Policy Leadership for Health Care Transformation

Formalizing our Commitment to Communities

Nemours

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Alignment of Governance and Leadership in Healthcare:
Building Momentum for Transformation

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Moving Healthcare Upstream (MHCU) is a collaborative effort co-led by the Nemours Children's Health System and the University of California, Los Angeles (UCLA) Center for Healthier Children, Families & Communities. MHCU was launched in 2014, with generous support from the Kresge Foundation.

Moving Health Care Upstream (MHCU) creates, tests, and disseminates strategies for producing large-scale, sustainable population health improvements. 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. While the lens is children and families, the work applies generally to communities, and learnings are available to the field at large at *movinghealthcareupstream.org*

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Introduction

Policy Leadership for Health Care Transformation was a year-long project of Nemours Children's Health System (Nemours) on behalf of the *Moving Health Care Upstream* initiative (MHCU) and the Public Health Institute (PHI) on behalf of the *Alignment of Governance and Leadership in Healthcare* (AGLH) initiative. Informed by their prior work, the organizations worked together throughout 2017 to identify specific institutional policies and civic engagement strategies that can be used by hospitals and health systems to codify, sustain, and scale practices that address Social Determinants of Health (SDOH)[1] in local communities. This paper synthesizes these exemplars using a framework of key principles and associated activities and policies required for system transformation that, in turn, can positively impact community health.

In addition to highlighting and organizing exemplars in the field, the project addresses the importance of this work in the current economic and policy[2] environment provides examples of how the strategies present in diverse environments, and highlights opportunities to align resources to build momentum in the field.

To inform this paper, Nemours and PHI engaged a sample of hospitals and health systems considered to be at the forefront of the upstream movement insofar as they have taken steps to formalize their commitment to transformation and have taken definitive action to engage diverse community stakeholders to address the SDOH. Given that many such leaders were already affiliated with MHCU and/or AGLH, the initial invitation list was developed from the membership of these two initiatives. Fifteen hospitals and health systems affiliated with Moving Health Care Upstream and/or the Alignment of Government and Leadership in Health Care initiative were invited to participate as Policy Leaders (i.e. experts; key informants). In addition, three hospitals and health systems not affiliated with MHCU or AGLH were invited based on the fact that the project leaders and/or advisors were aware of the health care transformation efforts of these entities, and that entities are widely considered to be national leaders in this space. All 18 invited hospitals and health systems agreed to participate. Participation included completion of an

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With support from the Robert Wood Johnson Foundation, a partnership was established with The Governance Institute, Public Health Institute, and Stakeholder Health to support the engagement of healthcare leaders and their board members to build momentum for healthcare transformation. The goal of the AGLH initiative is to accelerate transformation by building knowledge of place-based, population health improvement among board members of hospitals and health systems. For more information, click and visit: Alignment of Governance & Leadership in Healthcare (AGLH) Track

organizational self-assessment, a follow-up phone interview to collect qualitative data on activities reported in the assessment tool, attendance at an in-person meeting to review and discuss synthesized data from self-assessments, and as-needed emails and additional phone calls. An Advisory Group of experts in health care policy supported the project by giving input to its design and process, the list of invited hospitals and health systems, the processing of synthesizing and summarizing findings, and plans for disseminating findings. Please see **Appendix A** for lists of Policy Leaders, Advisory Group Members and Project Leadership.

This work reinforced the knowledge that without buy-in to transformation-oriented principles and practices from organizational leaders, progress cannot be made at the system level. It is clear that there are certain conditional elements that are central to advancement in system transformation-including the system's understanding and strategic adoption of key institutional characteristics necessary to achieve organizational policy change. In addition, changes to organizational functions and processes are inherent in the necessary shift from volume to value as transformation occurs.

Overview

A growing number of hospital and health system leaders support the shift in financial incentives that is at the core of what we refer to as the transformation of health care. That shift is moving the field from a system of rewards for filling beds and conducting procedures to one that emphasizes keeping people healthy and out of acute care facilities. These leaders recognize that moving in this direction represents a disruption of well-established patterns of behavior, supported by an array of interests, which have benefited from the fee-for-service (FFS) environment. Shifting the emphasis from acute care treatment to strategies that reduce preventable illness requires an ongoing balancing act. In an era of increasing transparency, hospitals and health systems must retain the commitment to provide the highest quality acute care services at the same time they make more substantial investments to address the drivers of poor health in communities.

In this environment of change, uncertainty, and high expectations, there are a plethora of notable transformation activities supported by hospitals and health systems. Examples range from care management interventions that reduce readmissions or preventable emergency room and inpatient utilization to targeted investments to improve access to healthy food and supportive housing in low-income communities. These are important examples that deserve recognition and replication in communities across the country. At the same time, there is a need to move beyond small scale projects and innovations, creating structures and functions that formalize commitment and incentivize desired behaviors at the individual, departmental, and institutional level. Taking these critically important steps within hospitals and health systems helps build the momentum to scale innovations and generalize practices. Of equal importance, it establishes a system of priorities, incentives, and metrics that serve as a roadmap from which to monitor progress in the transformation of our health care organizations.

In the public health arena, there is agreement that improvement in the aggregate health status outcomes of communities is important, but achievement of most of these targets will take years to achieve. Many hospitals have documented reduced preventable emergency room and inpatient utilization for specific cohorts of patients; accomplishments that represent definitive progress in building the capacity to assume financial risk for keeping people healthy and out of acute care settings. How do we connect the dots between focused efforts by hospitals to improve care for defined populations and improving health in geographic communities? It is becoming increasingly clear that structures and functions that create a system of positive reinforcement and rewards is needed within these large and complex organizations to facilitate and monitor progress in the transformation process. In this context, transformation also applies to how these organizations leverage and geographically focus their assets through more robust and ongoing engagement of diverse stakeholders in the community.

Health Care Transformation – Challenges and Opportunities

While the field is moving from FFS toward "value-based" health care delivery, the transition to date is slow moving, and varies widely in states, regions, and communities across the country. The Centers for Medicare and Medicaid Services (CMS) has contributed to this transition through a variety of measures, ranging from the rollout of readmissions penalties and bundling payments for procedures to initiatives such as Accountable Health Communities. At the same time, movement by payers and providers is highly variable, and driven by state policies and historical practices at the regional level. In most states, FFS remains the dominant form of payment for health care services.

Progress is being made in the formation of accountable care organizations (ACOs) and other value-based payment models, establishing limited risk contracts to serve defined populations. These early stage models are intended to build the capacity of provider organizations to provide care that is more efficient, effective, and proactive in addressing the symptoms, and increasingly, the drivers of poor health. Hospitals and provider groups receive financial rewards for meeting utilization and quality targets. For the immediate future, many of these efforts focus on improving clinical care management for these defined populations, strengthening data systems and implementing team-based care models.

Addressing the drivers of poor health in communities where many decades of policies and practices have resulted in high concentrations of poverty and a wide array of social problems is the challenge yet to be addressed in national health reform. Safety net providers in particular have struggled to innovate in an environment where limited resources for upstream investment are compounded a lack of recognition of the challenges to meet quality thresholds for reimbursement by CMS in serving Medicaid populations.

We are still in the early phases of the move to risk-based reimbursement, and most efforts are confounded by both a lack of experience among providers and payers. Definitive movement is also challenged by growing recognition of the powerful impact of the SDOH, and a reluctance by health care organizations to assume financial risk for structural factors in the larger economy. We have yet to come to grips as a society with the need to address core problems such livable wages, affordable housing, and access to healthy affordable food, early childhood education and care, and we are asking our health care organizations to assume financial risk for the downstream impacts of our lack of investment in these areas.

Making the Business Case

Hospitals and health systems are exploring new strategies to make the business case for addressing SDOH. As noted previously, some have documented cost reductions and reductions in high cost emergency visits and hospital stays for cohorts of patients who are uninsured or in managed care contracts through care coordination in clinical and community settings. A few are looking beyond health services to other forms of support. In Los Angeles, a project led by the **Los Angeles County Department of Health Services** to serve homeless populations documented overall savings that included investments in subsidized housing when factoring in savings in physical and behavioral health services and incarceration. Among the 18 health systems engaged in this initiative, **Bon Secours** and the **University of Vermont Medical Center** have both undertaken efforts to reduce preventable utilization through comprehensive strategies that integrate care coordination strategies with investments in supportive housing. These are important early experiments; **University of Vermont Medical Center** has already documented savings of $1 million per year due to reduced preventable utilization.[3]

On a larger scale, as part of the **State of Vermont's Blueprint for Health**, the SASH (Support and Services at Home) model has been implemented statewide. SASH harnesses the strength of social service agencies, community health providers and non-profit housing organizations to support approximately 5,000 Vermonters in aging at home. A recent study found that SASH participants demonstrated statistically significant lower growth in expenditure across categories including total Medicare expenditures, emergency room visits, hospital outpatient department visits, and primary care/specialist physician visits. This model was found to **decrease growth of Medicare expenses** by an estimated $1,536 per beneficiary per year, fully justifying the cost of the initiative.[4]

These early experiments will help lay the groundwork for a more fundamental transformation, not only in the way we deliver and finance health care, but in how our health systems help improve health and well-being in our communities. **Doing so will require the development of institutional policies that**

align the structures and functions in our organizations, and engagement in the civic and public policy arena at the local, state and regional level to leverage our resources and sustain positive outcomes.

