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VENTURES



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About These Case Studies

These case studies were authored as a part of the evaluation of ReThink Health Ventures, a three-year project of The Rippel Foundation, conducted with support from the Robert Wood Johnson Foundation, to explore what could accelerate the progress of ambitious multisector partnerships working to transform health in their regions, and what often stands in the way of that progress. Through the project, Rippel's ReThink Health initiative supported multisector partnerships in six regions across the country as they worked to build practices that are essential for transforming a regional health ecosystem, including broad stewardship, sound strategy, sustainable financing, and a shared vision. Each participating partnership selected a handful of members to participate on the Ventures Team for their region. Those teams collaborated with ReThink Health and their broader partnerships throughout the project. Mount Auburn Associates served as the project's learning and evaluation partners.

We have authored case studies about each of the six partnerships to highlight their unique journeys toward health transformation, with a particular focus on their work in Ventures, as well as insights that can be applicable to a wide range of stewards working to transform regional health ecosystems across the United States. You can find the other case studies, along with a detailed evaluation report about ReThink Health Ventures, at www.rethinkhealth.org/ventures.

We are grateful for the time and energy that so many people contributed to support the development of these case studies. Most importantly, the authors would like to thank the leaders who participated in Ventures for their tireless dedication to transforming health and well-being in their communities.

Bernalillo County Case Study

New Mexico

By Beth Siegel (Mt. Auburn Associates) and Jane Erickson (ReThink Health)

Overview

One of the six Ventures sites was Bernalillo County, New Mexico (which encompasses Albuquerque and some of its surrounding area). Leaders there face many of the same challenges confronting other health transformation efforts in regions across the country. To help address their challenges and advance their efforts, Bernalillo's leaders participated in the ReThink Health Ventures project, viewing it as an opportunity to think comprehensively about investing regional resources to maximize resident health and well-being, and about aligning initiatives and programs across many institutions through a common, long-term vision and a clearly defined value proposition. While the Bernalillo Ventures team did not achieve everything it had hoped for through their efforts in Ventures, its work did lead to many positive outcomes that may advance regional health transformation in the long term.

As is the case in many regions across the country, Bernalillo County is home to many notable initiatives and organizations that support and advance the health and well-being of residents in the region. Many of these initiatives have overlapping goals and programming, creating a complex organizational landscape. In Bernalillo, trying to make sense of that organizational landscape required a "next level" of collaboration across organizations and multisector initiatives (for example, convening a broad range of leaders to ensure programming was strategically aligned across the region, and building authority for those collaborative efforts to endure and successfully progress). Additionally, at the time of Ventures, several leaders of well-established initiatives were nearing retirement and making plans to ramp down or transition out of their long-held roles. Leaders in Bernalillo County also contend with a state and county policy environment that historically has not been particularly supportive of collaboration for health transformation. These are thorny issues that many similar efforts face, and they put some hurdles between the Bernalillo team and their initial Ventures goals. Still, by the end of Ventures—and through their work in the project—leaders in Bernalillo made progress identifying a gap in their system—the need for a regional "hub" to serve as a focal point for sustaining, aligning and holding accountable regional health and well-being activities. The hub model could provide a venue for surfacing solutions to these hurdles.

While there are not quick fixes to the challenges mentioned above, they can often be helped with the

VENTURES TEAM, GEOGRAPHIC SCOPE

- **Ventures Team:** Leaders representing Bernalillo County Community Health Council, regional behavioral health and opioid accountability initiatives, Community Health Sciences at the University of New Mexico Health Sciences Center, the Center for Community Health at Presbyterian Healthcare Services, the City of Albuquerque Department of Family and Community Services, and the New Mexico Department of Health
- **Geographic Scope:** Bernalillo County, New Mexico

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right match of capacity-building support from outside organizations (like Ventures). In this case, the Bernalillo team's needs may not have been fully met by the Ventures' offerings—in particular, there may be lessons here for how to best match coaching efforts and customize capacity-building support to align with team dynamics and developmental progress. Notwithstanding, the Bernalillo Ventures team's work demonstrated the value of an informal forum and learning environment that nurtured and deepened relationships—creating new connections that could advance their efforts in the future by expanding their approaches and integrating new players into their work.

Context

Bernalillo County is the population center of New Mexico and home to a diverse population. Many residents face serious economic and health disparities. The largest city in the county, Albuquerque, is sometimes described as having the social network of a "big, small town." The county's multiple initiatives and collaboratives, with their overlapping boards, may be one reason local leaders have had success attracting federal and philanthropic support, including funding from the Centers for Medicare & Medicaid Services (CMS), to participate in the Accountable Health Communities (AHC) initiative. The region has also been successful in garnering residents' support for two countywide tax levies to address health disparities. While there are many ongoing efforts focusing on health and well-being, these are taking place in a state that has tended to provide less governmental support for health transformation and in a county that does not have a formalized local public health delivery system.

Political and institutional context

New Mexico's public health system is centralized at the state level, with no local health departments in operation. This leaves many public health functions spread across various public and private nonprofit entities at the local level. The state does, however, have a history of supporting community health councils—a result of the state's 1991 County Maternal and Child Health Plan Act. The state legislature established health councils in counties across the state to help coordinate and deliver some public health services within the state's decentralized structure.

The Bernalillo County Community Health Council (BCCHC), which played a lead role in guiding the work of the Ventures project in Bernalillo, was created through the 1991 legislation and was supported for many years with state funding. In 2010, the state suspended funding to the councils, requiring them to seek alternative sources of funding, either through county governments or elsewhere. In the case of BCCHC, the county began providing both physical space and funding for the effort; however, in 2014, this funding ended and the BCCHC decided to separate from the county. In 2015, BCCHC became an independent 501(c)3 organization. Now the BCCHC acts as a facilitator, connecting and supporting organizations and individuals working on health issues, and coordinating countywide assessment and planning efforts, as do many of the still existing county-based health councils.

Local tax funding for health

Voters in Bernalillo County have approved two tax measures whose revenues support regional health transformation efforts. In February 2015, Bernalillo County passed a gross receipts tax increase and two-thirds of its revenue—about \$17 million annually—is used to fund mental and behavioral health services. In November 2016, Bernalillo County voters also reapproved the University of New Mexico Hospital (UNMH) mill levy for another eight years. This local property tax, which generates about \$90 million in revenue annually, is designated for hospital operations and maintenance. While UNMH has relative freedom regarding use of the funds, there has been an increased effort to hold the system accountable, including a requirement to use part of the funds to address health inequities in the community. In 2018, UNMH designated funding for a community health workers initiative and, through the active advocacy efforts of community stakeholders, including members of the Ventures team, a more recent memorandum of understanding between UNMH and Bernalillo County provides additional support for this initiative as well as some increased accountability.

Advancing Health Transformation with ReThink Health Ventures

Bernalillo County's Ventures team involved a cluster of individuals, many of whom had worked together previously on overlapping partnerships and initiatives. Their intention, initially, was to create a broader, more formal, and cohesive group than had existed, with some level of authority to better align existing health transformation efforts across the county. Through their work with Ventures, the team recognized that the county lacked a strong regional hub that worked with and beyond public health service delivery, where stewards with some recognized authority could build out a more comprehensive portfolio for health transformation.

While the Ventures team didn't reach consensus on its own role or on how to fill an identified stewardship gap in the county, the engagement of local leaders in a range of health transformation initiatives in Bernalillo County contributed to multiple outcomes. As one team member reported, "There was a fair amount of benefit that we derived from being able to see the work of others, learn ideas from others, benefit from the various exercises that we would experience, and learn some tools and communication skills." Examples of these outcomes included:

- **Contributing to the establishment of the Bernalillo County Resource Re-Entry Center:** Previously, upon release from Albuquerque's Metropolitan Detention Center, inmates were dropped off at on a downtown street corner, sometimes in the middle of the night. Multiple groups saw this as not only dangerous for those being released, but also as counterproductive to efforts to help them adjust once they were released. Leaders working on the issue of substance abuse, including Ventures team members, had the idea of developing some type of release center. Conversations among those on the Ventures team moved the establishment of the center from just an idea to a high priority. With funding from the Behavioral Health Gross Receipt Tax, the county was able to open a re-entry center in May 2018.
- **Influencing the Behavioral Health Initiative (BHI):** As a result of the relationships built through Ventures and the exposure to the essential practices through the Ventures work, leadership of the BHI developed a deeper emphasis on the relationship between behavioral health and the criminal justice and education systems, and a greater appreciation of the full range of vital conditions related to behavioral health that help residents of a community to be healthy and well (such as education). According to the director

of the BHI, as a result of her participation in the project, she changed the BHI request for proposals that are connected to \$17 million in revenue annually from the gross receipts tax, pushing health care providers to incorporate social determinants of health in their funding requests. She noted, “[Understanding the dynamics of well-being] really opened my eyes that behavioral health is small, a piece of the pie, but it’s not the entire pie. And if we’re going to limit ourselves just to behavioral health and not include how we improve the overall quality of health within the family, within the individual, within our community, we have missed the boat.” Through this work, BHI is now better leveraging the annual \$17 million behavioral health allocation in Bernalillo County, and BHI’s leaders have developed a more comprehensive investment strategy for the annual tax revenues the organization receives.

