirect Contributing Factor

Indirect Contributing Factor

Indirect Contributing Factor

Concern

Influence

Control

Adapted from Stephen Covey

FIGURE 6-1 HealthPartners health driver analysis for priority setting.
SOURCE: Isham presentation, July 30, 2014, adapted from G. Isham and D. Zimmerman, presentation, HealthPartners Board of Directors Retreat, October 2010. Reprinted with permission.

April 16, 2010 - Version 4.0 Driver Diagram: *Partial Inventory of Related* **HealthPartners** *Initiatives*

Related HealthPartners Initiatives

Socioeconomic

Education

Early Childhood Development
- Nutritious Food/Drink
- Physical Activity
- Dental Health

Itasca Project efforts — Food Shelf programs
Pirates of Carrot Bean: — SHIP support
Breastfeeding video

Adult/Family Literacy
- Health Literacy
- English Proficiency

Health Literacy workshops — Project Read
Speaking Together

Employment

Trained Workforce
- Worker Availability/Readiness
- Cultural Competence

Itasca Project efforts — Tech Prep Consortium
Youth Volunteer Program — EBAN Experience
Employee education — Health Career Scholarships
Teachers in Healthcare Setting
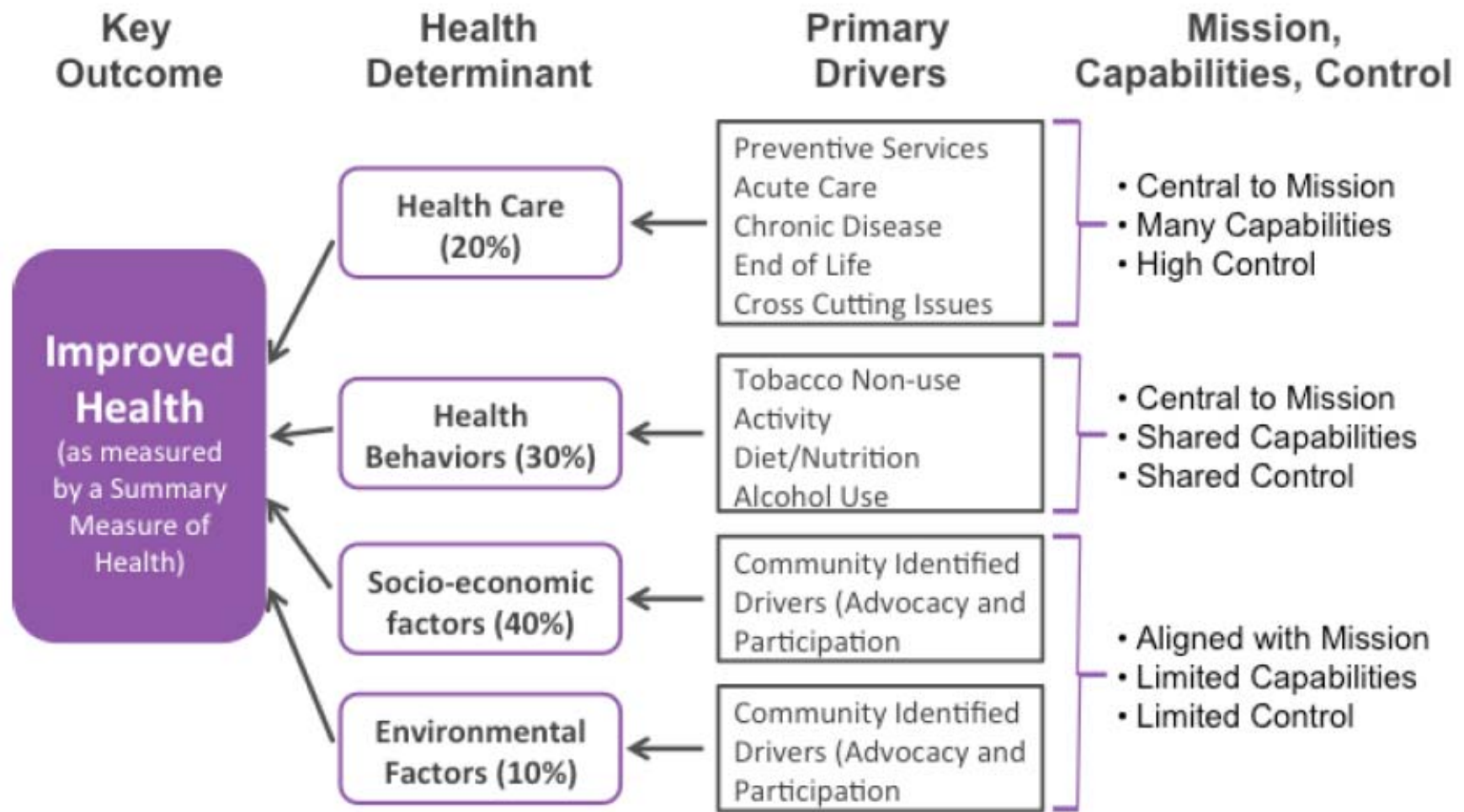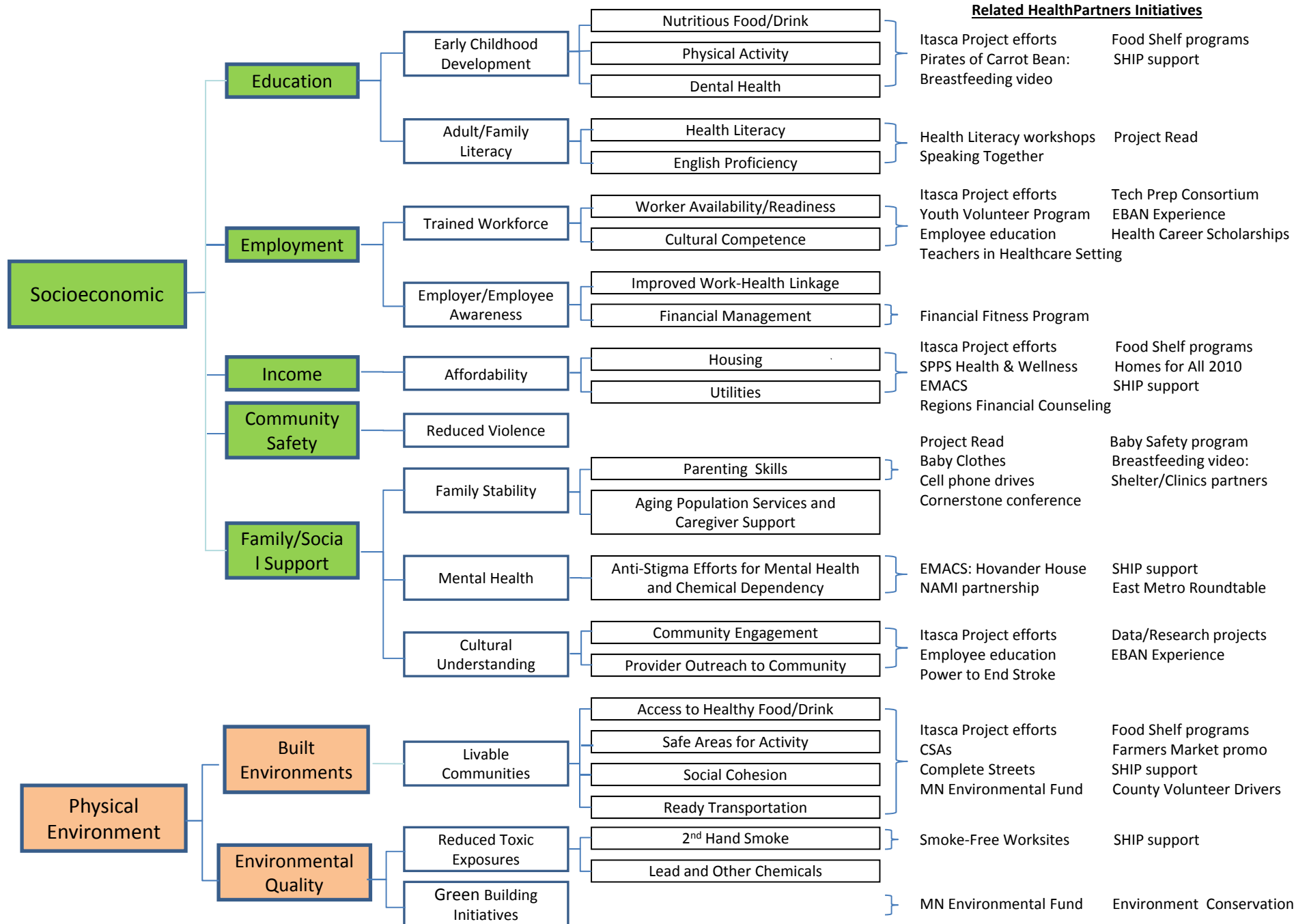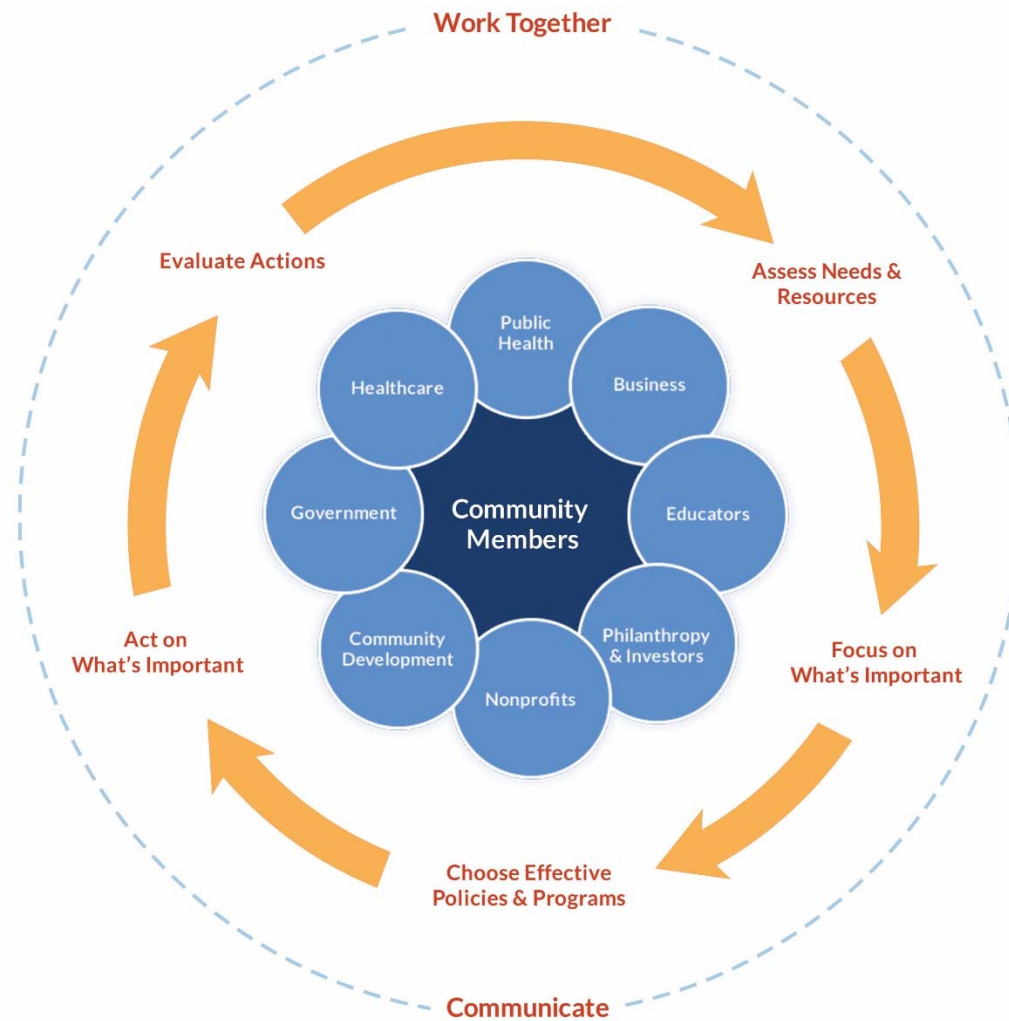
Employer/Employee Awareness
- Improved Work-Health Linkage
- Financial Management