Addressing the complex health problems driven by the SDOH in a manner that yields measurable outcomes will require alignment and strategic investment beyond our experience to date. Health systems have an important role to play, but they are only one of a broad spectrum of stakeholders who share ownership for improving health in our communities. **This paper will provide insights to where and how a group of health systems are taking the important steps to leverage, facilitate and support strategies to address the SDOH.**

Setting a Roadmap for Transformation

Actions taken by the 18 participating hospitals and health systems, and documented as part of the Policy Leadership for Healthcare Transformation initiative, are organized under two major categories internally-focused **Institutional Policy Strategies**, and externally-focused **Civic Engagement Strategies**. Each of these two **Foundational Pillars** include subcategories, or **Design Elements**. For Foundational Pillar #1- Institutional Policy Strategies, the Design Elements include: 1-1) Leadership and Board Engagement, 1-2) Accountability Mechanisms, and 1-3) Alignment Across Key Organizational Structures. For Foundational Pillar #2- Civic Engagement Strategies, the Design Elements include: 2-1) Partnership Infrastructure, and 2-2) Public Education and Policy Advocacy.

For the purpose of this initiative, **Institutional Policies** are defined as any action taken to formalize a function or structure at the individual, departmental, or organizational level to codify, scale and sustain desired practices. Examples in this document include, but are not limited to, the formation of population health[5] related board committees, creating new senior leadership positions, creating new expectations and accountabilities for existing leadership positions, and integrating functions across departments.

For the purpose of this initiative, **Civic Engagement Strategies** include actions to a) establish external structures for shared governance, alignment and focus of resources to maximize impact where health inequities are concentrated, and b) public education and policy advocacy at the local and regional level to address the SDOH. Examples in this document include, but are not limited to, the formation of regional health collaboratives, intersectoral partnerships, community investment funds, policy advocacy to enforce or establish housing quality standards, policy engagement to ensure access to care for immigrants, and the development of comprehensive "anchor institution" strategies.

A key step in the development of a roadmap for change in these highly complex organizations is to assess structures and functions in specific domains such as data systems, finance, and care re-design, as well as in the alignment of governance, management, and operations. A self-assessment tool was developed as part of the AGLH initiative to create a "safe space" for hospitals and health systems to determine where they are on the path to transformation. Having determined their relative progress in specific domains, organizations are better positioned to think in a more systematic and comprehensive manner about next steps in the change process. They are also better positioned to consider how the implementation of changes in one domain can reinforce or accelerate parallel reforms in others. For the purposes of this project, completion of the AGLH self-assessment tool by participating health systems served as a starting point for the identification of relevant institutional policies and civic engagement strategies.

The following pages describe the organizing framework developed within this project and provide a limited number of examples from the participant organizations. A full list of examples organized by pillar is included in Appendix B. Furthermore, many participating organizations generously provided sample policies and references created/used during their own transformation are included in **Appendix C**.

Foundational Pillar #1: Institutional Policies

Building internal capacity to transform hospitals and health systems requires not only the design of innovative projects and the adoption of shared values, but a careful examination of skills and competencies needed, and a determination of whether there are structures and functions in place to optimally unleash creative energy and productivity. A clear link between the policies and projects aimed at transformation and the core mission of the health care entity is essential. Attention to these elements serves as a template to systematically drive the transformation process.

Design Element 1-1: Leadership and Board Engagement

Making the fundamental shift from FFS and a focus on acute care service delivery to a fully integrated, community engaged health system requires substantial courage to move into unfamiliar territory and take on new risks. The legacy model of governance for hospitals and health systems tends to be focused on core fiduciary responsibilities, with member competencies in the legal, financial, and investment arenas. Historical oversight of broader functions is limited; when strategies were shared, they tended to be presented as "fait accompli" proposals for up or down votes. Today's rapidly changing environment requires a board with a more diverse set of competencies, an agenda that supports a deeper form of engagement, and most importantly, a higher risk tolerance. As these organizations assume increasing financial risk for keeping people healthy and out of acute care facilities, an understanding of how they work with others to address the SDOH is critically important.

Examples of Leadership and Board Engagement:

At Bon Secours health system, population and community health is a central component of the orientation for new board members. In 2006, they issued a formal strategic direction document that outlined a commitment to healthy communities, and progress is reviewed on an annual basis. Board and leadership retreats include external community leaders, and each local ministry selects specific SDOH and community partners to operationalize commitments.

Dignity Health established board level community health committees over a decade ago with written charters that outline the roles and responsibilities of the governing body and operations staff for community health, as well as criteria for priority setting and program planning. Additionally, Dignity Health's Hospital Community Board by-laws call for monitoring progress toward identified goals of programs and services designed to improve health in the community. Community health is a key element of the organizational strategic plan, and includes a dashboard for environmental sustainability.

Kaiser Permanente has established a board level Community Health Committee charged with monitoring and oversight of strategies and initiatives across the system. Similarly, Trinity Health has a board level Person-Centered Care Committee with Population/Community Health and Episodic Care Subcommittees to support the design, monitoring, and oversight of strategies and initiatives across the system.

The University of Vermont Medical Center has a Population Health and Quality Committee, with a charter that defines its purpose as providing oversight for population health management "in pursuit of the Triple Aim objectives." Nemours Children's Health System (Nemours) has an Operations and Quality Committee at the Board level that includes in its charge oversight for all population health initiatives.

Design Element 1-2: Accountability Mechanisms

Organizations signal their priorities for leaders by articulating responsibilities in job descriptions, allocating FTE, creating new senior leader positions, and in some cases, by establishing financial incentives to meet specific objectives. These accountability mechanisms help to "hard-wire" practices, gradually integrating them into the cultural DNA of an organization.

One of the most powerful accountability mechanisms to put in play is At Risk Compensation (ARC), which offer financial rewards in annual compensation packages for the achievement of specific measurable objectives. Just as value-based reimbursement offers financial rewards for meeting designated quality metrics ranging from reductions in utilization to improved patient experience, a growing number of health systems are establishing ARC metrics for demonstrated progress in addressing the SDOH.

Examples of Accountability Mechanisms:

Trinity Health, Bon Secours, Nemours and Nationwide Children's Hospital all have established ARC metrics tied to progress in addressing the SDOH. At Kaiser Permanente, every executive, across all functions, is required to include a SDOH goal in their Community Health strategies.

Many of the hospitals and health systems whose work informed this paper have established senior leadership positions with explicit responsibilities for addressing the SDOH as part of a larger population health strategy. At the University of Vermont Medical Center and Nemours, population health was put front and center through the hiring of a senior Vice President for Quality and Population Health and Senior Vice President of Policy and Prevention, respectively. Kaiser Permanente established a position of Chief Community Health Officer, reporting directly to the CEO, the term "community health" reflecting a trend among leading edge systems to move beyond the minimum compliance terminology of "community benefit" and elevating the centrality of place in building health and well-being. Similarly, Dignity Health has a system level Vice President for Community Health, and this position includes responsibility for community benefit functions and the management of an extensive investment portfolio in areas such as affordable housing, community clinics, and small business development.

Ensuring optimal alignment of practices throughout larger health systems also requires parallel investments in staffing and accountability mechanisms at the local and regional level. Dignity Health, Bon Secours, Kaiser Permanente, Centura, and NewYork-Presbyterian all have local positions with job descriptions that require advanced education in areas such as public health, demonstrated experience in community engagement, and expertise in areas such as survey design and program evaluation. Bon Secours Baltimore Health System has formalized their commitment to community engagement through the establishment of quarterly community forums to secure input from local residents on their views of the hospital and what is needed to improve health and well-being.

Trinity Health established a position of Regional Vice President for Health Equity and Health Policy in their Hartford, CT-based regional system, building in specific responsibilities for formulating institutional policies to support health equity, educating physicians and clinical staff, and leading public policy advocacy efforts at the regional level. Similarly, NewYork-Presbyterian has established a Vice President level position and several Director positions to set policies and practices, integrate community health and clinical care, and to engage public officials in the collaborative development of public policies. The Vice President is responsible for ensuring alignment between the community efforts and other hospital-based efforts.

Dignity Health extends a commitment to a focus on community health all the way to the senior leadership at the local and regional level, including language in hospital president job descriptions outlining their accountability for community benefit and serving the larger community.

Several of the hospitals and health systems involved in this initiative indicated that there are generalized expectations that senior leaders are engaged in civic affairs, and at least two are in the process of formalizing those expectations going forward.

ProMedica expects senior leaders at the system and regional level to serve on public and private sector boards in local and regional communities with an eye towards engagement, building expertise, and identifying opportunities for alignment between the hospital and external organizations. Trinity Health is exploring the development of a system policy establishing formal expectations of senior leaders at the regional level to serve on a variety of boards and advisory bodies, with an eye towards how best to leverage and align resources.

Design Element 1-3: Alignment Across Key Organizational Elements

Community benefit operations within hospitals have, for the most part, functioned as separate units, focusing on fulfillment of their organization's charitable purpose in a manner that is unconnected with their core business of health care delivery. As financial incentives shift from filling beds and conducting procedures to keeping people healthy and out of acute care facilities, an imperative to address the SDOH emerges – understanding the social, economic, and physical conditions that impact the health of all patients is necessary to ensure economic viability in the future.