- **Broadening use of community health workers in clinical settings:** The University of New Mexico (UNM) has a very successful community health worker program that places “navigators” in key sites to provide more seamless connections between health and social services providers, work that has been bolstered at UNMH and other institutions in Bernalillo by the AHC. The funds that UNMH receives through the mill tax provide partial support for this effort. According a Ventures team member and leader at UNM, the relationships built through their involvement in Ventures have helped to expand the placement of these “navigators.” For example, community health workers affiliated with UNM are working in the new re-entry center. Through relationships built with the mayor and his staff, there is a new contract in place between UNMH and the city of Albuquerque to provide some basic training to city workers on how to address and assess social service needs.

How leaders are working differently

The work with Ventures has led to some new ways of working among certain leaders in Bernalillo County, primarily through the deepening and broadening of relationships across the multiple partnerships working on regional health transformation. Examples include:

1. **Bridging traditional silos:** The work done and relationships built through Ventures have increased local understanding of the interconnections among multiple systems, including criminal justice, education, social services, health care, and mental health services. There is now a stronger recognition among certain leaders that innovative efforts are needed to better integrate and connect these

systems. The new partnerships and relationships could have an ongoing effect on health transformation practices in the region.

2. **Influencing resource allocation for health transformation efforts:** The engagement of key stakeholders in the Ventures project appears to have influenced both the new memorandum of understanding between Bernalillo County and UNMH governing the allocation of its annual \$90 million in revenue and how the \$17 million in revenues for behavioral health is allocated by the BHI. The memorandum supports enhanced accountability measures for health-related spending as well as increased support for community health workers. The behavioral health resources support increased access to healthy foods, a needle exchange, re-entry support for previously incarcerated individuals, and funding to address adverse childhood experiences.

“There was a fair amount of benefit that we derived from being able to see the work of others, learn ideas from others, benefit from the various exercises that we would experience, and learn some tools and communication skills.”

Learning from Bernalillo County

Ways to advance progress

Sustainable revenue sources: The county’s two special taxes, which help address health equity within the community, provide an opportunity to turn innovative ideas into practice. While more can be done to maximize the impact of how the tax revenues are invested, the presence of the resources has helped to move important work forward in the county.

Building on AHC work: CMS selected Bernalillo County to be part of the Accountable Health Communities initiative around the same time that the Ventures project was launched. The process of coming together for the AHC application, a significant undertaking that preceded the Ventures effort, provided a greater foundation for collaboration among many of the players involved in the Ventures team. The application process encouraged key institutions, including the

two major health care systems in the region, to think about the value of collaborating together and to articulate concrete ideas about how that collaboration could happen. This work supported many of the relational synergies that emerged through Ventures, and will continue to provide a venue to advance the work of health transformation in the county.

Recalibrating existing infrastructure: The Bernalillo team identified the need for a regional health hub to support ongoing transformation efforts in the region. Rather than creating new capacity or building a new institution, it might make sense to first rebuild and strengthen existing institutions to fill gaps in the region's integrative capacity. Strengthening and recalibrating existing partnerships is part of any transformation process. However, to advance beyond this phase, leaders must make hard decisions and capitalize on lessons learned.

Ways that progress can be derailed

Lack of role clarity: From the beginning of the work with Ventures, the Bernalillo team worked to define who they are as a group, what the group's mission is, and what authority it has to take on the work. Without clear and aligned decisions in all of these areas, it has been challenging to move an agenda forward.

Leadership stretched thin by engagement in multiple cross-sector initiatives: Many of those involved with the Ventures project had day jobs and were also engaged in other national efforts intended to support health transformation across the county. Rather than creating greater alignment, the overlapping leadership and goals of these multiple initiatives has, in many ways, stretched the interest and energy of those engaged in the Ventures project.

Weak state policy environment: Although New Mexico is a Medicaid expansion state, in many respects, it lacks robust programming and policies that could support effective collaboration for health transformation at the state and county levels.

Absence of a team succession plan. A number of the leaders who participated in the Ventures project had already retired (with plans to limit future volunteer work) or were close to retirement. If no plan is developed to manage anticipated leadership transitions, the forward momentum gained during Ventures will likely dissipate.

Central Oregon Health Council Case Study

Central Oregon, OR

By Beth Siegel (Mt. Auburn Associates) and Jane Erickson (ReThink Health)

Overview

Cross-sector leaders in Central Oregon—from Crook, Deschutes, and Jefferson counties—have a decade-long history of supporting health transformation efforts in their region. In 2009, leaders created the Health Integration Project Transitional Board because, as a person involved in this effort noted, “We realized that most of the initiatives that have happened for decades were really around medical payment reform, and we wanted to be about system reform and about true health and community.”

That group evolved into the Central Oregon Health Council (COHC), which began in 2009 and was formalized in 2011 by the state legislature and charged with furthering health improvement across Central Oregon. The formal creation of the COHC aligned with Oregon’s launch of regional coordinated care organizations (CCOs), which became responsible for integrating physical, behavioral, and oral health services for Medicaid recipients. The COHC became the governing body for the Central Oregon CCO, which is operated by PacificSource Community Solutions (PSCS). COHC not only oversees the CCO, but also works collaboratively with other organizations in the region to provide health planning oversight and to develop the regional health improvement plan (RHIP). COHC’s approach to health transformation, which includes leading both a large cross-sector partnership focused on population health and coordination efforts to support the Medicaid population through the CCO, has influenced other CCOs in the state and the state’s evolving approach to CCOs.

COHC leaders engaged with ReThink Health Ventures to develop a better strategic decision-making model and to guide its regional investments (funded with revenues generated by the CCO). Oregon’s CCO legislation specifies the business model for CCO work across the state and clarifies certain domains of investments (including physical, dental, and mental health) that CCOs should make to support the state’s Medicaid population. As the work with Ventures evolved, the COHC came to see its convening role in the community more comprehensively. It broadened its focus from just the Medicaid population to include the entire population as well as a broader range of strategic priorities to support health and well-being for all in the region. COHC’s leaders also recognized that the system change they envisioned required that they approach efforts to fund their work in a more

VENTURES TEAM, GEOGRAPHIC SCOPE

- **Ventures Team:** Leaders of Central Oregon Health Council (community health coordinator and regional CCO); county commissioner; county public health directors; and leaders from a network of free clinics, major regional health systems, and from pediatric care
- **Geographic Scope:** Oregon’s Crook, Deschutes, and Jefferson counties

www.cohealthcouncil.org

sustainable manner, particularly funding for the integrative activities, such as health planning and convening, that it provides to the region. COHC’s progress in these areas offers lessons for the leaders working to transform regional health about how state policy structures can create an enabling environment for health system transformation.

“We realized that most of the initiatives that have happened for decades were really around medical payment reform, and we wanted to be about system reform and about true health and community.”

Context

Central Oregon is a relatively small, largely rural region that includes three counties with varying demographic composition and economic challenges. Overall, Deschutes has both a larger population and more wealth than Jefferson and Crook counties, which have more vulnerable populations.

Central Oregon Health Council’s History: In 2009, almost two years prior to the state’s CCO legislation, a cross-sector group of leaders came together in Central Oregon to develop innovative approaches to care coordination and serve as a testing ground for new statewide initiatives. In 2011, when the state was

working on the CCO framework, this group successfully pushed for state legislation to create the Central Oregon Health Council as a separate governing body for the region's CCO. This is the main difference between Central Oregon's CCO and the state's other CCOs; the legislation created a separate entity, establishing COHC as an overseeing body of the Central Oregon CCO. The legislation specified which organizations the COHC must engage to help determine the areas of investment for the CCO and requires COHC to work with community leaders to drive systemic change.