Financial Fitness Program

Income

Affordability
- Housing
- Utilities

Itasca Project efforts — Food Shelf programs
SPPS Health & Wellness — Homes for All 2010
EMACS — SHIP support
Regions Financial Counseling

Community Safety
- Reduced Violence

Family/Social Support

Family Stability
- Parenting Skills
- Aging Population Services and Caregiver Support

Project Read — Baby Safety program
Baby Clothes — Breastfeeding video:
Cell phone drives — Shelter/Clinics partners
Cornerstone conference

Mental Health
- Anti-Stigma Efforts for Mental Health and Chemical Dependency

EMACS: Hovander House — SHIP support
NAMI partnership — East Metro Roundtable

Cultural Understanding
- Community Engagement
- Provider Outreach to Community

Itasca Project efforts — Data/Research projects
Employee education — EBAN Experience
Power to End Stroke

Physical Environment

Built Environments

Livable Communities
- Access to Healthy Food/Drink
- Safe Areas for Activity
- Social Cohesion
- Ready Transportation

Itasca Project efforts — Food Shelf programs
CSAs — Farmers Market promo
Complete Streets — SHIP support
MN Environmental Fund — County Volunteer Drivers

Environmental Quality

Reduced Toxic Exposures
- 2nd Hand Smoke
- Lead and Other Chemicals

Smoke-Free Worksites — SHIP support

Green Building Initiatives

MN Environmental Fund — Environment Conservation

How Will You Make This Real for All Sectors?

Better Practice - Approaches to Consider

Innovative Financing Vehicles				
Charitable hospital community benefit	For tax exemption, nonprofit hospitals must file report to IRS of their community benefit.[19] Activities that meet this requirement must improve community health or safety, meet at least one community benefit objective, and respond to a demonstrated community need (determined through health needs assessment conducted every 3 years).	Varies with funded intervention	Low to moderate risk.	As ACA coverage for uninsured rises, charity care should decrease, freeing resources for non-clinical investment.
Pay for success or social impact bond	Government agrees to pay an organization for an intervention if it meets specific, measurable goals in a set time.[34] Organization secures funding from investor(s) to cover program costs and providers. Third-party evaluator assesses outcomes. If intervention achieved goals, government pays the implementing organization, which repays its investors. If not, government does not pay; investors are not repaid with public funds.[35]	Medium	Moderate risk (with experience). To attract capital, organizations must mitigate risks and offer high financial returns.	Several states use social impact bonds; 12 others considering them.[36] Early involvement in health sector.
Community development financial institutions (CDFIs)	CDFIs attract public and private funds—including from the Treasury Department's CDFI Fund—to create economic opportunity for individuals and small businesses, quality affordable housing, and essential community services.[37] All are private sector, market driven, and locally controlled. Closely tied to the Community Reinvestment Act.[38]	Long	CDFIs reduce financial risks for projects.	About 1,000 nationwide, with most focusing in urban areas.
Program-related investments	Foundations invest in charitable activities that involve potential return on capital within a set time.[38] They provide flexible loans, loan guarantees, and equity investments in charitable organizations and in commercial ventures that have a charitable purpose. Capital resulting from the investment is recycled for further charitable investment.	Varies with funded intervention	Foundations use endowments to absorb risks that hinder private investors.	Few hundred U.S. foundations make program-related investments.
Prevention and wellness trusts	State or community raises a pool of money that is set aside for prevention and community health. Funds for trust often come from taxing insurers and hospitals, but can come from pooling foundation resources or redirecting existing government funds.[39]	Varies with funded intervention	Medium risk; mix of innovation and evidence-based interventions.	Model is the philosophy behind Prevention and Public Health Fund.

*Time needed to generate financial savings.

What's the Opportunity Here?
Alignment.

- This is a **unique** collaboration; no real equivalent in the state

- **Build on** existing efforts in community health to drive a focus on social/economic determinants of health
  - What are the upstream drivers of the health challenges you are focusing on?

- **Strengthen** your focus on policy, systems, environmental change – we cannot "program" our way out of this

- Many **potential roles** to play – shine a spotlight; convene; fund; catalyze other funding/engagement; participate at others' tables (not a bad option!)

- **Go deeper rather than broader – consider a focus on common root causes as your next phase of work**

THANK YOU AND GOOD LUCK!