Sustainable Collaborations: Models for Success

**Beyond Medical Care: A Collaborative Approach to Improving Health Value**

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Multiple efforts are underway to improve health and bend the curve in terms of health care spending. However, health care system financing and payment has historically favored clinical care over community-based strategies, and has often failed to incentivize providers to support behavior change of patients or address community conditions. As a result, health care dollars are often spent on treating health problems that could have been prevented.

Over a two year period, the Health Policy Institute of Ohio (HPIO) convened a multi-stakeholder group including representatives from hospitals, insurers, public health, education, and state agencies, to develop the HPIO Health Value Dashboard. The Dashboard is the first ranking of its kind to measure states on the basis of “health value,” placing equal emphasis on population health outcomes and health care costs and providing a comprehensive look at the many factors impacting population health outcomes and health care costs, including evaluating a state’s social, economic and physical environments.

Through this multi-sector collaboration, the Dashboard was developed to be concise, visual and at-a-glance, include the most important indicators, and provide data in context to help guide decision making. The tool has catalyzed conversations across sectors around how to address the “upstream” factors that impact the health of our communities. As a component of the Dashboard work, HPIO also convened a workgroup, bringing together key stakeholders from public health and health care, to develop a consensus definition of population health that can be applied to both clinical and community-based settings.

This presentation will provide conference participants with an understanding that access to quality health care is necessary but not sufficient to achieving positive health outcomes and that the health of our communities can only be improved by taking a collaborative approach to addressing all the factors that impact health.

**Learning Objectives**

- Participants will appreciate the need for a multi-sector, collaborative approach to address the many factors contributing to health value including population health outcomes, health care costs, and other factors outside the health care system.
- Participants will be able to describe a process to measure and track progress across the many factors that impact health value.
- Participants will be able to identify the characteristics of population health strategies that can be implemented in clinical and community-based settings.
When Collaboration Meets Critical Need: Worcester, MA
John G. O’Brien, Jane and William Mosakowski Distinguished Professor of Higher Education, Mosakowski Institute for Public Enterprise
Zach Dyer, Chief of Community Health, Division of Public Health, City of Worcester
Monica E Lowell, Vice-President, UMass Memorial Health Care
Samantha Arsenault, Research Assistant, Mosakowski Institute for Public Enterprise

After the economic downturn of 2008, the Worcester Division of Public Health (DPH), serving the second largest city in New England with a population of 182,000 people, was decimated by budget cuts, reducing their staff to just 4 employees. This crisis forced the City Manager to approach hospital CEO, John G. O’Brien with the question of how a small health department with big needs could utilize and leverage partnerships to build capacity. This was the start of what is now known as the Worcester Academic Health Department (WAHD), formalized just two years ago with Clark University and now including UMass Memorial and Worcester State University the WAHD is a key system of academic and professional partnerships which functions to improve the health of the city by bridging academic discovery and public health practice. Their partnerships are based on equity, but not always equality, with each partner coming to the table with different areas of expertise and support. Through the collaboration of numerous community partners the capabilities of a small department and staff have been greatly extended. Most recently, sixteen students supported with stipends and faculty guidance spent the summer of 2015 working on five projects that would have otherwise not been completed by the DPH without the existence of the partnership. The scope of student projects included: 1) the 2015 Community Health Assessment, 2) the statewide Mass in Motion Health Markets project, 3) the national Safe Routes to School project, 4) a social norms campaign aimed to reduce youth substance use, and 5) a free youth swim and recreation program. The work happening in Worcester provides solid evidence that true community engagement, effective prioritization processes, strong data, and the full support of academia and the funding communities are critical but attainable factors in collaborative models to improve community health.

Learning Objectives
- How to leverage multi-sectoral collaboration to overcome otherwise limited healthy community investment dollars
- How mid-size cities can develop community health improvement priorities consensus using data and true community engagement
- How colleges and university can leverage the resources of academia working with local, county, and state health departments in improving the health of the community

Cross Sector Leadership: Case Studies on Effective Community Change
Craig Sewald, MPA, Research Associate/Program Manager, Center for Community Health and Evaluation
Brian Kates, MA, Facility Director, City of Colorado Springs Meadow Park Community Center
Phil Konigsberg, Citizen Activist, Queens Tobacco Control Coalition

This session will engage participants in a discussion of what makes cross-sector teams effective. The session will draw from the experience of cross-sector teams that have completed participation in the National Leadership Academy for the Public’s Health (NLAPH). The session will share the results of a study of 21 cross-sector teams that completed NLAPH, including a summary of the factors identified to have made teams more successful at impacting community health. Then, two NLAPH teams will share how they formed and leveraged cross-sector teams to positively impact the health of their community:

Colorado Community Center Collaborative formed to support positive youth development, connect the parks and recreation department with public health, and provide assessment of programming. The city recently earned designation as a Fit HEAL (Healthy Eating Active Living) city. Collaboration with the El Paso County Health Department has resulted in changes to city policies on smoking in city parks and support for program
Queens Tobacco Control Coalition (QTTC) worked to increase the availability of smoke-free multi-unit dwellings. QTCC has helped to convert more than 3,000 new or existing multi-unit residences to smoke-free. A collaboration of a large health care system, the health department, Queens Smoke Free Partnership, and a citizen activist, QTCC also helped enact legislation to raise the legal age for purchasing tobacco to 21 throughout New York City. This team will share examples of how to build stakeholder support for policy change among sometimes reluctant organizations.

Following the formal presentations, the presenters will engage participants in small group discussions—using a World Café format—to explore how the results of the NLAPH study and the experiences of these two teams could be applied to participants’ communities.

Learning Objectives

- Learn about success factors and challenges for cross sector partnerships and projects from a national evaluation of National Leadership Academy for the Public’s Health (NLAPH) teams that took non-clinical approaches to improve community health (NLAPH Evaluation [CHLP & CCHE].)
- Learn practical lessons about recruiting the right partners for cross-sector collaboration, how to attract and maintain control of funding for community health improvement initiatives, and how to effectively frame messages in a politically charged environment from a team representing nursing education, community centers, a health care and hospital system community benefit officer, and a public school district in Colorado Springs, CO.
- Learn practical lessons about advancing policy goals, influencing reluctant decision-makers in a complex real-estate market, and how to compile “small wins” to create significant environmental change related to tobacco use and exposure to second-hand smoke from a team representing a large health care and hospital system, a public health department, a non-profit advocacy group, and a community activist in Queens, NY.

Wednesday, March 2 – 10:30-11:45am

**Collaborative Approaches to Community Health Needs Assessments: Chicago and Northwest Ohio**

Bonnie Condon, MA, MTS, Vice President for Community Health and Faith Outreach, Advocate Health Care
Steven Seweryn, EdD, MPH, Deputy Director of Public Health Programs, Cook County Department of Public Health
Jess Lynch, MCP, MPH, Senior Associate, Illinois Public Health Institute
Britney Ward, MPH, Director of Community Health Improvement, Hospital Council of Northwest Ohio
Gaye Martin, Manager, Mission Services, ProMedica Health System

This session will showcase two examples of collaborative CHNAs. The Health Impact Collaborative of Cook County is one of the largest collaborative CHNAs in the country, encompassing 23 hospitals, 6 local health departments and dozens of community organizations spanning Cook County, inclusive of Chicago. The HIC-CC’s mission is to work collaboratively with communities to assess community health needs and assets and implement a shared plan to maximize health equity and wellness. The initiative features governance by hospitals and health departments and “backbone organization” facilitation support by the Illinois Public Health Institute. Leaders from Advocate Health Care, the Cook County Department of Public Health and Illinois Public Health Institute share candidly about how hospitals have overcome challenges related to partnering across systems. The presentation will highlight how the hospitals are raising the health system transformation relevance of this Collaborative in their organizations and the ways it bolsters a broader framing of population health.

The Hospital Council of Northwest Ohio (HCNO) is a non-profit regional hospital association located in Toledo, OH. Since 1999, our hospitals have been working together, along with their community partners, such as health departments, schools, churches, businesses, law enforcement, government officials, mental health boards, parents, United Way, and other social service agencies. As a county coalition, they have completed community health needs assessments (CHNAs) and community health improvement plans (CHIPs), which have led to the agencies listed above incorporating the county-level plans into their own organization’s implementation plan. In this session, leaders from HCNO and ProMedica will share hospitals to understand how to complete these mandated processes using a collaborative approach, thus saving time and money, while also showing the community they are a true partner.
Learning Objectives

- Describe lessons learned from the implementation of a collaborative hospital/health department/community model that has brought together twenty-three hospitals from eight health systems, six health departments, a public health institute, and nearly 100 other community stakeholders in Cook County, one of the largest counties in the US.
- Examine why a collaborative approach, in partnership with communities, is essential to addressing health inequities and social determinants of health.
- Identify how county level community health needs assessments and community health improvement plans were completed with more than 70 hospitals using a regional approach.
- Understand how to incorporate county-level data and community health improvement plan priority areas into your hospital implementation plan.