CCO Legislation in Oregon: The state of Oregon has one of the most innovative and supportive policy environments for health transformation in the United States. One of the hallmarks of the state's approach was the establishment, in 2011, of regional coordinated care organizations (CCOs) to integrate physical, behavioral, and oral health services for Medicaid recipients. This effort, which created 16 CCOs throughout Oregon, was a bold attempt to reform health care and improve health outcomes for Medicaid-eligible residents. According to the Oregon Health Authority, "CCOs are accountable for health outcomes of the population they serve. They are governed by a partnership among health care providers, community members, and stakeholders in the health systems that have financial responsibility and risk."¹ CCOs are required to complete a community health improvement plan (CHP), based on a community health assessment, at least every five years. CCOs must also submit annual CHP progress reports.

Advancing Health Transformation with ReThink Health Ventures

For nearly a decade, the multiple regional stakeholders involved in the establishment and operations of the COHC have been working to transform Central Oregon's health systems. There is notable evidence that, through their engagement in Ventures, this network of leaders is now working in new ways to advance those transformation efforts.

How leaders are working differently

- 1. Having a broader, more inclusive vision:** Supported by their work with Ventures, COHC leaders affirmed they should expand beyond a focus on health care to also encompass well-being. The COHC board also solidified a more ambitious agenda that focuses on all residents of Central Oregon, not only Medicaid recipients.

The COHC's initial work with Ventures involved

the development of a value proposition narrative, which articulated the organization's desired future for the region and clarified how COHC is uniquely positioned to deliver on that long-term vision for regional health and well-being. This led COHC to appreciate the importance of working through their partnership to support all residents of Central Oregon, not only the Medicaid population served through the CCO.

Developing a shared, aspirational vision for the future of Central Oregon also equipped the COHC to broaden its approach. As one team member reported, "Some of the money that comes into the Health Council is very much focused on meeting quality improvement metrics, and so a lot of the focus of the Health Council has been on reducing the incidence of diabetes or cardiovascular disease or reducing opioid use and very specific things like that, which also tended to put us back into little silos. By doing some of the work with Ventures, we were able to look up a little bit from those silos and name how it is all fitting together . . . it gave us the opportunity to think bigger."

Through their work with Ventures, developing comprehensive strategies for system change, the COHC team members explored how the many forces that shape health in the region work together as a system, and how that system tends to change, or resist change, over time. Coupled with their efforts to develop a value proposition narrative, the team began thinking well beyond health care delivery to consider all of the vital conditions that impact health and well-being. This encouraged an expansion of the COHC agenda to include housing, a more comprehensive approach to children's health and well-being, and a more intensive focus on behavioral health and substance abuse. As a result of this expanded strategy, the COHC has invested \$2 million in child resiliency through TRACES (Trauma, Resilience and Adverse Childhood Experiences), a broad regional partnership led by a steering committee that included the leadership of the COHC. Engagement in the planning and oversight of this work, as well as the size of the COHC investment, is a good example of COHC's revised strategic focus.

- 2. Shifting to a new mindset about receiving payment for integrative functions:** The value of COHC as a regional intermediary, providing convening, planning, and data capacity to ensure equitable health and well-being throughout Central Oregon, is now part of how the organization defines itself. In the past, COHC did not expect payment for providing many of the integrative activities associated with being an intermediary,

¹ Oregon Health Authority: <https://www.oregon.gov/oha/HPA/Pages/CCOs-Oregon.aspx>

even though these activities are critical to the region's health transformation. This mindset has now shifted, with COHC's leadership pursuing multiple sources of funding, beyond the revenues derived from the CCO. COHC also undertook financing work with Ventures, focused on understanding and mapping out coordinated financial plans for each part of its portfolio as well as the full array of integrative activities it provides in Central Oregon. This exposed the gaps in how it was financing its integrative activities, most notably its role in regional health planning, and led to the COHC to think "it's ok to get paid," as opposed to seeing that work as to always be provided "in kind." As a result, staff are now pursuing new sources of funding. According to the director, Donna Mills, "Now we go out and look for money that is not part of the CCO budget. That is huge." COHC no longer sees itself as just a funder of programs and interventions that repurposes money coming from its shared arrangement with the CCO, but as a regional health transformation intermediary with multiple funding sources to advance that work.

3. Developing more strategic resource allocation:

As part of its Ventures work, COHC focused extensively on building broad stewardship and comprehensive strategies to advance its regional transformation efforts. This work resulted in COHC shifting how it makes decisions about allocating resources. The COHC embraced a funding approach grounded in distributed leadership, empowering its nine working groups, each of which align with an RHIP area of focus (including behavioral health, cardiovascular disease, oral health, and beyond) to make decisions about what to fund in order to achieve their goals. Supported by their Ventures strategy work to develop a more balanced and impactful set of policies, programs, and practices, COHC board members realized that a new approach to governing resource allocation—rooted in distributed leadership—was critical. The board shifted from controlling the entire grantmaking process to leading a more strategic and shared approach. They developed new structures to ensure that COHC's funds will have the greatest impact on regional health and well-being, including having a separate team vet major proposals to ensure they align with the organization's goals prior to working groups assessing proposals.

COHC team members also reassessed their governance structures related to financing. They realized that the COHC workgroups did not have sufficient authority to allocate funds to advance their efforts, limiting their abilities to autonomously

implement programming. In collaboration with the COHC board, the workgroups were empowered to make decisions about the allocation of resources from the CCO savings. The RHIP investment framework now provides each workgroup with \$250,000 a year. The onus is now on the workgroups, rather than on the board, to make many funding decisions. The board sees this as an important mechanism for distributing leadership across community stakeholders. According to one of the team members, "This change came out of thinking about how we give ownership to the people and organizations in each of the workgroups."

COHC's Ventures-related work also influenced the development of a new financing arrangement through its CCO contract. COHC's leaders knew they needed to find a more reliable way to fund their partnership work. Traditionally, a large portion of COHC's annual revenue came from an assessment of the CCO's savings at the end of each year. That savings could vary considerably, meaning that COHC did not have a reliable revenue source. Through their Ventures financing work, COHC leaders were encouraged to look beyond grant funding to identify other funding approaches that could be more sustainable, and that accurately reflect the value COHC provides to the Central Oregon community.

"This change came out of thinking about how we give ownership to the people and organizations in each of the workgroups."

Using the new value proposition narrative, the COHC leadership was able to make an effective case. Now, rather than receiving payment at the end of each year, the Central Oregon Health Council receives an annual upfront payment of one percent of the CCO's global budget through a new joint management agreement with the CCO. This change in the timing of the payment provides the COHC with a guaranteed amount of upfront funding as opposed to relying exclusively on the shared cost savings at the end of the year.

Learning from COHC

A number of contextual factors helped to propel work in Central Oregon, including a state policy environment that helped COHC to work with great impact and a health care market with limited competition. Beyond these contextual factors, COHC was able to leverage

its work with Ventures and build momentum in effective ways. Still, as the Central Oregon Health Council moves along its pathway toward health system transformation, it is grappling with potential pitfalls that are commonly experienced by collaborative efforts working to transform regional health.

Ways to advance progress

Coupling legislative support with effective regional stewardship: The Central Oregon model is one of a relatively limited number of shared savings arrangements that uses the savings (that accrue from innovations in serving the Medicaid population) to fund population health programming that promotes health and well-being among the region's general population. With a sustainable revenue stream, COHC is able to invest strategically in a suite of selected policies, programs, and practices that align with a shared vision for regional health transformation. This would not be possible without the CCO structure established by the state legislature. However, Oregon's other CCOs have developed in very different ways. The relative strength of Central Oregon's model demonstrates the importance of developing regional stewards with a strong appetite for doing work differently, a compelling shared purpose and value proposition, and ambition to refresh and strengthen their approach over time.

Enabling authority through legislation: While the founders of the COHC established the authority of the group through their own leadership when they initiated the group in 2007, the state-level CCO legislation, passed in 2011, has played a critical reinforcing role. It provides the group with a clear line of ongoing responsibility and legitimacy among stakeholders in the regional health ecosystem. The COHC has very clear authority from the state for its role as a crosssector collaborative overseeing regional health and well-being.

