

Meeting Summary: ReThink Health Roundtable on Leveraging Investments

Chicago O'Hare Hilton • September 8-9, 2014

In Chicago recently, 25 leaders of collaborative regional health initiatives in 11 U.S. communities came together to advance their efforts to rethink health and health care in those regions. The meeting, "ReThink Health Roundtable on Leveraging Investments," was designed to create and strengthen ties among these innovators, as well as to better understand where they and their organizations are on the path to change, and to discuss how ReThink Health's tools and approaches might advance their thinking and accelerate their progress.

ReThink Health, which helps communities and their leaders work more effectively to develop the stewardship, strategies, and financing to build and sustain true systems of health, hosted the two-day meeting. An initiative of the Rippel Foundation that also is supported by the Robert Wood Johnson Foundation and others, ReThink Health surveyed

nearly 150 regional health collaboratives around the nation about their structure and activities, and invited representatives from the most active, enduring, and progressive among them. Those who attended the meeting represented healthcare systems, public health, philanthropies, payers, and others who are working to transform health, health care, and community resilience in their regions.

The Roundtable featured a variety of activities for participants, including workshops, panel discussions, small-group work, and large group discussions—all with the goal of helping the participating local leaders feel connected to others across the country who are pursuing similar efforts, and to help them expand their thinking and approaches to the work.

Power of Peer-to-Peer Reflection

The meeting began with multiple opportunities for participants to network and connect by sharing stories about the work they are doing in their regions to improve both health and health care. During one opportunity in particular—a workshop on "Using Public Narrative to Motivate Action"—participants learned how to craft their own and their organization's public narrative, or story, as a way to motivate others to join in and take action. Their focus was on how to use storytelling to engage key stakeholders and their broader communities.

*...Leaders are called to stand in that lonely place
Between the no longer and the not yet...*

*—Excerpt from poem by Mary Lou Andersen
featured in the ARCHI Playbook*

These stories, which we heard being practiced and refined throughout the meeting, included narratives about stakeholders that came together around community needs assessments, around issues like teen pregnancy, obesity, and tobacco use, and that are now focused on bigger efforts like becoming the

The fact that the meeting room was full and participants were deeply engaged with each other is a testament to the need for and power of meaningful and structured reflection with peers when doing this very challenging work. Equally important is stepping back and, with the right tools, assessing where you are and where you want to be, and what will help you get there.

– Laura Landy, president and CEO of the Rippel Foundation

healthiest region in their state and/or the nation. One representative talked about local health improvement efforts being driven by a state health plan and another by a regional hospital. They talked about the challenges of getting the right people to the table, of broadening their focus beyond their initial goal, of engaging diverse stakeholders from many different sectors of their communities, of finding champions and funding for their work,

of making not just programmatic changes but policy shifts, and of the complexities of local politics, personalities, and competing agendas. Most of all they compared notes, shared insights, and posed questions—glad to discover that they have peers tackling many of the same challenges in regions across the country.

Tools for a Healthier Health System

Bringing leaders together to advance learning and actions to improve health and health care is a key strategy of ReThink Health, which believes that by thinking differently and working together, we can harness the resources in our communities to improve the well-being and productivity of our people, the vibrancy of our communities, and the prosperity of our nation. To that end, ReThink Health has developed several tools to help community leaders think differently about the challenges of transforming their health systems. Three of those tools, described below, were shared and discussed at the meeting.

ReThink Health Framework

The ReThink Health framework outlines the three critical components that regional leaders must attend to in their efforts to transform their health systems. Understanding these three components—stewardship, strategy, and sustainable financing—and why successful health system transformation hinges on the interplay of all three is a crucial first step toward lasting change.

- **Active Stewardship** helps leaders establish the conditions for diverse stakeholders to work together across traditional boundaries to more successfully and creatively lead health system redesign, implement high impact system improvements and innovations, and avoid sticking points along the way.

- **Sound Strategy** equips leaders with data and dynamic models to help them individually and collectively understand the complexity and interactions of their health system, play out plausible scenarios, identify opportunities, set priorities for action, and measure progress over time.
- **Sustainable Investment and Financing** advances new information, tools and approaches to investment and financing that help create long term strategies, identify and leverage regional assets, shift how resources are used, and support efforts long enough to realize their promise for meaningful impact.