In this context, it becomes more important to integrate functions across organizational departments-functions such as sharing data, designing new analyses, and aligning strategies to reduce readmissions, preventable emergency room and inpatient utilization. Progress in these areas is further extended through strategic engagement of diverse external stakeholders, leveraging internal resources and building the critical mass of investment and infrastructure development to produce measurable results in communities where health equities are concentrated. These more integrated approaches are essential to move from small scale, "one off" innovations, to institution-wide transformation in health care delivery.

Examples of Alignment Across Key Organizational Elements:

Wake Forest Baptist Health has established an explicit budget for community health investment and has undertaken an extensive GIS-based analysis of utilization patterns and the SDOH among public pay and uninsured patients. These analyses, the deployment of community health workers, and the development of in depth working relationships with the faith community are managed at the senior leadership level, and inform a strategic reallocation of resources to address the SDOH.

Bon Secours commitment to integration is reflected in their 2006 Strategic Direction document, outlining their commitment to the creation of healthy communities, and reflected in the development of integrated strategies that align care management for low income populations with aligned investments in areas such as affordable housing and healthy food financing. These strategies require GIS-based analyses of patient data, and collaboration between clinicians, program designers, and community partners. Similarly, Cincinnati Children's Hospital has integrated community health improvement into their organizational strategic plan, requiring quarterly reporting of progress to the CEO and other members of the senior leadership.

Kaiser Permanente has begun to retool their vertically integrated system to include more placed-based community health strategies, increasing investment in the measurement of progress in improving health at the community level (beyond individual KP members). Trinity Health established a three-way framework for their organizational strategic plan, including a focus on clinical care, community engagement (connecting the poor and vulnerable to wrap around services), and community transformation (policy, system, and environmental change strategies to improve health). Building an explicit commitment to a broader strategy to improve health in the community context in the strategic plan is essential to ensure the ongoing attention and focus across the leadership of these complex organizations.

Pillar #2: Civic Engagement Strategies

Effective strategies to address behavioral, environmental, and SDOH require the optimal mobilization of diverse stakeholders in our communities, both in the public and private sectors. Many of our hospitals across the country have built close working relationships with community stakeholders, producing meaningful impacts in local communities. These early experiences provide both insights and motivation to replicate and scale these efforts. We outline two design elements that are essential in order to move beyond small scale "one off" projects with limited impact; the development of a partnership infrastructure that leverages resources and supports ongoing engagement and strategic education and advocacy in the local and regional public policy arena.

Design Element 2-1: Partnership Infrastructure

Strategic partnerships thrive when stakeholders create a shared management and monitoring structure and work together to address targeted social determinants at scale. Hospitals and hospital systems are identifying innovative strategies to partner with the communities they serve and each approach is unique.

Examples of Partnership Infrastructure:

Focusing on the coordination of services, NewYork-Presbyterian's Regional Health Collaborative formed ongoing working relationships with community-based organizations and providers. Their model leverages community-based organization assets to address community needs, embedding community staff in medical practices to help screen and link with entitlement programs, and developing an information exchange across a variety of providers to ensure continuity of care. In 2015, NewYork-Presbyterian organized the collaborative under the Division of Community and Population Health. This reorganization ensures that programs are optimally aligned for maximum impact. The Regional Health Collaborative recently joined New York State's Delivery System Reform Incentive Payment (DSRIP) program, and now includes a focus on substance use treatment and linking with affordable housing and federally-qualified health centers.

Children's Health in Dallas created the Health and Wellness Alliance for Children representing more than 90 community organizations – spanning health, education, government, nonprofits and the faith community. The Health and Wellness Alliance employed the Collective Impact[6] model, bringing these organizations together with a common agenda and common measures to work on childhood asthma. Through their collective efforts, the Health and Wellness Alliance cut childhood asthma emergency department visits in half and held that rate for several years.

Trinity Health launched the Transforming Communities initiative in 2016 and now has established community-governed partnership structures in seven communities across the country to focus on SDOH. They provide grants and investment dollars that combine the design of enhanced service networks with the development of local infrastructure such as affordable housing, commercial healthy food production, and small business development. At the regional level, Trinity Health New England established the Curtis T. Robinson Center for Health Equity, establishing a formal platform to engage stakeholders across sectors to build regional commitment to address inequities.

The University of Vermont Medical Center has built a regional partnership involving three health systems and seven public health agencies to scale and coordinate comprehensive strategies to improve health. The groundwork for the regional partnership was laid with alignment in prior community health assessments, and the recognition that more in depth and ongoing work was needed to produce measurable and sustainable results.

Nemours invests in a place-based[7] population health division of health and prevention services. In collaboration with state, local and community partners, the division is dedicated to helping children lead healthier lives. Nemours takes a population-oriented, multi-sector approach in Delaware, and builds on community strengths and resources, to make policy, system and environmental changes where children and families live, learn, play, worship, and seek healthcare with a commitment to working with partners to transform communities and health care delivery systems to improve population health.

When Catholic Health Initiatives was formed in 1996, an endowment was established as a catalyst for creating healthy communities. To date, over $77 million has been distributed through grants and low interest loans to community-based organizations in support of broad-based health improvement initiatives. Similarly, Cincinnati Children's Hospital recently established core supports for community partners in their learning network. These supports include quality improvement capability building and data management help. They have also established an $11.5 million fund specifically to support community development and capacity building[8] in the low-income neighborhood of Avondale.

In December 2015, ProMedica partnered with philanthropist Russell Ebeid to establish the Ebeid Institute for Population Health, whose mission is to improve access to healthy food, deliver nutritional education, and provide job training. The cornerstone of the Institute is a full-service grocery store that offers healthy affordable food to low-income neighborhoods in Toledo. In addition, Market on the Green's mobile market travels to area residencies and senior centers stocked with produce, fresh meat, dairy and local food products.

ProMedica also opened a Financial Opportunity Center that is jointly operated by local branches of the United Way and Local Initiatives Support Corporation (LISC), a national community development intermediary. It is also partnering with LISC to establish a $75-100-million loan pool for real estate, housing and business projects, plus $20 million in grants throughout ProMedica's service area. This partnership creates capital that otherwise would not be available.

Design Element 2-2: Public Education and Policy Advocacy

Often one of the largest employers in a community, hospitals and health systems are well positioned to build public knowledge and inform public policy development. The shift to value-based reimbursement creates an imperative for civic engagement; to build common understanding of the dynamic relationship between behavior, social and physical environment, and health. The motivation for engagement at the local and regional level has accelerated in response to continued uncertainty at the federal policy level. Leaders increasingly recognize the importance of engaging diverse stakeholders in communities, government, philanthropy, and other sectors to build common cause to address inequities in their communities.

Examples of Public Education and Policy Advocacy:

The Children's Mental Health Campaign (CMHC) at Boston Children's Hospital is a coalition of families, advocates, health care providers, educators, and consumers from across Massachusetts dedicated to comprehensive reform of the children's mental health system. The Campaign has driven significant policy change with the passage of three landmark laws aimed to improve identification and treatment, expand health insurance coverage and improve access to community-based treatment for children's mental health. Boston Children's Hospital also funded the launch of the New England Alliance for Children's Health (NEACH), a broad coalition of New England-based health care and child advocates, health care providers, legal experts, business leaders, and consumers dedicated to promoting access to high-quality, affordable health care for all children.

As noted previously, the leadership at ProMedica and Trinity Health engage in a broader strategy of civic engagement, including service on boards of United Ways, regional planning councils, and food policy councils. They also maintain relationships with public officials and associated bodies including city councils, and community and economic development agencies. Through this approach, senior leaders remain a part of the decision-making process and can advocate for policies that positively impact the health of community residents. For example, ProMedica has taken a strong stance to address lead paint poisoning of children by working with community stakeholders to help pass a Lead Safe Ordinance to ensure a primary care prevention approach that requires all rental properties (4 units or less) and in-home family daycare facilities to be lead-free.

The Root Cause Coalition, formed by ProMedica and the AARP Foundation in 2015, focuses on reversing and ending the systemic root causes of health inequities through cross-sector partnerships. The Coalition has grown to 47 national members that includes a diverse network of health plans, health systems, educational institutions, and national and community-based organizations

Cincinnati Children's Hospital works with their local community development agency, combining patient-utilization data and housing data to focus in on the SDOH-related factors and make the case for allocation of public sector resources. The strategic use of these data has enabled local public sector agencies to make the case for targeted allocations of funding from multiple sources, and assisted clinicians in making the case for internal investment in place-based care coordination strategies for children with asthma.

At Children's Health Dallas, attention to broader environmental factors led to the revelation that many multi-unit apartment complexes were not in compliance with existing ordinances. In the near term, a challenge was presented by a decision among some landowners to close down their apartment complexes, but a new, more comprehensive standard for health was established.

At Nemours, a focus on broader SDOH issues as part of an asthma initiative included working with leaders from the housing authority, the school system, other health care providers, Head Start and other planning and environmental groups. One of the key trigger reduction strategies is to reduce exposure to air emissions. To achieve this objective, Nemours and its partners identified specific areas where bus idling was prevalent in places where children spend time (neighborhoods, schools and child care) and met with bus fleet managers and directors to raise awareness of these issues, reinforce the role of the bus driver in improving the health of children, and garner commitments to continue to adhere to existing state policy.

In response to growing concerns about access to care for undocumented populations, Wake Forest Baptist Health launched a public education campaign that included the development and dissemination of sanctioned identification cards to streamline outpatient visits and ED admissions, engagement of law enforcement and immigration officials to clarify policy implementation strategies, and public convenings to build shared knowledge and confidence for those who may need services in the future.