Wednesday, March 2 – 2:45-4:00pm

Integrated Dental Care – A Community Hospital Partnership with a Local FQHC
Rebecca Sweatman, MPH, Program Manager, Providence Health & Services
Jonathan Hall, Dental Director, Neighborhood Health Center
Mike Fite, Chief Medical Officer, Neighborhood Health Center

The goal of the program is to provide a patient-centered care experience for individuals that need dental care. Recognizing that when patients have dental pain, the local ED is the first place they think of to go, but is often not the best place for them to get the care they need. Integrating dental services onto the campus of the local hospital provides convenient access to care for members of the community. Also, by partnering with an FQHC that is well-suited to provide dental care to low income populations (i.e. Medicaid, uninsured, low income Medicare, etc.) the program minimizes barriers to care. The dental clinic gives priority to the dental patients that present to the Providence Milwaukie Hospital (PMH) ED and Family Medicine Residency Practice on the hospital campus while also serving the broader North Clackamas County community.

Learning Objectives

- Share how to look for cost and utilization trends that point to an unmet health need (i.e. ED utilization)
- Share how a hospital and a federally qualified health center can partner to create greater health care access for low income populations
- Share how this project built in a strong sustainability model from the beginning to make it a win-win for all partners at the table

Wednesday, March 2 – 4:30-5:45pm

Collaborative Approaches to Address Behavioral Health
Robin Henderson, PhD, Chief Executive, Behavioral Health, Providence Medical Group
Laurie Ross, PhD, Coalition Director, HOPE Coalition/UMass Memorial Health Care

Presenters in this session will describe collaborative approaches for addressing behavioral health in their communities. The first presenter will show the process of how youth, working with adult providers, including UMass Memorial Medical Center addressed barriers youth face when attempting to access mental health support in Worcester, MA. HOPE Coalition Peer Leaders, a diverse group of 15-19 year-olds, engaged over 700 youth in Worcester in a community assessment and discovered that stress and depression were two major issues. The assessment revealed that traditional mental health treatment and prevention programs did not address teen needs and style of accessing services. As a response, the youth envisioned locating mental health support in the places they already ‘hang out.’ The resulting HOPE Mental Health Model situates mental health counselors in community-based youth development organizations. The HOPE case suggests that “blending” mental health in youth organizations is effective practice.

The second presenter will tell the story of a group of dedicated behavioral health advocates in Oregon, and their journey to pull together public and private interests to develop standards for integrated behavioral health in primary care in Oregon. Using a small community framework, they voluntarily organized themselves to effectively and collaboratively
create standards that informed a change in statute, and changed the Person-Centered Primary Care Home standards for the state of Oregon. Learn how they courted, cajoled and challenged community stakeholders in pursuit of healthcare reform, and how you can do that as well.

**Thursday, March 3 – 9:15-10:30am**

**Building Effective Partnerships between Rural Health Communities and Health Networks**
Rosemarie Lister, MPH, Community Health Liaison Manager, St. Luke's University Health Network
Rajika E. Reed, MPH, M.Ed., Epidemiology Manager, St. Luke's University Health Network

Conference attendees will learn how to build healthy partnerships through engaging both rural health communities and health networks. St. Luke's University Health Network's (SLUHN) Community Health Department, strives to achieve our mission through partnering with our communities to increase health awareness, improve the health status of the community and encourage appropriate access to health services. We are proud of our collaborative efforts in both rural and urban communities. This presentation will focus on our successful partnerships in rural communities at the SLUHN Miners and Anderson campuses. As part of rural communities we invest time, and resources in building relationships and trust to improve targeted health outcomes.

This engaging session will comprise of an interactive dialogue on effective strategies used to secure funding and program resources for sustainability. Attendees will learn about examples of existing rural health programs and partnerships from the presenter while understanding challenges and successes. In May 2015 SLUHN Miners campus was awarded a Rural Health Outreach grant from the Department of Health & Human Services Health Resource Service Administration (HRSA) based on need, but most importantly on the ability to demonstrate existing successful partnerships and collaborations. At the SLUHN Anderson campus we approached funding differently by working with local foundations and the Pennsylvania Department of Health. At both campuses, we work consistently within the community infrastructure, collaborating with organizations, school districts and businesses. We continually measure, assess and evaluate our impact. Strategic planning and key components of the effective partnerships and programs will be highlighted and shared.

**Learning Objectives**

- Attendees will be able recognize and discuss the key components of successful partnerships with stakeholders, community groups and local health networks, and how they can be utilized to improve community goals and health outcomes.
- Attendees will be able to identify local, state, and national funding sources and opportunities both private and public, to assist with community health and development planning.
- Attendees will be able to compare examples of existing rural health outreach programs, models and partnerships in order to determine sustainable best practices.