Having a single health care system: Those involved in Central Oregon's Ventures work believe that having only a single health care system operating in the region allowed greater alignment across stakeholders and more innovative approaches to health transformation. Because there is only one system in the region, many local leaders observe that the system is obliged to find creative solutions to challenging problems. As one of the team members noted, "We're the biggest thing between Portland and Boise. And we have such great opportunities to try so many cool things because the health system can't externalize these issues. You know, they can't just say, 'Oh, we're not taking care of that. Go to that hospital across the street for it.' They have to just take care of it."

Reinforcing a strong ambition for continued progress:

When COHC began its work with Ventures, it had already been working for 10 years on innovative approaches to regional health transformation. But, according to some, COHC was "coasting" on previous success and needed to rethink its shared purpose and value proposition, the type of strategic approaches needed in the region, and its financing and stewardship structures. Doing things differently entails hard work and a constant drive to advance new approaches for health transformation and system change.

Ways that progress can be derailed

Lacking depth of resident engagement: The COHC has a community advisory council comprised of a cross-section of the area's residents, as required by the state CCO legislation. The group, which exists to ensure the COHC remains responsive to consumer and community health needs, is intended to be representative of Central Oregon's demographic makeup. However, the overall sense was that this group did not fully represent the region's residents. The prevailing wisdom was that new mechanisms were needed to ensure that the full diversity of residents from the three counties are engaged, and that residents understand the role of COHC and are themselves able to play a meaningful role in its work. COHC is in the process of experimenting with new ways of engaging grassroots community-led groups and residents.

Allowing your prior focus to dictate your future direction: COHC's work with Ventures reinforced where it was already heading—toward addressing a broader set of the social determinants of health. However, it can be easy for the staff and board of an organization that has been focused on health care to be pulled back into strategies and activities that focus on delivering urgent care because the staff are trained in these areas and the organization is structured to address those needs. It will take continued hard work to maintain a focus on the many vital conditions beyond health care that are impacting health and well-being.

Common Ground Health Case Study

Finger Lakes, NY

By Beth Siegel (Mt. Auburn Associates) and Jane Erickson (ReThink Health)

Overview

New York's largely rural Finger Lakes region, which includes a nine-county area as well as the city of Rochester, has a long history of collaboration to reduce health-related costs and improve health outcomes. This history began over 50 years ago, through the leadership of the region's largest companies, such as Eastman Kodak. A number of case studies have been written about why the region, and Rochester in particular, "leads the country as a beacon of high performance on cost and quality."¹ According to one of these cases, "The Rochester story reflects a local culture that has been built where all stakeholders recognize that we are all in this together."²

The ReThink Health Ventures team supported one of the region's core health transformation organizations, Common Ground Health, through a strategic planning process. A cross-sector board of directors, comprised of health care providers as well as leaders in education, business, and human services, leads Common Ground, which has its roots in facilitating regional planning around health care facilities and technology capacity planning. Board members saw an opportunity through Ventures to address a number of questions, including: "What has Common Ground's historical role been, what is its current role, and what should its role be going forward?"

Context

Common Ground serves a broad geographic area, including nine counties with both urban and rural populations. Additionally, the region has a strong history of health care cost containment and collaboration to support outcomes related to the Triple Aim (lower costs, better outcomes, and improved patient experience). Today, particularly in Rochester, there are a large number of cross-sector partnerships designing innovative efforts related to the social determinants of health, systems integration, shared data systems, and health disparities. This context plays an important role in understanding the work of Common Ground in Ventures.

VENTURES TEAM, GEOGRAPHIC SCOPE

- **Ventures Team:** Common Ground leaders, including executive director, director of strategic initiatives, and director of research and analytics; current Common Ground board chair and leader at a regional school of nursing; Common Ground board chair elect and leader at major health care system; Common Ground immediate past board chair and leader in the business community
- **Geographic Scope:** New York's Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, and Yates counties

www.commongroundhealth.org/

Community Context: The Finger Lakes region has a population of 1,279,000 people living in nine counties. Monroe County is the most densely populated; it includes Rochester, the third largest city in the state. The eight other counties in the region are predominately rural, with populations ranging from 18,000 to 110,000. The area's demographic profile has changed little over the years, except its total population has declined relative to that of New York state—depressing the region's economy.³ The region is predominately white with eight of the nine counties estimated to have 88.3 to 96.7 percent of their populations identifying as white and only 1.7 to 4.1 percent identifying as Hispanic. Monroe is the largest and most diverse with 24 percent of residents identifying as non-white and nearly 8 percent identifying as Hispanic.

For many years, Rochester was home to the headquarters of manufacturing giants Eastman Kodak, Bausch + Lomb, and Xerox. At its height, in the 1980s, Kodak employed 60,000 workers in the region. George Eastman, Kodak's founder, held a prominent position in the community, and local stakeholders worked closely with and were greatly influenced by their colleagues in the business community. However, manufacturing began a steep decline in the early 2000s. A large number of jobs were lost as a result of corporate bankruptcies, including at Kodak; mergers that led to companies moving away from the region; and companies such as Xerox making significant cuts to their local workforces. Though some manufacturing jobs have been added back, the manufacturing sector overall is expected to continue its decline, and the area's large manufacturers no longer have the influence they once did. Instead, other employers, like Paychex, Wegmans, and Constellation Brands, as well as the region's two health care systems, Rochester Regional

1 Morrison, Ian, Ph.D., Ian Morrison on Community Collaboration for Health Care. Hospitals & Health Networks (H&HN), December 1, 2017; Hall, William J. and Paul F. Griner, Cost-Effective Health Care: The Rochester Experience. Health Affairs, Spring 1993.

2 Ibid.

3 U.S. Census, American Community Survey 2013-2017.

Hospital and the University of Rochester Medical Center, have begun to rise in regional significance. The region's largest employment sectors are now health care and social assistance, accounting for approximately 85,000 jobs in the Rochester metropolitan area, according to 2018 data from the New York State Department of Labor.⁴

Political and Institutional Context: The Finger Lakes region has a relatively complex and mature health ecosystem, with a number of closely related cross-sector initiatives in addition to several well-established health care players. A number of well-established partnerships are designing innovative efforts addressing the social determinants of health, systems integration, shared data systems, and health disparities. Common Ground has an especially long history in the region, emerging from a health planning council created in 1961 by community leaders and led by the director of Eastman Kodak Co. The 1974 National Health Planning Law officially designated this council as the Finger Lakes Health Systems Agency (FLHSA). The FLHSA, which changed its name to Common Ground Health in 2017, is the last remaining health systems agency in the nation.⁵

Common Ground is overseen by a cross-sector board of 23 community leaders, including representatives from hospitals, payers, local businesses, government agencies, and service providers. It works with an additional 240 partner organizations and businesses to improve access to and quality of care and better health outcomes for all through population-based analytics, cross-sector collaboration, and health care practice transformation. To support its community engagement efforts, Common Ground also oversees the African American and Latino Health coalitions and the Partnership for Access to Healthcare (PATH), which all focus on issues related to health disparities. While Common Ground has evolved considerably over the past decade, it uses the Triple Aim goals to guide its health care strategy. Much of its work to date has centered on efforts focused on health care delivery.

Advancing Health Transformation with ReThink Health Ventures

The Ventures experience has transformed how Common Ground's leaders see their role. They have shifted their vision, viewing the region more as a complex health ecosystem—consisting of a wide range of organizations and partnerships working to broadly support health and well-being for all residents

in the region. They have come to appreciate more deeply that they are one of many important groups working to help that ecosystem to thrive, and can play a more effective leadership role by strengthening the network of organizations working to bolster the ecosystem. The story of how the leaders of this organization, one of the oldest health transformation entities in the U.S., have come to embrace the concept of distributed leadership as a means to rebuilding a sense of shared ownership for regional health transformation efforts, provides insights into the need to be adaptable and strategic in light of the changing regional context when working to transform regional health.

How leaders are working differently

- 1. Embracing distributed leadership as a model for regional stewardship:** Common Ground's leaders have shifted their mindset about their role in the region, realizing that they do not need to always lead directly, and can instead advocate for and model distributed leadership. Within a distributed leadership structure, the work happening within and across collaborative partnerships in a region to achieve a common purpose are distributed among many groups and individuals rather than owned by a single entity. Distributed leadership shifts focus onto relationships among many parties, with each taking some responsibility for leading on behalf of the whole and building alignment through relationships and mutual commitments.