Kaiser Permanente, Trinity Health, Bon Secours, and Catholic Health Initiatives are all providing leadership in the implementation of a comprehensive "anchor Institution"[9] approach, where all aspects of internal operations and external engagement are taken into consideration as means to improve health and well-being. Areas of focus range from strategies to shift procurement of goods and services to local/regional vendors (with a focus on minority and/or women-owned businesses) and adjustment of hiring practices to emphasize local resident employment to actions that reduce negative environmental impact and advocacy and investment in livable wages, affordable housing, and healthy food financing.

Summary / Emerging Lessons

Formalizing commitments to improving health and well-being in communities is an important step to moving beyond small-scale innovations in the transformation of health care in the U.S. Experience to date suggests that there are a variety of both internal and external factors that play a role in accelerating and/or impeding the process.

Internally, having a senior leader as a champion is essential, but it is not sufficient if s/he does not have others in the senior leadership and/or on the board of trustees who share a similar vision. Building internal capacity requires a critical mass of support at both the governance and leadership level – a lack of understanding and support to address the SDOH in either arena make it difficult to proceed. Naturally, the financial health of the organization is a key factor; it is difficult to reallocate resources when there is no margin. Safety net hospitals typically have acute sensitivity to the challenges of low income communities, but lack the discretionary resources to make targeted resource allocations. Evidence points to work being accelerated when the work is part of a larger system that is in a position to cross-subsidize strategic investments.

Externally, it makes a difference if you are a Medicaid expansion state, or if you have payers who demonstrate an interest in exploring shared risk contracting. Key factors also include the relative commitment of your state in making investments in population health, which can serve as powerful catalysts for local/regional investment. Private philanthropy can also play an important role, particularly if there is an emphasis on alignment and focus of resources in communities where health inequities are concentrated.

The diversity of the U.S. health system, the public policy environment, and the communities served ensures that there are a variety of possible paths to achieve transformation. Organizations are all in different stages of the transformation process and may be advanced in some areas, and just getting started in others. Hospitals, hospital systems, and partner organizations can and should take action at many levels to advance this work. In doing so, however, it is critically important to give equal attention to how these commitments are formalized within organizations, and how to pursue robust civic engagement within communities.

References

1 The social determinants of health are the conditions in which people are born, grow, live, work and age. (World Health Organization)

2. A law, regulation, procedure, administrative action, incentive, or voluntary practice of governments and other institutions. The health of our nation is influenced by public health policies—examples include tobacco control policies and school nutrition policies for healthier meals in schools. (Centers for Disease Control and Prevention).

3. *The University of Vermont Medical Center Saves Over $1 Million through Award-winning Community Partnership*

4. *Study: Vermont Housing and Health Care Model Shown to Improve Senior Health and Cut Growth in Medicare Spending*

5. Health outcomes of a group of individuals including distribution of such outcomes within a group. These groups are often geographic populations such as nations or communities, but can also be other groups such as employees, ethnic groups, disabled persons, prisoners, or any other defined group. (Kindig, 2003)

6. A framework developed to tackle deeply entrenched and complex social problems. The process involves structured approach to facilitate collaboration across government, business, philanthropy, non-profit organizations and communities to achieve significant and lasting social change. For more information, click and visit: *FSG Reimagining Social Change*

7. A group of people who live in a place (e.g., a neighborhood, city, county, etc.). They share policies, structures and systems that are particular to the place they live. Example: Residents of Beaufort County, South Carolina (Institute of Healthcare Improvement: Pathways to Population Health Framework).

8. Methods for sharing knowledge, developing skills, and creating institutional systems and infrastructure. These methods may include training, technical consultation and services, information packaging and dissemination, and technology transfer activities (Centers for Disease Control and Prevention).

9. Nonprofit institutions with a long-established presence in a community that yield significant power to produce targeted community benefits. For more information click and visit: *Democracy Collaborative - Building Community Wealth*

Appendix A: Policy Leaders, Advisory Group Members and Project Leadership

Policy Leaders				
	Organization	Policy Leaders	Title	Affiliation for Invitation
1	Bon Secours - system level	Ed Gerardo	Director, Community Commitments and Social Investments	n/a*
2	Bon Secours - Baltimore	Sam Ross	Chief Executive Officer	n/a*
3	Boston Children's Hospital	Shari Nethersole	Executive Director	MHCU
3	Boston Children's Hospital	Ayesha Cammaerts	Manager of Program and Population Health, Office of Community Health	MHCU
4	Catholic Health Initiatives	Shannon Duval	President and Chief Development Officer for the National Catholic Health Initiatives Foundation (CHIF)	AGLH
4	Catholic Health Initiatives	Tim Moran	Vice President for Strategic Planning and Alignment	AGLH
5	Centura Health	James Corbett	Senior Vice President, Community Health Improvement and Values Integration	AGLH
5	Centura Health	Carl Patten	Director, Community Benefit	AGLH
6	Cincinnati Children's Hospital	Rob Khan	Associate Director, Community Health	MHCU
7	Dallas Children's Hospital	Peter Roberts	(Former) President, Population Health and Insurance Services	AGLH + MHCU
7	Dallas Children's Hospital	Cheryl McCarver	(Former) Vice President and Executive Director Health and Wellness Alliance	AGLH + MHCU
8	Dignity Health	Pablo Bravo	Vice President, Community Health	AGLH
8	Dignity Health	Shelly Schlenker	Vice President, Public Policy	AGLH
8	Dignity Health	Rachelle Wenger	Director, Public Policy and Community Advocacy	AGLH
9	Kaiser Permanente	John Vu	Vice President, Strategy	n/a*
10	Nationwide Children's Hospital	Kelly Kelleher	Director, Center for Innovation in Pediatric Practice	MHCU
10	Nationwide Children's Hospital	Deanna Chisolm	Program Director	MHCU
10	Nationwide Children's Hospital	Stephen Cardamone	Medical Director, Partners for Kids	MHCU

*n/a – These hospitals / health systems are not formally affiliated with either Moving Health Care Upstream or the Alignment of Governance & Leadership in Healthcare initiative. Rather, they were invited based on the fact that project leaders and/or advisors were aware of their health care transformation efforts and that they are widely considered to be national leaders in this space.

Policy Leaders				
	Organization	Policy Leaders	Title	Affiliation for Invitation
11	Northeastern Vermont Regional Hospital	Paul Bengston	Chief Executive Officer	n/a*
12	New York Presbyterian	Dodi Meyers	Associate Director Community and Adolescent Health	MHCU
12	New York Presbyterian	Andres Nieto	Director of Community Health and Outreach	MHCU
13	ProMedica	Barb Petee	Chief Advocacy Officer	AGLH
14	Trinity Health- New England	Marcus McKinney	Vice President, Community Health	AGLH
15	Trinity Health-system level	Tonya Wells	Vice President, Public Policy/Advocacy	AGLH
16	University of Chicago Health System	Stacy Lindau	Director, Chicago Urban Health Initiative	MHCU
16	University of Chicago Health System	George Weyer	Associate Professor of Medicine	MHCU
16	University of Chicago Health System	Gillian Feldmeth	Special Projects Team Manager, The Lindau Lab at University of Chicago	MHCU
17	University of Vermont Medical Center	Penrose Jackson	Director, Community Health Improvement	AGLH
17	University of Vermont Medical Center	Stephen Leffler	Senior Vice President, Population Health and Quality	AGLH
18	Wake Forest Baptist	Richard Lord	Professor and Chair, Department of Family and Community Medicine	AGLH
18	Wake Forest Baptist	Jennifer Houlihan	Associate Vice-President, Population Health Management	AGLH

*n/a – These hospitals / health systems are not formally affiliated with either Moving Health Care Upstream or the Alignment of Governance & Leadership in Healthcare initiative. Rather, they were invited based on the fact that project leaders and/or advisors were aware of their health care transformation efforts and that they are widely considered to be national leaders in this space.

Advisory Group		
Name	**Organization**	**Title**
Joseph Betancourt	The Disparities Solutions Center, Massachusetts General Hospital	Director, The Disparities Solutions Center; Senior Scientist, Morgan Institute for Health Policy Center; Associate Professor of Medicine, Harvard Medical School; Director of Multicultural Education, Massachusetts General Hospital
J. Emilio Carrillo	Weill Cornell Medical College and the Disparities Solutions Center at Massachusetts General Hospital	Vice President, Community Health
Debbie Chang*	Nemours Children's Health System	Senior Vice President, Policy and Prevention
Anne DeBiasi	Trust for America's Health (TFAH)	Director of Policy Development
David Fukuzawa	The Kresge Foundation	Managing Director, Health and Human Services Programs
Allison Gertel-Rosenberg**	Nemours Children's Health System	Operational Vice President, National Prevention and Practice; National Office of Policy & Prevention
James Hester	Population Health Systems; Center for Medicare and Medicaid Innovation CMS	Principal, Population Health Systems; Former Director, Center for Medicare and Medicaid Innovation CMS
George Isham	Health Partners; University of Wisconsin	Senior Advisor, Health Partners; Former Executive Director, University Health Care, Inc.
Chris Kabel	The Kresge Foundation	Deputy Director, Health Programs
Karen Minyard	Georgia Health Policy Center; Andrew Young School of Policy Studies; Georgia State University	Executive Director
Jona Raasch	The Governance Institute	President
Soma Stout	Institute for Healthcare Improvement (IHI)	Executive External Lead for Health Improvement, Institute for Healthcare Improvement; Executive Lead, 100 Million Healthier Lives Leadership Team
Jeff Thompson	Gunderson Health	(Former) Chief Executive Officer