The Pathway

ReThink Health's "Pathway" was developed to help leaders and teams better assess and drive progress. Built on well-grounded organizational development and complex systems change principles that characterize common limits to growth and success, the Pathway offers insights into five stages of development:

1. Targeted campaign
2. Enduring engagement & experimentation
3. Growing coordination & alignment
4. Innovation & scaling
5. Health system stewardship & integration

The Pathway presents the definitions, characteristics, and typical pitfalls of each phase as well as the approaches and processes that will sustain momentum and collaboration toward the vision of a healthy health system.

ReThink Health Dynamics Model

The ReThink Health Dynamics Model is a sophisticated, empirically based, analytical computer tool that simulates the behavior of a regional health system and can be customized to reflect differences in regional health systems. It has been used by scores of organizations and regions across the country to test "what if...?" scenarios on almost 30 policy interventions, thereby enabling them to align thinking, develop sound strategies, and catalyze action. It is also used in more than a dozen academic programs at major colleges and universities.

Working with the Model, community leaders can see how, by making smart investments as a nation, over only a few

decades, we can avoid premature deaths, lower health costs and invest that money in schools, roads, and the environment, boost workforce productivity, and narrow inequality gaps.

I very much think that the tools talked about here could be used in any number of ways, not just with our board of directors, but also with some of the committee work that is happening. I definitely want to take all of this and give it to our board [and explain] that even though they think we're doing this alone, [we are not] . . . and they don't need to feel that way anymore.

– Meeting participant

Participants on the Pathway

The “Pathway” tool was the focus of one of the full-group activities at the meeting. ReThink Health staff members asked meeting participants to assess their regional efforts and place themselves somewhere along the Pathway’s continuum. *“Thinking about your own communities, what are the conditions you are creating in your local systems that are creating a balanced and sustainable system for health?”* asked ReThink Health’s Ruth Wageman. *“Where have you put your focus, where are the challenges? In which of the five phases of the Pathway is your organization currently operating?”*

Wageman went on to point out that the Pathway is not intended to be linear, with neat progressions from phase to phase. Instead, change efforts can be in two or more phases at once, or can bounce back and forth among phases. Not only that, but the Pathway can apply to community change efforts, or to single organizations that are part of the effort, or individuals within those organizations. Following this explanation, representatives from each group then got up and, using large sticky notes, placed their organizations on a large chart of the Pathway.

After all 11 groups had gone through the exercise, a pattern emerged: the large majority of meeting participants placed their community change efforts and/or organizations somewhere close to Phase 3 (growing coordination & alignment) of the Pathway. The visual of having the large majority of sticky notes clustered in the center of the pathway soon became known among meeting participants as “the bottleneck;” and helping participants identify and see how to overcome the common pitfalls that affect forward momentum became a central topic of discussion at the meeting.

Financing Challenges and Other Sticking Points

As suggested by the Roundtable’s title, financing was an important theme of the meeting—both in terms of developing long-term financing for stewardship groups engaged in efforts to improve health and health care, as well as identifying sustainable financing for regional priorities. Some specific sticking points, or challenges, related to financial support for collaborative stewardship groups included: identifying and obtaining reliable funding for neutral convening organizations to guide the collaborative work; targeting the right people with funding requests; and telling stories/soliciting funds in ways that demonstrate to funders how a variety of efforts can be connected to their own goals rather than appearing to be in competition with each other for limited funds.

Sticking points related to changing the way health care is paid for included: finding ways to measure the value, or return on investment, of new initiatives so that hospitals begin to see the benefit of change; and recouping money saved through prevention and reinvesting it upstream in activities that affect or influence health, but aren’t defined as health care (such as housing, education, environment, etc.).

During the financing panel discussion, participants talked extensively about their most frustrating funding challenges. Several foundation representatives in the room explained that the work of health collaboratives or stewardship groups often is not on the radar of foundations, and that the organizations should sharpen their stories to help local funders understand their value as community partners—including offering to: gather and share needed data, help the foundation connect to the

community, help the foundation address local problems more effectively, and more. At one point, the conversation turned to the need for non-profit health collaboratives to create their own business plans, similar to those used by for-profits to raise capital. The plans should lay out the problem being addressed, the community need, short- and long-term strategies, successes and challenges, partners, and more—and make a well-reasoned, cohesive funding argument that demonstrates a clear return on investment.