Perhaps the greatest impact resulting from Common Ground's work with Ventures was the organization's new approach to regional stewardship, which is anchored in distributed leadership. Developing this practice meant recognizing that the existing network of trusting relationships in the region needed to be strengthened. The Ventures team realized that, while there was a broad base of influential stakeholders in the Finger Lakes, they were not collaborating effectively. One board member remarked,

"[We have moved] from being reactionary or defensive and needing to define our territory . . . to saying there is a lot of good work going on. Let's bring in everybody. Let's make a bigger tent and support other groups, help them see common parts that should be worked on in a broader sense by the whole community."

This practice has encouraged a shift in how Common Ground participates in a number of regional initiatives. New conversations between Common Ground and Rochester Health Information Organization (RHIO), the Finger Lakes Performing Provider System (FLPPS, an initiative supporting regional Medicaid reform), and the Rochester-

⁴ <https://www.labor.ny.gov/stats/cesemp.asp>

⁵ Established in 1974, HSAs were formed to provide local direction and control of health care planning in regions across the U.S. In 1986 HSAs lost their legislative authorization and federal funding ended. States were free to maintain HSAs with their own resources.

Monroe Anti-Poverty Initiative (RMAPI, coordinated by the United Way) indicate that stakeholders in the region are now better prepared to work across organizational boundaries in ways that were not possible even a short time ago. Conversations about how each of these groups can support a shared vision around health system transformation have brought greater clarity regarding each organization's unique roles and responsibilities. Common Ground is acting as a subject matter expert across multiple initiatives, providing data, analysis, and strategic thought partnership with key leaders. Additionally, the organization is making Whole Child Health (which supports a holistic view of children's health that includes physical, cognitive, social-emotional, and behavioral health) a major priority, but rather than assuming it needed to lead this work, it is working with others to support ongoing activities.

2. Incorporating strong system thinking: Common Ground staff, board members, and many of the board members' organizations have developed a deeper appreciation and understanding of system thinking and system approaches.

Common Ground's work to develop a theory of system change through Ventures helped to shift both mindsets and actions across the organization, including the board. The effort involved understanding how the many forces that shape health in a region can work together effectively as a system. This pushed the thinking of the team and reinforced the importance of taking a system approach in the strategizing, planning, and implementation of their work. Looking at the multiple systems impacting health and well-being led Common Ground into some new areas, such as prioritizing new work around the region's food systems and included convening a partnership to address access to healthy and fresh foods. Common Ground's leaders have noted that the system thinking approach helped to also change the perspective of the organization's board of directors. "The upstream is where [staff's] hearts were, but, for some of the board members, it was a little hard to really give us permission to go there because it wasn't traditionally what we've been doing," said one team member.

Common Ground has also established a standing internal group, comprised of the organization's staff, tasked with ongoing strategic planning that looks at its entire portfolio over many decades. The board now sees strategic planning not as a once-every-three-years process, as it had been prior to their work with Ventures, but as an "evergreen function."

3. Adopting a more ambitious agenda, moving to a broader set of vital conditions that help residents of a community to be healthy and well (such as early childhood development) and a deeper commitment to achieving health equity:

The organization is now supporting work across many of the systems impacting health and well-being, including transportation; community development; housing; and systems integration involving health, human services, and education.

Common Ground's executive director Wade Norwood reported that, prior to working with Ventures, "[Upstream work] tended to be trumped by the clinical work and by the programmatic intervention, as opposed to the policy intervention." The process of developing a shared value proposition narrative, rooted in an aspirational and long-term view of the future and recognizing what the organization needed to shift to get there, was significant to the evolution of Common Ground's thinking. The value proposition narrative helped to strengthen Common Ground's vision and broaden its leaders' thinking about collaborative approaches to achieving health equity.

Through this work, Common Ground began to rethink its long-term direction and role in the region. This led to the recognition that its model for health system transformation through data-informed, cross-sector collaboration could not be achieved by simply by addressing health care costs and quality. It also needed to address health disparities in the region, empowering the many regional stakeholders who also play important roles in advancing health and well-being. This shift in thinking led the group to articulate health equity as a core value of Common Ground for the first time.

The most immediate impact of this work has been the reconfiguring of how Common Ground engages the coalitions it had historically convened to represent the African-American and Latino communities, which had not been a formal part of the organization's governance structure. Common Ground has worked with each group to formalize their involvement in the ongoing strategizing and implementation of Common Ground's work.

Learning from Common Ground

The ways in which the Ventures work evolved in the Finger Lakes are particularly relevant to stewards leading health transformation work across the country, particularly those working within a long-established partnership looking to evolve. The experience provided lessons about the need to pay close attention to demographic and economic trends, to periodically recalibrate shared values and the approach to stewardship, and to recognize the importance of a

core entity focused on long-term health and well-being in the region.

Ways to advance progress

Wearing multiple hats: Volunteer leaders of nonprofit organizations are accustomed to removing their own institution's "hat" and putting on their nonprofit's hat. But, in the case of Common Ground, the Ventures team encouraged board members to wear multiple hats—that of the organization or institution that they were representing and that of a Common Ground board member and advocate. This is allowing Common Ground to operate more like a well-networked cross-sector partnership than a single organization that works collaboratively. One of the board members remarked, "We've learned that it's okay to leave your organizational hat on . . . it's a harder conversation, but you can't move forward without it." A board member representing one of the hospital systems reported that he wears three hats, "I am there to steward Common Ground Health to drive value on behalf of the region; secondly, to provide granular leadership to Common Ground on how it goes about doing that; and, third, I am there to ensure that the discussion of #1 and #2 reflects the reality of our health care marketplace that I am part of."

Having difficult conversations and embracing the concept of distributed leadership: Leaders in the Finger Lakes region have had to confront personal and organizational rivalries impacting their abilities to achieve health transformation. Learning how to have difficult conversations and embrace the concept of distributed leadership has offered a potential path forward for Common Ground and other organizations that recognize both the need for alignment and the challenges that that entails.

Common Ground's Norwood expressed this mindset shift well: "To me, the incredible value of a model of distributed leadership is understanding what my music teacher told me in seventh grade, 'Sometimes the sweetest note is the rest note. Sometimes the brass section isn't playing at all. Sometimes the woodwinds aren't playing. It's okay not to play in a movement as long as you understand that you're part of the entire symphonic whole.'"

Through Ventures, Common Ground realized that it not only does not have to always be the conductor, it does not have to always be the first chair of the violin section either. Of course, if a regional approach to distributed leadership is to take hold, multiple organizations must come to this same understanding.

Rethinking is necessary in the face of changing regional contexts: The Finger Lakes region, and Rochester in particular, has received a lot of attention

for its past successes around cost containment and health care quality. However, what worked in the past to affect these outcomes may not work today given the evolving federal and state policy context, regional economic context, and regional ecosystem of organizations working to advance change. It is critical that no region remains stagnant in its approach to health transformation. Stewards require time and space to step back on a regular basis to assess the current context, refresh their institutional structures, and innovate. This can help ensure continued progress on the complex pathway toward health transformation.

Ways that progress can be derailed

Navigating multiple strong partnerships and institutions working to advance community change: Although the Finger Lakes region has a strong history of collaboration, in recent years, the emergence of many new collaborative groups and efforts working in the community health space has resulted in some inter-organizational competition, as well as tensions among the leaders of these groups. While it remains a challenge, recent changes in leadership, context, and approaches may ease some of this tension moving forward.

Changing health care environment: For decades Common Ground has played a key role in supporting effective regional health care planning and cost containment. These efforts occurred under fee-for-service payment models, where providers were paid for services based on the volume of care they delivered. However, current health care trends, including a shift to value-based payment models, are requiring Common Ground to redefine its role. Under value-based payment models, cost containment and resource planning occurs intrinsically because payments to providers are tied to the value of the services that are provided to individual patients and patient populations more broadly. Because of this, Common Ground's historical focus of convening around issues of cost containment and health care planning need to be redefined to ensure continued positive outcomes for the community.

Facing the loss of state political leadership in a state that has historically supported Common Ground's work and brought resources to the region: Common Ground has had strong relationships with powerful state political leaders, helping it to bring in resources to sustain its functions. However, with the 2018 election of a key state representative to the U.S. Congress, Common Ground and others in the region may have more challenges as they seek state support for their work. This may require that they approach advocacy work with the state government in new ways and through new avenues.