* Nemours' Principle investigator for the Moving Health Care Upstream initiative, through which the Policy Leadership for Health Care Transformation project was funded

** Nemours' Co-Principle investigator for the Moving Health Care Upstream initiative, through which the Policy Leadership for Health Care Transformation project was funded

Project Leadership- Nemours Children's Health System (on behalf of the Moving Health Care Upstream initiative)	
Name	**Title**
Denise Davis	Project Director, Moving Health Care Upstream; National Office of Policy & Prevention
Kate Blackburn	Manager of Prevention and Practice; National Office of Policy & Prevention

Project Leadership- Public Health Institute (on behalf of the Alignment of Governance & Leadership in Healthcare initiative)	
Name	**Title**
Kevin Barnett	Principal Investigator
Stephanie Sario	Program Manager

Appendix B: Examples from Participating Hospitals and Health Systems, by Pillar and Design Element

FOUNDATIONAL PILLAR #1: INSTITUTIONAL POLICY STRATEGIES

Design Element 1-1 Examples: Leadership and Board Engagement

At Bon Secours health system, population and community health is a central component of the orientation for new board members. In 2006, they issued a formal strategic direction document that outlined a commitment to healthy communities, and progress is reviewed on an annual basis. Board and leadership retreats include external community leaders, and each local ministry selects specific social determinants of health[1] (SDOH) and community partners to operationalize commitments.

Children's Health in Dallas – Working together, the Director of Population Health and the Chief Executive Officer at Children's Health in Dallas created the conditions necessary for success to transform asthma care in their community. By crafting a strategic plan and educating hospital executives about its value, the pair laid the groundwork for elevating the value of population health work. The passion and commitment from the hospital's leadership helped to build on the collective strength of their teams and the more than 15 other integrated clinical and community efforts resulting in a 49% decrease in the number of unique patients visiting Children's Health emergency departments with a primary clinical diagnosis of asthma.

Cincinnati Children's Hospital – After first building credibility within the community through their proven commitment to quality care and improved safety, leaders from Cincinnati Children's Hospital quickly realized that they could not do this work alone. In an effort to reach deeper into the community they formed All Children Thrive, a learning network which brings together a wide range of individuals including families, community, civic, faith leaders, educators, social service, health care providers, and researchers, to co-produce an environment where all children thrive. Their Quality Improvement courses, founded in 2016, teach teams who directly interact with families and children on how to accelerate improvement by utilizing Model for Improvement tools. None of this would have been possible without strong leaders moving the effort forward and bringing others along in the vision.

Dignity Health established board level community health committees over a decade ago, and have governing and administrative policies that outline the roles and responsibilities of the governing body and operations staff for community health, as well as criteria for priority setting and program planning. Additionally, Dignity Health's Hospital Community Board by-laws call for monitoring progress toward identified goals of programs and services designed to improve health in the community. Community health is a also key element of the organizational strategic plan, and includes a dashboard for environmental sustainability.

Kaiser Permanente has a board level Community Health Committee charged with monitoring and oversight of strategies and initiatives across the system. Trinity Health has a board level Person-Centered Care Committee with Population/Community Health and Episodic Care Subcommittees to support the design, monitoring, and oversight of strategies and initiatives across the system.

Nemours Children's Health System (Nemours) has an Operations and Quality Committee at the Board level that includes in its charge oversight for all population health initiatives.

NewYork-Presbyterian Hospital – Nearly three decades of transformational health work at NewYork-Presbyterian have culminated in the creation of a Division of Community and Population Health that provides the infrastructure needed to support and sustain important community efforts. Leaders formalized joint programs with community-based organizations, leveraging those community-based organization care management strategies, identifying others who could serve in more localized leadership roles, and developing systematic opportunities information exchange. Through all of those actions, a well articulated vision provided the overarching and guiding direction for the wide variety of players who are involved in patient care. As a result of the programmatic portfolio, thirty-day readmissions and average length-of-stay was reduced by 36.7 percent and 4.9 percent, respectively, concurrent with improved patient satisfaction scores.

The University of Vermont Medical Center has a Population Health and Quality Committee, with a charter that defines its purpose as providing oversight for population health management "in pursuit of the Triple Aim objectives."

Design Element 1-2 Examples: Accountability Mechanisms

Examples of Accountability through Staffing

Many of the PLHCT systems have also established senior leadership positions with explicit responsibilities for addressing the SDOH as part of a larger population health strategy.

Ensuring optimal alignment of practices throughout larger health systems also requires parallel investments in staffing and accountability mechanisms at the local and regional level. Bon Secours, Centura, Dignity Health, Kaiser Permanente, Nemours and NewYork-Presbyterian all have local positions with job descriptions that require advanced education in areas such as public health, demonstrated experience in community engagement, and expertise in areas such as survey design and program evaluation.

Bon Secours, Cincinnati Children's, Nemours Children's Health System, Nationwide Children's Hospital and Trinity Health all have established at-risk compensation metrics tied to progress in addressing the SDH.

Bon Secours Health System – Since its inception, Bon Secours Health System has been working to target a number of SDOH, including affordable housing, workforce development, financial literacy, child development, and GED programs. As an extension of their core commitment to build stronger, healthier communities, Bon Secours created Bon Secours Community Works, a stand-alone 501c3, with the distinct purpose to enrich West Baltimore communities with programs and services that contribute to the long-term economic and social viability of neighborhoods. This nonprofit organization extends the mission of Bon Secours to ensure residents have the healthy food, housing, jobs, recreation facilities, and health care services they need.

Dignity Health has a system level VP for Community Health, and this position includes responsibility for community benefit functions and the management of an extensive investment portfolio in areas such as affordable housing, community clinics, and small business development.

Dignity Health extends a commitment to a focus on community health all the way to the senior leadership at the local and regional level, including language in hospital president job descriptions outlining their accountability for community benefit and serving the larger community.

Kaiser Permanente established a position of Chief Community Health Officer, reporting directly to the CEO, the term "community health" reflecting a trend among leading edge systems to move beyond the minimum compliance terminology of "community benefit" and elevating the centrality of place in building health and well-being.

At **Kaiser Permanente** every executive is required to include a goal related to serving the Community Health strategy.

Nemours Children's Health System created a Senior Vice President of Policy and Prevention position as part of its efforts to institutionalize its commitment to population health.

NewYork-Presbyterian has established a vice president level position and several Director positions to set policies and practices, integrate community health and clinical care, and to engage public officials in the collaborative development of public policies. The VP is responsible for ensuring alignment between the community efforts with other Hospital-based efforts.

Trinity Health established a position of regional Vice President for health equity and health policy in their Hartford, CT-based regional system, building in specific responsibilities for formulating institutional policies to support health equity, educating physicians and clinical staff, and leading public policy advocacy efforts at the regional level.

University of Chicago Medical Center – The University of Chicago Medical Center has responded to community health needs, the expanded importance of of ambulatory care and shifting reimbursement pressures by adding two positions: Chief Clinical Transformation Officer and Ambulatory Chief Medical Officer. These senior leadership positions demonstrate to the hospital's board that that a long-term commitment is being made and that a designated hospital representative will work to protect the hospital's investments and financial resources.

University of Vermont Medical Center – The University of Vermont Medical Center put population health prevention front and center by creating a Senior Vice President for Quality and Population Health. This position is responsible for ensuring that population health improvement efforts continue in the long-term.

Additional Examples of Accountability Mechanisms (i.e. not related to staffing)

Bon Secours in Baltimore has formalized their commitment to community engagement through the establishment of quarterly community forums to secure input from local residents on their views of the hospital and what is needed to improve health and well-being.

Bon Secours Health System – Since its inception, Bon Secours Health System has been working to target a number of SDOH, including affordable housing, workforce development, financial literacy, child development, and GED programs. As an extension of their core commitment to build stronger, healthier communities, Bon Secours created **Bon Secours Community Works**, a stand-alone 501c3, with the distinct purpose to enrich West Baltimore communities with programs and services that contribute to the long-term economic and social viability of neighborhoods. This nonprofit organization extends the mission of Bon Secours to ensure residents have the healthy food, housing, jobs, recreation facilities, and health care services they need.

NewYork-Presbyterian Hospital – NewYork-Presbyterian has been developing community programs to address the SDOH including food insecurity, violence, depression, housing, and transportation since 2001. This integration of population health has resulted in a redesign of hospital administration structure, and the Division of Community and Population Health is now featured as one of the four major divisions in the organization. This restructuring has helped provide stronger support for population-based prevention efforts.

Northeastern Vermont Regional Hospital – The memorandum of understanding (MOU) – Caledonia and So. Essex Accountable Health Community - that guides the population health work at Northeastern Vermont Regional Hospital encompassing organizations whose work include housing, mental health, charitable food, poverty alleviation and elder care. The MOU is so rooted in these organizations that it has lived on despite changes in the leadership at three partner organizations.

ProMedica expects senior leaders at the system and regional level to serve on public and private sector boards in local and regional communities with an eye towards engagement, building expertise, and identifying opportunities for alignment between the hospital and external organizations.

Trinity Health is exploring the development of a system policy establishing formal expectations of senior leaders at the regional level to serve on a variety of boards and advisory bodies, with an eye towards how best to leverage and align resources.