During this part of the conversation, a participant brought up the fact that, often, efforts to improve health status, reduce hospital admissions, or otherwise increase prevention cost more in the beginning, and a long-term view is needed to see how such efforts will eventually result in cost savings overall. Further, questions were raised about the difficulties of capturing any savings, early or otherwise: Whose savings are they; and how can they be shared and reinvested?

Also raised was the need to identify and attract a more diverse funding base to these efforts—moving beyond foundation and other grant funding and bringing in investment capital. A representative from the investment banking field, who was in the room as an observer, mentioned that the field of affordable housing, which has been able to attract investors into struggling neighborhoods considered to be “risky” investments, can serve as an informative case study for the effort to bring more diverse funding opportunities into efforts to improve health and health care.

Other Common Sticking Points

In addition to financing in all of its forms, meeting participants discussed many other sticking points—or pitfalls—that they are encountering in this work. Those mentioned most frequently included:

- **Turnover** both within and outside the change effort is a challenge—from staff changes to turnover among leadership to changes among key stakeholders. As one participant noted: “Turnover causes loss of institutional memory, and new people bring new agendas.”
- **Competing agendas** is an issue that comes up in several ways – organizations compete with each other and give lip service to collaboration, or individuals may feel torn between the best interests of the collaborative effort vs. the best interests of their own employer organization.
- **Expanding a programmatic agenda to include policy and advocacy** can be a difficult transition for some organizations.
- **Prioritizing** is always a challenge because there is more work to do than many coordinating organizations have the staff, time, or money to accomplish.
- **Trust issues** can cause many problems, including some organizations or sectors feeling threatened by change efforts.
- **Getting the right people to the table** is another sticking point. In some communities, the top-level leaders are not as involved as they should be, while in others, engaging the broader community is the bigger challenge.
- **Lack of measures to document success** makes it hard to build a case for support.

At the end of a conversation that included talk of the pitfalls hindering this work, a participant raised a note of hope: “Every pitfall encountered is a chance to climb back up stronger.” The ReThink Health Pathway document includes suggested “momentum builders” to help change efforts move through various sticking points.

Takeaways and Next Steps

To close the meeting, ReThink Health staff asked participants to share a little bit about what they learned that they would take back to their colleagues in their communities as well as next steps that they hope to pursue going forward. The wide variety of responses included the following.

- It is helpful to know there are others doing this work, and to be connected to them.
- We should find alternative pathways to things we are already doing.
- We need to sharpen our story to help us communicate more effectively with potential funders.
- We hope to modify ideas from this meeting to work within a very small budget.
- We will share what we learned with board and committee members, co-workers, community members.
- We will work toward building a broader network of support and bring more leaders to the table.
- We plan to keep in touch with and possibly arrange site visits to other communities from the meeting.
- We will think about our work in terms of the ReThink framework and Pathway (and teach our colleagues, board members, and others in the community to do the same).
- We will remember to stop and reflect on hard work and successes achieved so far and think about the future more strategically.

We know what's possible going forward. The ReThink Health model tells us just how much we could improve the health of our people and our nation by 2040 if communities across the country were to commit to regional health system transformation. And given this knowledge, it's our responsibility, as a nation, to make it happen.

– Laura Landy

ReThink Health staff members also took away some very important insights and lessons from the meeting. These included the following.

- Witnessing yet again the power of bringing change-makers together, and understanding that this is an important role we can and should play as an organization.
- Adding to our learning with and from participants and validating our hypotheses of what is needed in the field and where regions and leaders are stuck.
- Providing feedback on our tools, like the Pathway, and appreciating their value and the need to disseminate what we have more broadly as we continue to develop new tools.



- Understanding the value of identifying leaders, experts, and communities who can be part of more targeted meetings to jointly tackle key pitfalls and challenges.
- Documenting the stories of communities and connecting them to one another and to our online learning community to accelerate progress.