King County Case Study

King County, WA

By Beth Siegel (Mt. Auburn Associates) and Jane Erickson (ReThink Health)

Overview

King County, Washington, has a deep tradition of regional improvement initiatives, from community development, school readiness, homelessness, and behavioral health to economic development, climate mitigation, and workforce and transit-oriented development. In addition, there are explicit public-sector strategic plans focused on social justice, equity, and race in both the city of Seattle and in King County. Many leaders in the region understand that addressing health must go beyond innovations in health care delivery to tackle not only the symptoms but also the root causes of health inequities.

Building on this very strong foundation, a network of multisector leaders, convened as part of the ReThink Health Ventures project, decided that aligning multiple initiatives around a common vision would not be enough to get to the type of transformational work necessary to achieve truly equitable health and well-being. As noted by one of the participants, “We realized that if we are really trying to get to greater equity, we needed a different game plan. We needed a different approach to really creating a collective effort that is leveraging the strengths in various sectors towards a common outcome.”

Seattle Foundation’s Civic Commons project recently launched You Belong Here, an initiative that embodies this new game plan. The initiative will help people and organizations interested in learning how to build a sense of widely shared ownership for a region’s future and inspire businesses as well as residents, particularly those often left out, to help steer the course toward more equitable outcomes.

Context

The economic and institutional contexts within King County shaped how the network of multisector leaders approached its work with Ventures. Growing economic disparities and fears that the county would soon be unaffordable to many existing residents drove the group’s vision. And, the region’s history of strong and successful cross-sector partnerships between the public sector and philanthropy, many of which were rooted in a commitment to transformation, was fundamental to the overall strategy that the group embraced.

Community Context: King County has experienced enormous demographic and economic changes over the past three decades. Over the last 15 years, the

VENTURES TEAM, GEOGRAPHIC SCOPE

- **Ventures Team:** Leaders from major local and national philanthropies, the office of the county executive, the city of Seattle’s office of planning and community development, the King County accountable community for health (HealthierHere), and the county public health department
- **Geographic Scope:** King County

www.seattlefoundation.org/Blog/Articles/2018/05/civic-commons-announcement

county has shifted to a growing technology-based economy, evolving from a mature manufacturing economy known primarily as the home of Boeing aircraft plants. It is now home to two of the largest global technology companies, Microsoft and Amazon, as well as an expanding tech sector. One result of this economic shift has been significant population growth, which has put pressure on the housing market.

“We needed a different approach to really creating a collective effort that is leveraging the strengths in various sectors towards a common outcome.”

While, in general, residents of King County are doing well economically, there are growing disparities in terms of both specific population groups and communities within the county. The disparities existed prior to—and have been exacerbated by—the recent growth of the region. The overall median income is higher than the national average at \$83,571, but the median household income for black residents is only \$42,280 and for Hispanic residents about \$57,933.¹ There are also neighborhoods within Seattle and communities within King County that are facing serious economic challenges. The [2015-2016 Community Health Needs Assessment](#) found, for example, tremendous geographic disparities in percentages of

1 Source: www.PolicyMap.com

children enrolled in free or reduced-price lunch programs, with school districts ranging from a low of four percent to a high of 79 percent of students enrolled.

Political and Institutional Context: Both King County and the city of Seattle have progressive governments that have had a long-standing and deep commitment to pursuing health equity and to designing innovative, system-level solutions that consider both urgent services (like acute care of illness or injury) and vital conditions that help residents of a community to be healthy and well (such as education, humane housing, and others).

Establishment of HealthierHere, the regional ACH:

Two federal State Innovation Models (SIM) awards advanced Washington's approach to health system transformation, which is known as the Healthier Washington Plan. In 2013, the federal Centers for Medicare & Medicaid Innovation (CMMI) awarded the state nearly \$1 million to develop the five-year plan. The state then received a second \$65 million planning grant to identify five foundational areas to achieve health system transformation. A critical component of this plan was the establishment of regional accountable communities for health (ACHs), which will be held accountable for performance results and rapid-cycle learning and improvement. At the same time that the state was developing the plans for the ACH implementation, it was negotiating with the federal Centers for Medicare & Medicaid Services (CMS) on a five-year Medicaid demonstration waiver. This agreement, reached in 2017, provides up to \$1.1 billion in incentives for delivery system reform. The regional ACHs were then tasked with pursuing projects aimed at transforming the Medicaid delivery system in the state.²

Since King County had already convened, in 2013, a regional multisector group for the Healthier Washington Transformation Plan, it was able to use this group to form an Interim Leadership Council as the platform for the new ACH in the region. When the state decided that the newly formed ACHs would be the regional entities responsible for the 1115 Medicaid waiver, as part of the state's negotiation with CMS, they decided that the ACHs could not be governmental or quasi-governmental entities. As a result, in April 2017, the Interim Leadership Council spun off as a separate entity, an ACH called HealthierHere, with a 26-member board of directors and with the fiscal sponsorship of Seattle Foundation. As of February

2019, HealthierHere was in the implementation phase and had begun contracting with providers to transform the delivery system.

Advancing Health Transformation with ReThink Health Ventures

The King County Ventures team of regional leaders began with a focus on the ACH, but quickly shifted to focus on better aligning and creating greater synergy among the more than two dozen local initiatives that could impact health and well-being. Through their work with ReThink Health's [Negotiating a Well-Being Portfolio Exercise](#) during the spring and summer of 2017, team members saw how the county's diverse initiatives fit together as a system influencing health. As one team member noted, "We [started out] thinking that the ACH was at the center of our work. [But from our work to understand the dynamics of well-being in King County we realized] that it was a spoke in the wheel, but not the center."

In May 2017, with this revised focus and with the assistance of Ventures coaches, the team convened an invitation-only meeting with 35 individuals representing the most ambitious transformation initiatives currently underway across the county. While the convening surfaced some lack of alignment and the siloed nature of the work, it did not achieve the intended result of energizing the assembled group to take further action together. During the debrief after the meeting, the King County team and the Ventures coaches identified a bigger issue; the team realized that what was really missing was the sense of belonging and "civic muscle" needed to enact changes that are truly inclusive and transformative.

As a result, the King County team turned its attention to developing a value proposition narrative rooted in a shared vision for King County's future as well as shared values around what it would take to get there. This effort was instrumental in galvanizing a widening network of leaders around a deep-seated concern about the future prospects for the people and place they loved. In thinking about their vision for the future, team members realized that a deeper systemic response to the rapid changes occurring in the King County region would require much broader involvement of people and organizations, especially long-time residents, corporate executives, and newcomers in the millennial workforce. The team concluded that it was not enough to launch and lead dozens of major initiatives; residents in King County must begin to think and act like stewards of their common region. The team identified two pivotal elements needed for that kind of system stewardship: 1) creating a new leadership ethos, and 2) strengthening the civic infrastructure by creating conditions in which

2 Washington State Health Care Authority, Policy Division. (January 1, 2018). State Health Care Innovation Plan Annual Status Report, Engrossed Second Substitute House Bill 2572, Chapter 223, Laws of 2014. Retrieved from https://app.leg.wa.gov/ReportsToTheLegislature/Home/GetPDF?fileName=HCA_Report_-_State_Health_Care_Innovation_Plan_79836ce7-372d-4c40-904a-b7f472c32d5d.pdf

residents have the opportunity to belong and contribute to realization of the shared vision.

The two philanthropic leaders on the team embraced this new focus. They saw a major gap in the region in terms of power sharing and wanted leaders to recognize this and learn to navigate in a much more equitable way. The team developed the idea of a new effort, You Belong Here, which one team member described as creating “the type of connective tissue in the region where we recognize that continuing to have the type of region that we all want to live, work, and play in requires us to engage with each other in a different way.” The essential theme of You Belong Here also resonated strongly with elected officials who wanted to reinforce King County’s commitment to inclusion and prosperity for all. For example, King County Executive Dow Constantine repeated the phrase “you belong here” several times in his 2017 State of the County address. It was also a central theme in his re-election campaign, and the county has embraced it as an official governing philosophy.