Design Element 1-3 Examples: Alignment Across Key Organizational Elements

Bon Secours' commitment to integration is reflected in their 2006 Strategic Direction document, outlining their commitment to the creation of healthy communities, and reflected in the development of integrated strategies that align care management for low income populations with aligned investments in areas such as affordable housing and healthy food financing. These strategies require GIS-based analyses of patient data, and collaboration between clinicians, program designers, and community partners.

Boston Children's Hospital – The Board of Boston Children's Hospital Integrated Care Organization (CHICO) works to facilitate system-wide coordination with contracting and care coordination to address the health needs of the communities it serves. Over the last four years, CHICO has been systematically developing essential infrastructure to support population health management, allowing Boston Children's to move towards a full-function accountable care organization. As a result, they have increased capacity to manage risk-based patient populations and seen a reduction in duplicative efforts.

Cincinnati Children's Hospital has integrated community health improvement into their organizational strategic plan, requiring monthly reporting of progress to the CEO and other members of the senior leadership.

Kaiser Permanente has begun to retool their vertically integrated system to more placed-based community health strategies, increasing investment in measurement of progress in improving health at the community level (beyond individual KP members).

Nationwide Children's Hospital – Nationwide Children's Hospital (NCH) found that an organized approach to population health improvement provided clarity in direction, alignment and synergy between initiatives, and the strategic investment of funds. Although many well-intentioned physicians were running informal projects to address SDOH, not all projects were using evidence-based practices nor were they necessarily monitoring results. NCH launched an internal effort to collect these various projects and move them into a single portfolio, allowing for more effective management and growth. With this shift, NCH was able to scale interventions that worked and, ultimately, it was better positioned to look outside its clinical walls and participate in community-facing initiatives that served the needs of its families.

NewYork-Presbyterian Hospital – In 2015 New York Presbyterian Hospital organized the various efforts of its Ambulatory Care Network and community programs under the Division of Community and Population Health to allow the programs to continually address the needs of the community, while ensuring programs are optimally aligned for maximum impact. This Division, and its portfolio of programs, actively coordinates and collaborates with community-based organizations. The Hospital's Community Health Needs Assessment (repeated every three years) drives the focus of these collaborative efforts.

Northeastern Vermont Regional Hospital established complex care coordination protocols for their Community Health Team, which is made-up of health, human services, and community-based organizations. This team based care, which has been active since 2008, supports population health management across partner organizations.

Northeastern Vermont Regional Hospital established complex care coordination protocols for their Community Health Team, which is made-up of health, human services, and community-based organizations. This team based care, which has been active since 2008, supports population health management across partner organizations.

Trinity Health established a three-way framework for their organizational strategic plan, including a focus on clinical care, community engagement (connecting the poor and vulnerable to wrap around services), and community transformation (policy, system, and environmental change strategies to improve health). Building an explicit commitment to a broader strategy to improve health in the community context in the strategic plan is essential to ensure the ongoing attention and focus across the leadership of these complex organizations.

Trinity Health of New England – Trinity Health has formalized its social health care work through the creation of the Curtis T. Robinson Center for Health Equity, a formal platform from which all health equity work is supported and promoted.

Wake Forest Baptist Health has established an explicit budget for community health investment and has undertaken an extensive GIS-based analysis of utilization patterns and the SDOH among public pay and uninsured patients. These analyses, the deployment of community health workers, and the development of in depth working relationships with the faith community are managed at the senior leadership level, and inform a strategic reallocation of resources to address the SDOH.

FOUNDATIONAL PILLAR #2: CIVIC ENGAGEMENT STRATEGIES

Design Element 2-1 Examples: Partnership Infrastructure

Boston Children's Hospital – Through a Massachusetts Department of Public Health program called Determination of Need, as part of a major new building project, Boston Children's Hospital is required to commit five percent (5%) of the maximum capital expenditure to a Community Health Initiative. This translates into $53 million towards community partnerships and programs. In 2016, Boston Children's assembled a Community Advisory Committee to secure input from a wide-range of community residents, organizations, agencies and leaders who work closely with children and families and to better understand how these funds could be used to impact racial, ethnic, health and health care disparities. Making use of this feedback, the Community Advisory Committee identified four priority areas for funding and will use the funds to support evidence-based strategies that address community-identified needs in Greater Boston and statewide, providing funding to support and sustain partnerships.

When Catholic Health Initiatives was formed in 1996, an endowment was established as a catalyst for creating healthy communities. To date, over $77 million has been distributed through grants and low interest loans to community-based organizations in support of broad-based health improvement initiatives.

Children's Health in Dallas created the Health and Wellness Alliance for Children representing more than 90 community organizations—spanning health, education, government, nonprofits and the faith community. The Health and Wellness Alliance employed the Collective Impact[2] model, bringing these organizations together with a common agenda and common measures to work on childhood asthma. Through their collective efforts, the Health and Wellness Alliance cut childhood asthma emergency department visits in half and held that rate for several years.

Cincinnati Children's Hospital recently established core supports for community partners in their learning network. These supports include quality improvement capability building and data

management help. They have also established a $11.5 million fund specifically to support community development and capacity building[3] in the low income neighborhood of Avondale.

Cincinnati Children's Hospital – A broad coalition of several hundred participants from the community are working together with Cincinnati Children's Hospital in the All Children Thrive Network, whose vision is to help Cincinnati's children be the healthiest in the nation through community partnerships. The desired outcomes of this strategic partnership include: increasing the number of children thriving at age 5 with a healthy mind and body, increasing reading proficiency by the 3rd grade, reducing the disparity in annual hospital bed days in high risk neighborhoods, and reducing infant mortality. This multi-sector collaboration ensures that all efforts are action-oriented and focused on achieving shared results. By engaging with medical and social service providers, community organizations, and government agencies, All Children Thrive works to facilitate a transition from our current healthcare system, focused on reducing morbidity, to a system that instead emphasizes optimizing health and embracing cross-sector collaboration to promote a culture of health.

Nationwide Children's Hospital – The long-term funding strategy employed by Nationwide Children's Hospital (NCH) for its work targeting the SDOH is designed in a manner that supports partnership infrastructure. The strategy provides stability for the community-based organizations involved in their upstream work and helps to protect NCH's investments by ensuring that cost-effective, quality-improving strategies endure. Historically, this has meant limiting the grant money used to support projects. Instead, the hospital and its partner organizations underwrite population health funding decisions.

Nemours Children's Health System invests in a place-based[4] population health division of health and prevention services. In collaboration with state, local and community partners, the division is dedicated to helping children lead healthier lives. Nemours takes a population-oriented, multi-sector approach in Delaware, and builds on community strengths and resources, to make policy, system and environmental changes where children and families live, learn, play, worship, and seek healthcare with a commitment to working with partners to transform communities and health care delivery systems to improve population health.

NewYork-Presbyterian Hospital – In 2014, NewYork-Presbyterian Hospital (NYP) created a regional collaborative model, under the New York State Delivery System Reform Incentive Payment (DSRIP) Program that brings the Hospital's patient-centered medical homes, community providers, and community-based organizations together to develop collective programming to improve the health of approximately 90,000 Medicaid beneficiaries. This collaborative (NYP Performing Provider System) leverages information systems and service collaborations to address the specific needs of patients in a tailored and coordinated fashion. The community collaborators have been critical to the success of the effort, because they have allowed NYP to move their work further upstream into the community, faster.

Focusing on the coordination of services, **NewYork-Presbyterian's** Division of Community and Population Health formed ongoing working relationships with community-based organizations and providers. Their model leverages community-based organization assets to address community needs, embedding community staff in medical practices to help screen and link with entitlement programs, and developing information exchange across a variety of providers to ensure continuity of care. This Division was formed in 2015 to align three decades of community programming. This reorganization ensures that programs are optimally aligned for maximum impact. In 2014, these efforts were expanded as part of New York State's Delivery System Reform Incentive Payment (DSRIP) program, with an enhanced focus on the most psychosocially complex patients and the agencies that serve them.

Northeastern Vermont Regional Hospital has built partnerships involving multiple agencies whose work spans housing; mental health; access to healthy food, health care, and physical activity; and financial security. The memorandum of understanding that guides these relationships is so strong that it has lived on even as the leaders of three partner organizations have changed.

ProMedica established a local job-training program at the Institute to create a workforce pipeline that helps community residents gain health system employment. ProMedica's comprehensive community engagement plan includes creating a Community Advisory Committee with neighborhood stakeholders and establishing a Population Health Steering Team for the Institute.

In October 2017, ProMedica announced a $28.5-million gift from the family of Russell J. Ebeid to establish Ebeid Neighborhood Promise, an initiative that will significantly augment their community efforts, drive clinical integration through community intervention and establish a national research center. ProMedica has agreed to contribute $11.5 million and raise $10 million from other community partners. This demonstrates a long-term investment in the community and creates a national model for neighborhood revitalization.

The investment in the Ebeid Institute for Population Health served as a catalyst for other activity. Credit Adjustments, Inc. opened its first Toledo location (call center) on the third floor of the Institute, which will house up to 60 employees from Toledo's homeless population. Credit Adjustments is an accounts receivable management firm with a contract with the U.S. Department of Education and partners with different organizations in the community to address social issues.

Trinity Health launched the Transforming Communities initiative in 2016 and now has established community-governed partnership structures in 8 communities across the country to focus on the SDH, providing grants and investment dollars that combine the design of enhanced service networks with the development of local infrastructure such as affordable housing, commercial healthy food production, and small business development.