Online Resources

Atlanta Regional Collaborative for Health Improvement

www.archicollaborative.org

The Atlanta Regional Collaborative for Health Improvement (ARCHI) is an interdisciplinary coalition working to improve the region's health through a collaborative approach to community health assessments and improvement strategies.

Bexar County Health Collaborative

<http://healthcollaborative.net>

The Health Collaborative began informally in 1997 when San Antonio's major healthcare organizations agreed to put aside their competitive business practices to conduct a comprehensive health needs assessment. The evolution in 2000 to an incorporated entity with a long-range strategic plan is in response to the founding members' interest in improving the health status of the community by working together.

Blue Zones project/Iowa Healthiest State Initiative

<http://www.bluezonesproject.com>; www.iowahealthieststate.com

Iowa's Healthiest State Initiative, which features the Blue Zones project, is a privately led public initiative intended to inspire Iowans and their communities to improve their health and happiness. To achieve the goal, individuals, families, businesses, faith-based organizations, not-for-profits, and the public sector will unite in a community-focused effort to make Iowa the healthiest state in the nation by 2016.

Partnership for a Healthy Durham/Durham Health Innovations

www.healthydurham.org

The Partnership for a Healthy Durham is a coalition of local organizations and community members with the goal of collaboratively improving the physical, mental, and social health and well being of Durham's residents.

Greater Fall River Partners for a Healthier Community

www.gfrpartners.com; www.healthycityfallriver.org





Partners for Healthier Community has mounted a combined effort involving all sectors—residents, health professionals, business leaders, clergy, and schools—to improve the health and quality of life of all residents of Fall River, Somerset, Swansea, and Westport (MA).

Health Action

www.sonomahealthaction.org

Health Action, Sonoma County's Collective Impact framework to improve the health and well being of all residents, establishes a cross-sector approach to Sonoma becoming the healthiest county in California.

Health Improvement Organization

www.myhio.org

The Health Improvement Organization, founded by Allegiance Health, is a collaborative of community stakeholders committed to improving the health status of the community through an integrated health improvement infrastructure that addresses Jackson's (MI) priority health issues.

Healthy Monadnock 2020

http://www.cheshire-med.com/vision_2020.html

Founded and developed by Cheshire Medical Center/Dartmouth-Hitchcock Keene in 2007, Healthy Monadnock 2020 is a community engagement initiative designed to foster and sustain a positive culture of health throughout Cheshire County (NH) and the Monadnock region.

Fostering Healthy Communities/Hospital Council of Northwest Ohio

www.hcno.org

Since 1999, Lucas County Hospitals have worked together through the Hospital Council of Northwest Ohio's Lucas County Healthy Communities Foundation to assess and address health status. This has resulted in measurable improvement and has leveraged more than \$24 million for Lucas County and the region from 1999-2012 through programs addressing issues such as tobacco control, disaster preparedness, trauma care, electronic health records and access to care. But the work has just begun.

Pueblo Triple Aim Corporation

www.pueblotripleaim.org

The Pueblo Triple Aim Corporation serves as the backbone support organization to coordinate all Pueblo County efforts to make Pueblo County the healthiest county in Colorado.

Reach Healthy Communities

www.WhatsYourReach.org





The Healthy Communities Initiative began in 1994 with the goal of improving the health and quality of life of all residents of Bartholomew County. A collaborative effort from its inception, Healthy Communities has grown to reflect the entire spectrum of the community involving Columbus Regional Hospital, schools, businesses, local government, churches, and others working together to address identified health needs.

ReThink Health

www.rethinkhealth.org

A collaborative initiative of The Rippel Foundation with support from the Robert Wood Johnson Foundation and others, ReThink Health works with leaders to create systems that bridge health and care in ways that improve people's health, assure access to quality care, and enhance equity, productivity, and community vitality. We support and influence how innovators see and think about regional health systems and help them accelerate and sustain efforts to make a difference in where they live.

ReThink Health Leadership Circles

www.rethinkhealth.org/leadership-circles

Leaders across the country are working to change how their communities address health and health care. To build a network of support and catalyze new thinking and approaches, ReThink Health has launched a platform where leaders can share experiences, exchange ideas, and discuss tools and research. These Leadership Circles will join networks of change agents to problem solve together, convene around topics of interest, and engage in shared learning and resource development.