With a longer-term time horizon and a much more ambitious goal, the Ventures team sought multi-year philanthropic support for its work. The involvement and excitement of the two philanthropic leaders on the team was critical to this. The Bill & Melinda Gates Foundation eventually provided seed funding to support the work; and Michael Brown, who had been Seattle Foundation’s vice president for programs, became the “civic architect” of the foundation’s new special project, the Civic Commons. You Belong Here became one of the Civic Commons’ first initiatives.

You Belong Here’s efforts to strengthen belonging and civic muscle could have many benefits in the region. Most importantly, the work is necessary to ensure full inclusion and address racism, sexism, and economic inequity. In addition, it will contribute directly to people’s health and well-being by strengthening social supports, and indirectly by developing a constituency that will enact new policies, programs, or investment priorities.

How leaders are working differently

- 1. Playing the long game:** While recognizing the need to address some of the more urgent needs in the region, the leaders involved in Ventures are now taking a very long-term approach and realize that changing power dynamics and developing a more inclusive agenda for regional transformation is a multi-decade effort.
- 2. Expanding ambitions:** The team’s enhanced focus on root causes and system transformation expands regional leaders’ already noteworthy ambitions. They already had an ambitious vision and strong foundation of work on health and equity, and

they have been able to build from there.

- 3. Addressing power dynamics head on:** The regional leaders’ goal of catalyzing community members as a means to achieving equitable outcomes has the potential of ensuring that the community looks at things differently, partners in new ways, and shares power in a different way.
- 4. Embracing a systems approach:** The leaders involved in Ventures are challenging a traditional regional culture that tended to be top down and employ technical solutions. Their work in Ventures has reinforced the belief that top down technical solutions particularly those driven by the region’s large for-profit corporations, are failing the county, and that a systems approach, supported by a commitment to strengthening civic muscle, could provide a more sustainable path forward.

“We [started out] thinking that the ACH was at the center of our work. [But from our work to understand the dynamics of well-being in King County we realized] that it was a spoke in the wheel, but not the center.”

Learning from King County

You Belong Here and the other work that the King County leaders’ involvement in Ventures catalyzed is still in a formative stage. The core stakeholders involved are in the process of defining their direction over the next three years. Whatever the outcome, however, the leaders’ new way of working and thinking is likely to impact how the region addresses its changing demographics and economic trajectory in a way that is more systemic, inclusive, and benefits all of its residents. The experience in King County offers lessons for other regions about the ways that progress toward health transformation can be advanced or derailed.

Ways to advance progress

Responding to widely shared sense of urgency:

The rapid changes in the King County region, with growing homelessness and fears of further gentrification, have created a concern that if Seattle does not address the current trends, it could become

the next San Francisco—a community where many low-income residents are finding themselves displaced and where residents fear the soul of the community is threatened. Through its Ventures work, the team harnessed this sense of urgency into an emerging regional movement to build civic muscle.

Mapping existing initiatives: There are, according to the Ventures team, over 20 initiatives in the King County region that are focusing on some type of collaborative process to address homelessness, health inequities, educational inequities, and so on. Through Ventures, the team mapped out these initiatives to better understand where initiatives aligned and where they did not, and then assessed how to reach scale. Before this, there was no alignment across these initiatives, and there was a sense that the primary focus of each initiative was to address symptoms of these problems, not the underlying drivers, such as income inequality and structural racism.

Developing a shared value proposition narrative: For some members of the Ventures team, the hard work to develop a value proposition narrative around their shared purpose and their unique ability to contribute to the achievement of that purpose was critical to their coming to the realization that they needed to focus on developing people's and organizations' civic muscle, which would include disrupting some of the current power dynamics in the region. Building a compelling narrative was also important in initial efforts to effectively communicate and broaden the core team.

Explicitly connecting urgent services and vital conditions: It was important that the executive director of the region's new ACH was part of the Ventures team, connecting the ambitious work around building civic muscle with the more grounded work around transforming the health system. While HealthierHere was initially responsible for implementing the 1115 Medicaid waiver, its vision extends beyond the Medicaid population. How this effort evolves will be an important test of You Belong Here's initial focus.

Building a team of “super connectors”: The King County team was not a formal cross-sector partnership established prior to Ventures. Instead, it was a group of well-respected leaders, both within their organizations and the community more broadly, who had worked in many different environments within the region and were deeply committed to the shared vision they created. As a result, when it came to keeping the work moving forward, their organizational affiliations remained important, but less so than their personal connections and mutual respect. As one team member reported, “We didn't have to bring our

organizations along with us because we had the relationships within those organizations to know that we could pull resources as needed and we had so many connections in our community that we could tap.”

Ways that progress can be derailed

Navigating the tension between concrete action and longer-term system approaches: The greatest tension in the work over the course of Ventures has been between those who think it is critical to achieve some early wins through concrete actions and those who are more comfortable playing the long game. It is difficult to step back and have a long-term systems approach in a community that believes there are many urgent needs that are not being addressed. Regionally, there is a bias toward taking action, so stepping back and listening to and engaging folks in new ways is an ongoing challenge.

Communicating what they are trying to do: The team shared that communicating its value proposition narrative and theory of system change in a way that is understandable across multiple sectors and stakeholder groups has proven to be more difficult than anticipated. To sustain progress, team members will likely need to continue refining their narrative with their key audiences as a way to substantively engage with them around building civic muscle in King County.

Working with the not usual suspects: To achieve broad-based and long-term transformation, the team will need to extend engagement beyond those in the region who have long been involved, like the public sector and philanthropic leaders. Their focus on involving business leaders, young people, and residents more broadly is critical to this strategy.

Health Action Case Study

Sonoma County, CA

By Beth Siegel (Mt. Auburn Associates) and Jane Erickson (ReThink Health)

Overview

In 2007, Sonoma County's Department of Health Services established Health Action, a cross-sector partnership to address local health issues and improve the health and well-being of residents. Over the next decade, Health Action's work included implementing campaigns to promote health, creating an education partnership, establishing local Health Action chapters, and developing a collaborative approach to addressing cardiovascular disease in the county.

The relationships built over the years through Health Action made it easier for various groups to band together and respond to community needs during and following the devastating 2017 wildfires known as the Sonoma Complex Fires. Health care and human services delivery professionals were able to draw on the relationships they built through Health Action to manage shelters and address emergency medical needs. The fires also caused leadership to recommit to Health Action and further strengthen its ability to be a transformational change agent.

The valuable relationships and trust built over the 11-year history of Health Action have been critical as the partnership works to deepen its impact in the county. In the year following the fires, with assistance from The Rippel Foundation's ReThink Health Ventures project, Health Action leveraged its solid relationships and made further progress in revamping its leadership team; in designing a more intentional community engagement approach; and in distributing leadership responsibilities. The alignment of the Ventures work in Sonoma County with the county's work as part of the California Accountable Communities of Health Initiative (CACHI) created new synergies in efforts to maximize the use of scarce resources and build an integrated approach.

The work of Health Action conveys lessons to the field about the need to step back and reconsider some elements of a mature community health transformation partnership, particularly after a major crisis, to further accelerate the types of changes needed to become a stronger and more impactful partnership in the community.

Context

Sonoma County, part of California's wine country, has a population of 504,000 people and is a major tourist destination. Along with a growing population and fairly strong economy, the county has disparities

VENTURES TEAM, GEOGRAPHIC SCOPE

- **Ventures Team:** Leaders from the Sonoma County Department of Health Services; and Health Action leadership team members, including leaders from the Sonoma County Office of Education, Northern California Center for Well-Being, Santa Rosa Community Health, and Community Action Partnership of Sonoma County
- **Geographic Scope:** Sonoma County

sonomahealthaction.org

by race, ethnicity, and class. While only 9.3 percent of people live below the poverty line, across individual neighborhoods, the poverty rate can be as high as 18.7 percent.¹ Educational outcomes for the county are higher than the averages in California, with only 12.3 percent of residents having less than a high school degree (compared to the state's 17.9 percent), and 33.8 percent having at least a bachelor's degree (compared to the state's 32 percent).² However, the percentage of those having less than a high school degree ranges from 0.4 percent to 26 percent, depending on the census tract. There are also significant gaps in projected life expectancies across racial and ethnic groups.³

Political and Institutional Context: County and statewide efforts to transform the health system have been underway for nearly a decade.