The University of Vermont Medical Center has built a regional partnership involving three health systems and seven public health agencies to scale and coordinate comprehensive strategies to improve health. The groundwork for the regional partnership was laid with alignment in prior community health assessments, and the recognition that more in depth and ongoing work was needed to produce measurable and sustainable results.

Design Element 2-2 Examples: Public Education and Policy Advocacy

The leadership at ProMedica and Trinity Health engage in a broader strategy through a range of civic activities including serving on key boards and councils, such as United Ways, regional planning councils, and food policy councils. They also maintain relationships with public officials and associated bodies including city councils, community and economic development agencies, parks and recreation. Through this approach, senior leaders remain a part of the decision-making process and can advocate for policies that positively impact the health of community residents. For example, ProMedica has taken a strong stance to address lead paint poisoning of children by working with community stakeholders to help pass a Lead Safe Ordinance to ensure a primary care prevention approach that requires all rental properties (4 units or less) and in-home family daycare facilities to be lead-free.

Bon Secours, Catholic Health Initiatives, Kaiser Permanente and Trinity Health are all providing leadership in the implementation of a comprehensive "anchor Institution"[5] approach, where all aspects of internal operations and external engagement are taken into consideration as means to improve health and well-being. Areas of focus range from strategies to shift procurement of goods and services to local/regional vendors (with a focus on minority and/or women-owned businesses) and adjustment of hiring practices to emphasize local resident employment to actions that reduce negative environmental impact and advocacy and investment in livable wages, affordable housing, and healthy food financing.

The Children's Mental Health Campaign (CMHC) at Boston Children's Hospital is a coalition of families, advocates, health care providers, educators, and consumers from across Massachusetts

dedicated to comprehensive reform of the children's mental health system. The Campaign has driven significant policy change with the passage of three landmark laws aimed to improve identification and treatment, expand health insurance coverage and improve access to community-based treatment for children's mental health. **Boston Children's Hospital** also funded the launch of the New England Alliance for Children's Health (NEACH), a broad coalition of New England-based health care and child advocates, health care providers, legal experts, business leaders, and consumers dedicated to promoting access to high-quality, affordable health care for all children.

When **Catholic Health Initiatives** was formed in 1996, an endowment was established as a catalyst for creating healthy communities. To date, over $77 million has been distributed through grants and low interest loans to community-based organizations in support of broad-based health improvement initiatives.

At **Children's Health Dallas**, attention to broader environmental factors led to the revelation that many multi-unit apartment complexes were not in compliance with existing ordinances. In the near term, a challenge was presented by a decision among some landowners to close down their apartment complexes, but a new, more comprehensive standard for health was established.

Cincinnati Children's Hospital works with their community development agency (LISC), mashing up patient-utilization data and housing data to focus in on the SDH related factors and make the case for allocation of public sector resources. The strategic use of these data have enabled agencies to make the case for targeted allocations of funding from multiple sources, and assisted clinicians in making the case for place-based care coordination strategies for children with asthma.

Nationwide Children's Hospital – At Nationwide Children's Hospital (NCH), the hospital's Board of Directors, concerned about the health of their community, charged the hospital to take action. To help facilitate this move toward non-clinical population health investment, internal champions worked with clinical leaders, public health experts, and government officials. In designing their population health plan, NCH intentionally aligned proposed projects with city-wide initiatives led by the Columbus Mayor's office to build symbiotic relationships with community leaders in both government and non-government sectors. With that moral and political capital, NCH built relationships that led to the partnerships they enjoy today. It is these partnerships that have made and continue to make NCH's population health model such a success.

At **Nemours**, a focus on broader SDH issues as part of an asthma initiative included working with leaders from the housing authority, the school system, other health care providers, Head Start and other planning and environmental groups. One of the key trigger reduction strategies is to reduce exposure to air emissions. To achieve this objective, Nemours and its partners identified specific areas where bus idling was prevalent in places where children spend time (neighborhoods, schools and child care) and met with bus fleet managers and directors to raise awareness of these issues, reinforce the role of the bus driver in improving the health of children, and garner commitments to continue to adhere to existing state policy.

The Root Cause Coalition, formed by **ProMedica** and the AARP Foundation in 2015, focuses on reversing and ending the systemic root causes of health inequities through cross-sector partnerships and building a platform for shared advocacy. The Coalition has grown to 47 national members that includes a diverse network of health plans, health systems, educational institutions, and national and community-based organizations.

Trinity Health – Senior leadership at Trinity Health engage in a broader strategy of population health work by serving on key boards and councils, including the United Ways, regional planning councils, and food policy councils. They also maintain relationships with public officials and associated bodies including city councils, community and economic development agencies, parks and recreation.

Through this approach, senior leaders remain a part of the decision-making process and can advocate for policies that positively impact the health of community residents.

In response to growing concerns about access to care for undocumented populations, **Wake Forest Baptist Health** launched a public education campaign that included the development and dissemination of sanctioned identification cards to streamline outpatient visits and ED admissions, engagement of law enforcement and immigration officials to clarify policy implementation strategies, and public convenings to build shared knowledge and confidence for those who may need services in the future.

References

1. The social determinants of health are the conditions in which people are born, grow, live, work and age. (World Health Organization)
2. A framework developed to tackle deeply entrenched and complex social problems. The process involves structured approach to facilitate collaboration across government, business, philanthropy, non-profit organizations and communities to achieve significant and lasting social change. For more information, click and visit: *FSG Reimagining Social Change*
3. Methods for sharing knowledge, developing skills, and creating institutional systems and infrastructure. These methods may include training, technical consultation and services, information packaging and dissemination, and technology transfer activities. (Centers for Disease Control and Prevention)
4. A group of people who live in a place (e.g., a neighborhood, city, county, etc.). They share policies, structures and systems that are particular to the place they live. Example: Residents of Beaufort County, South Carolina (IHI: Pathways to Population Health Framework)
5. Nonprofit institutions with a long-established presence in a community that yield significant power to produce targeted community benefits. For more information, click and visit: *Democracy Collaborative - Building Community Wealth*

Appendix C: Policies Shared by Participating Hospitals and Health Systems

Resource	Organization	Description
Build Healthier Communities: Strategic Direction	Bon Secours System Level	4 page document which outlines the strategic direction of the Bon Secours Health System in beginning its upstream work.
Job Description: Healthy Communities Director at Bon Secours	Bon Secours System Level	Healthy Communities Director Job Description for Bon Secours
Adult Re-Entry Coordinator Job Description: Bon Secours	Bon Secours Baltimore Health System	Adult Re-Entry Coordinator Job Description for Bon Secours Baltimore Health System
Baltimore Healthy Communities Initiative Infographic	Bon Secours Baltimore Health System	Poster describing the various Healthy Communities initiatives and events that Bon Secours Baltimore Health System participates in/hosts.
Community Open Forum Flier, Winter 2017	Bon Secours Baltimore Health System	Example flier advertising an open forum with Bon Secours Baltimore Health System CEO
Community Open Forum Flier, Summer 2017	Bon Secours Baltimore Health System	Example flier advertising an open forum with Bon Secours Baltimore Health System CEO
Re-Entry Career Navigator Job Description: Bon Secours	Bon Secours Baltimore Health System	Re-Entry Career Navigator Job Description for Bon Secours Baltimore Health System
Training to Work 3 Program	Bon Secours Baltimore Health System	Slides describing the Training to Work 3 Program, a collaborative program between Bon Secours Baltimore Health System and Seedco.
Board Committee on Community Health: Description and Role	Boston Childrens	Description of the members, tasks, and role of the Boston Children's Board Committee on Community Health
Slides: Boston Children's Hospital Determination of Need Community Health Initiative Update	Boston Childrens	This slide presentation outlines the process for conducting the Community health needs assessment, presents some information learned, and details next steps for using the information gathered.
Centura Health Community Benefit Policy	Centura	Formal policy description for Centura Health's Community Benefit Policy. Includes the scope, statement, mission, and principles and procedures for engaging with this policy within the organization.
Draft Community Benefit Advisory Council Charter	Centura	Draft of Centura Health's Charter of the Community Benefit Advisory Council. Document includes responsibilities, membership, staff, and goals for the council.
Slides: All Children Thrive Learning Network	Cincinnati Children's Hospital	35 slide description of Cincinnati Children's Hospital's All Children Thrive Network.
Slides: ImpactU Course and Summary Results	Cincinnati Children's Hospital	Cincinnati Children's Hospital's Impact University Course description and summary of results
Hearst Health Award Video	Cincinnati Children's Hospital	Cincinnati Children's Hospital Medical Center was named a finalist of the 2018 Hearst Health Prize for their All Children Thrive (ACT) Learning Network program, which is discussed in this 2:20 minute video.
RWJF Culture of Health Video	Cincinnati Children's Hospital	Learn more about Cincinnati Children's Hospital Medical Center's All Children Thrive Learning Network Program in this 4:00 minute video.

Resource	Organization	Description
Article: Designing a Community-Based Population Health Model	Dallas Children's Hospital	Peer reviewed publication describing the creation of a community-based population health model. Original article published in 2017 in *Population Health Management*.
Committee Charter: East Valley Hospitals Community Benefit Board	Dignity Health	Sample charter for the Dignity Health Valley Hospital Community Benefit Committee.
Committee Charter: Mercy & Memorial Hospitals Community	Dignity Health	Sample charter for the Mercy & Memorial Hospital's Community Benefit Committee. Document describes the Committee's purpose, responsibilities, frequency of meeting, and decision making process.
Dignity Health: News Brief	Dignity Health	Health Care News Brief provided by Dignity Health's Corporate Communications describing the grants award on projects to address the social determinants of health.
Position Description: Vice President of Community Health	Dignity Health	Detailed job description for Dignity Health's Vice President of Community Health.
Northeastern Vermont Regional Hospital: Mission and Values	NE Vermont Regional Hospital	Northeastern Vermont Regional Hospital's missions and values statement.
NVRH 2017 Annual Report	NE Vermont Regional Hospital	The hospital's 2017 annual report on their efforts to move health care upstream. This document provides examples of how NVRH is working within the healthcare system and non health care partners to move upstream to meet their mission.
NVRH 2016 Annual Report	NE Vermont Regional Hospital	The hospital's 2016 annual report: Measures of Success. This document provides examples of how NVRH is using a three-part approach to provide better care, make people healthier, and lower costs.
GRAPHIC: Caledonia & So. Essex Accountable Health Community	NE Vermont Regional Hospital	A one-page graphic describing the ecosystem of community health partners among the Caledonia and So. Essex Accountable Health Community.
ARTICLE: Creating Effective Partnership between Community Based Organizations and Academic Health Care	NY Presbyterian	Featured topic article published in 2005 examining the effective strategies for community-academic partnerships and their use for training doctors.
Presentation: opportunities for partnerships in Community Pediatrics	NY Presbyterian	Powerpoint presentation which describes the Residency Training opportunities for building partnerships in Community Pediatrics.
EDITORIAL: Incorporating Community-Academic Partnerships into Graduate Medical Education	NY Presbyterian	Article published in 2007 in the John's Hopkins University Press describing the importance of community-academic partnerships into medical school education.
ARTICLE: Communities as Teachers	NY Presbyterian	Peer reviewed article published in Pediatrics in 2006 about the importance of communities as teachers and learning to deliver the culturally effective care in pediatrics.
Legislative Advocacy: Community Pediatrics Training	NY Presbyterian	One page description of the Community Pediatrics Training at Columbia University Children's Hospital of New York.

Resource	Organization	Description
GRAPHIC: CHWB Proposed ARC Goals	Trinity Health	A graphic description of Trinity Health's Community Health and Well Being At-Risk Compensation Goals for Clinical Services and their Community Transformation Portfolio.
GRAPHIC: Strategic Initiatives Mapping for Trinity Health	Trinity Health	This graphic provides a clear visual link Trinity Health's strategic areas and initiatives to specific objectives and outcome goals.
Socially Responsible Investing Advisory Group Charter	Trinity Health	A draft charter for Trinity Health's Socially Responsible Investing Advisory group. This document provides sample language for the purpose, membership, action, and responsibilities of the group.
Socially Responsible Investing Policy	Trinity Health	Draft policy language for Trinity Health's Socially Responsible Investing.
People Centered Care Committee Charter	Trinity Health	This document describes Trinity Health's People Centered Care Committee's purpose, reporting structure, organization and membership, and responsibilities.
Health & Housing Committee Notes	Trinity Health	Planning committee notes for the healthy housing and energy programs to improve health. The document provides notes about the topics of interest, opportunities, and ways to leverage funding systems.
GRAPHIC: Community Health & Well Being Dashboard Mapping	Trinity Health	Powerpoint slide graphic that maps Trinity Health's anchor missions through community and leadership engagement.
Commissioner Testimony: Innovations in Effective Compassion Conference	Trinity Health	Proceedings from the United States of America White House Faith-Based and Community Initiative's Innovation's in Effective Compassion Conference. June 27, 2008.
Saint Francis Center for Health Equity Brochure	Trinity Health	One page brochure describing the St. Francis Center for Health Equity's team, approach, and work.
Resolution to Pursue HealthCare Equity Goals	Trinity Health	1 page corporate resolution for the St. Francis Hospital and Medical Center's resolution to pursue healthcare equity goals.
DRAFT: 2016 Innovation Fund Application	Trinity Health	Narrative describing the Hartford Foundation for Public Giving's Innovation Planning Grant Application for funds to identify the appropriate partners, resources, and best practices to improve health outcomes for low and middle income families.
Supplier Diversity, Health Equity, and Inclusion Coordinator Job Description	Trinity Health NE	Job description for Trinity Health New England's Supplier Diversity, Health Equity, and Inclusion Coordinator.
Saint Francis Hospital 2016 Equity of Care Action Plan	Trinity Health NE	Action plan and outcome measure to implement a plan to address the gap in exclusive breastfeeding.
Award Announcement: Saint Frances Hospital Wins National Environmental Achievement Award	Trinity Health NE	Announcement recognizing St. Francis Hospital's National Environmental Achievement Award for the organization's work on mercury reduction, waste reduction, and pollution prevention.
Curtis D. Robinson Center for Health Equity Advisory Board for Community Health and Well Being	Trinity Health NE	Twenty-five slide deck describing the work of the Curtis T. Robinson's Center for Health Equity's Advisory Board for Community Health and Well Being.
Regional VP: Community Health & Chief Health Equity Officer	Trinity Health NE	Job description for Trinity Health New England's Vice President for Community Health & Chief Health Equity Officer.

Resource	Organization	Description
Primary Language Breakdown of Trinity Health's patients	Trinity Health NE	Distribution of primary languages spoken by Trinity Health's patients.
North Hartford's Triple Aim Collective	Trinity Health NE	Five page description of the North Hartford's Community Triple Aim Collective which is working to drive greater alignment of resources and collective action.
The Language Services Program at Saint Francis Care	Trinity Health NE	A 3-page document describing the Language Services Program at Saint Francis Care, a new program designed to provide interpretation and translation services at the hospital.
Health & Housing Committee Meeting Notes & Recommendations	Trinity Health NE	Memorandum: Health & Housing Planning Committee meeting notes and recommendations. June 13, 2017.
Hartford's North End Health and Well Being Priorities Update	Trinity Health NE	Graphic update of recent updates to Hartford North End's Health and Well Being priorities.
ARTICLE: 5 Strategies to Combat Unconscious Bias	Trinity Health NE	Two-page article describing 5 strategies for combating unconscious bias.
St. Francis Collaborative Diversity Team Handout	Trinity Health NE	One-page article describing the Saint Francis Care Diversity Collaborative Team.
Hartford, CT Baseline Housing and Health Landscape Data Gathering and Policy Opportunities	Trinity Health NE	Six-page tracked document for Hartford Connecticut's Health & Housing Planning Project.
FLIER: Curtis D. Robinson Golf & Tennis Outing	Trinity Health NE	Flier describing the Curtis D Robinson golf & tennis outing.
2017 Curtis D. Robinson Calendar of Community Outreach Events	Trinity Health NE	2017 Curtis D. Robinson community outreach events.
Sample Agenda: Board Meeting April 2017	Trinity Health NE	Agenda for the Curtis D. Robinson advisory board meeting, April 2016.
ARTICLE: Supplier Diversity at Saint Francis	Trinity Health NE	Article describing the strides that St. Francis has made in supplier diversity.
Equity of Care Award – Saint Francis Hospital & Medical Center	Trinity Health NE	To address health disparities and prioritize health equity Saint Francis Hospital and Medical Center created the Curtis D. Robinson Center for Health Equity, a platform that supports and leads health equity initiatives.
Flier: Swift Factory Community Development Project of North Hartford	Trinity Health NE	Two-page document describing the Swift Factory Project, bringing food business, health, and jobs for North Hartford.
5 year Clinical Goals for Trinity Health of New England	Trinity Health NE	Excel file documenting the 5 year clinical goals for Trinity Health New England.
GRAPHIC: Organizational Chart of the Curtis D. Robinson Center for Health Equity	Trinity Health NE	Organizational chart for the Community Health and Well Being group in the Curtis D. Robinson Center for Health Equity.

Resource	Organization	Description
Charter for Population Health and Quality Committee	University of Vermont (Vermont Medical Center)	Charter for Population Health and Quality Committee, which is a standing committee of the board of trustees of the University of Vermont Health Network. The Charter describes the purpose, responsibilities, composition, and process for the committee's work.
Draft Press Release: Vermont Housing and Health Care Model	University of Vermont (Vermont Medical Center)	Draft press release describing results from the second annual Support and Services at Home (SASH) study results which show reduction in growth in expenditures across a number of important categories.
SLIDES: Improving Access to Treatment for Substance Abuse Disorder	University of Vermont (Vermont Medical Center)	19 slide deck describing work in Vermont to improve access to treatment for substance abuse.
SLIDES: Housing is Healthcare: Collaborative Approaches to Combat Homelessness	University of Vermont (Vermont Medical Center)	19 slide deck describing work in Vermont to address poor health through housing and their collaborative approaches to addressing homeliness.
Community Benefit Committee Charter	University of Vermont (Vermont Medical Center)	The University of Vermont Medical Center's Community Benefit Community Health Needs Assessment Council Committee Charter. This document describes purpose, responsibilities, membership and process.
Job Description: Chief Quality and Population Health Officer	University of Vermont (Vermont Medical Center)	Job description for the Senior Vice President and Chief Quality and Population Health Officer at the University of Vermont Medical Center.
SLIDES: Burlington Service Area Community Health Team	University of Vermont (Vermont Medical Center)	18 slide deck describing the work happening in Vermont being done by Burlington's Community Health Team.

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