Sonoma County Health Action: Health Action is a cross-sector partnership established by the Sonoma County Board of Supervisors in 2007. Health Action consists of a diverse group of community members and representatives from county and city governments, health centers, local hospitals, schools, and nonprofits. The Sonoma County Department of Health Services is the backbone agency for the initiative, meaning it helps to coordinate and manage the efforts of Health Action.

Under its initial action plan, prior to 2013, Health Action had 10 goals addressing education, economic

1 <https://insight.livestories.com/s/place-matters-health-action-chapters/55fc790ea750b31c83358e2e/>

2 U.S. Census Bureau, QuickFacts, Sonoma County, based on 2013-2017 ACS

3 Burd-Sharps, S., & Lewis, K. A Portrait of Sonoma County, Sonoma County Human Development Report 2014. Measure of America: Copyright: 2014. "Asian Americans in Sonoma County live the longest compared to other major racial and ethnic groups (86.2 years), followed by Latinos (85.3 years), whites (80.5 years), and African Americans (77.7 years)."

resources, community engagement, and other needs related to health. Its early work, beginning in 2007, included community campaigns around healthy eating and active living. As part of its second action plan, for the 2013-2016 period, three priority areas emerged—health system improvement, educational attainment, and economic security. After the release of *A Portrait of Sonoma County* in 2014, a data-driven look at the disparities experienced by Sonoma County residents, Health Action transitioned a third time, adopting the report as a guide for its work. Health Action is still using the report as a guide today. Its committees now include:

- The Committee for Healthcare Improvement (CHI), focused on health system improvement. It has multiple work groups focused on different health care priorities. Hearts of Sonoma County, a cardiovascular disease risk reduction initiative, is a major part of this work.
- The Cradle to Career (C2C) Committee, focused on the following educational priorities: supporting every child entering kindergarten to be ready for success, promoting the academic success of every child in and out of school, and supporting every young adult to be prepared for and complete the highest level of post-secondary education or training needed to achieve their career goals.

In addition to its three priority areas, Health Action includes nine place-based Health Action Chapters. Each of the Chapters is a cross-sector partnership of its own focusing on health and well-being in a sub-section of the county. Health Action designed these groups as a platform for community engagement and broader stakeholder involvement in its work and to address disparities.

Finally, in 2016, at the time it began its engagement in Ventures, Sonoma County, represented by Health Action, was one of six California communities chosen to receive an \$850,000 grant as part of CACHI to implement the Accountable Communities for Health Model. As part of this work, there is also a renewed focus on the design and implementation of a wellness fund. ReThink Health, as a technical assistance provider to CACHI focused primarily on helping the CACHI sites to enable broad and accountable stewardship, was able to support the Sonoma team from multiple angles.

Sonoma Complex Fires: In the fall of 2017, wildfires spread across Sonoma County and beyond, causing extensive damage and exacerbating an already tight housing market. The fires also impacted the county budget, as property taxes comprise more than half

of the county's general fund. The county lost approximately \$1.8 billion assessed value due to the fires.⁴ Approximately 5,300 homes were destroyed in the fires.⁵

Advancing Health Transformation with ReThink Health Ventures

For a variety of reasons, after the fires, a new team from Health Action assembled for the final year of Ventures work. The new Sonoma Ventures team was comprised of individuals who were (and still are) part of the Health Action Leadership Team, which also reconfigured after the fires. Members of the new Ventures team represented the various committees, local chapters, and Health Action more broadly, as well as staff from the Sonoma County Department of Health Services that support multisector collaborative efforts through what are often referred to as “backbone” services. The new team focused on reenergizing Health Action through further strengthening its governance structure to distribute leadership across Health Action; engaging residents as leaders; and better aligning and integrating the existing work of Health Action, Ventures, and CACHI.

The wildfires helped to create a renewed commitment among Health Action members to strengthen the partnership's stewardship approach. Many of those involved in Health Action had come to believe that the partnership's change efforts were not fully yielding the desired results, in part because Health Action members and local chapter leaders were not deeply engaged in advancing Health Action's agenda. To address this, key Health Action members and staff at the Sonoma County Department of Health Services that were providing backbone support to the partnership decided to establish a new leadership team for Health Action. The prior leadership group (called the Health Action Steering Committee) was dissolved, new members were recruited, and new charter and role was created for the team. The new leadership team intentionally included individuals who were closely involved in the day-to-day work of the committees and who were open to playing a stronger leadership role, a shift from the past when the leadership involved members who were more removed. Importantly, these shifts were, in part, enabled by the backbone staff at the County Department of Health Services being intentional about playing a supportive role, ensuring that the new leadership team felt empowered to drive change, rather than taking a leadership role in this regard themselves.

How leaders are working differently

1. Increasing engagement of cross-sector leaders:

The leadership team is now more nimble and responsive because its members are more

4 [http://sonomacounty.ca.gov/CRA/Property-Tax-Assessment-Roll-Moderately-Increases-to-\\$88-98-Billion/](http://sonomacounty.ca.gov/CRA/Property-Tax-Assessment-Roll-Moderately-Increases-to-$88-98-Billion/)

5 <https://www.pressdemocrat.com/news/8638644-181/sonoma-county-property-tax-roll>

connected to Health Action's efforts and are empowered by the county backbone staff to lead change. This has better positioned them to think more strategically about the entire partnership and how its work is implemented. In addition to rethinking its leadership team and approach and engaging new members in the leadership team, Health Action is now meeting more frequently and with an action-oriented focus. The leadership team is more willing to distribute leadership functions across members, rather than relying on county staff to drive the strategy and implementation of Health Action's agenda.

2. Enhancing community voices: With a goal of elevating community voices in Health Action's strategy and implementation efforts, the new leadership team includes representation from the local chapters. The team has shifted from viewing the chapters as siloed entities to increasingly seeing them as part of the leadership structure of Health Action. Efforts to bolster the capacities of the chapters began prior to the engagement with Ventures. The intent is to ensure the chapters inform Health Action about community needs so any solutions created are community-driven and therefore more likely to be sustainable.

Learning from Health Action

Following the wildfires, the work with Ventures helped Health Action accelerate its progress on its pathway toward health transformation. In this context, there were some identifiable factors that proved to advance its progress, and some challenges that the team had to confront directly. These insights may be especially helpful for regional leaders looking to strengthen their stewardship approach to cross-sector collaboration.

Ways to advance progress

Aligning initiatives: Both CACHI and Ventures are reinforcing the same message about collectively moving toward greater sustainability and accountability, using distributed leadership and resident leadership, which has helped drive these key concepts home. Leadership at the Sonoma County Department of Health Services decided to assign a single person to handle their management of both the CACHI and Ventures initiatives, which helped to move work forward in a more efficient and streamlined manner because both initiatives were supporting the Health Action partnership in similar ways. This is the same staff member who leads backbone work for Health Action more broadly, and who approaches the work with an intention to empower and support Health Action members, while also effectively coordinating key initiatives. This approach helps to ensure that

Health Action members are fully engaged in the work of various initiatives, while also enabling them to stay focused on the strategic leadership of the partnership.

Contributing to community resilience: There is general consensus that Sonoma County's health care system was better poised to respond quickly to the wildfire crisis because relationships had been built across institutions that were involved with Health Action for many years prior. For example, doctors from one clinic that was evacuated went to another institution and, according to a Health Action member: "just dug in . . . I think people having worked together for a long time on Health Action really supported cooperation and coordination while the fires were still active."

"I think people having worked together for a long time on Health Action really supported cooperation and coordination while the fires were still active."

Learning from the crisis: Even before the fires, it was clear that Health Action needed to evolve its leadership structure. The fires, in effect, created new momentum to address that need quickly. For example, there was a renewed sense of community, a willingness to recommit and strengthen the health transformation work, and a point of reflection to examine how to best carry work forward. In nature, wildfires allow sunlight to reach the forest floor, enabling a new generation of seedlings to grow. In this case, there was generation of an enhanced learning orientation and willingness to take the risks critical to making progress on health transformation.

Driving change through cross-sector leaders, not backbone staff: The county has been fundamental to the sustainability of Health Action; it provides important authority to stimulate action on certain issues. Challenges inherent in county leadership, however, include staff turnover and changing political priorities. The new Health Action leadership team has an enhanced appreciation for the need to drive the overall strategy and implementation of the partnership's work, rather than rely on county staff for this role. Such an approach can create increased engagement and buy-in from a broad range of Health Action partners, which can enhance the quality and sustainability of their work. It also requires that the county staff be comfortable stepping back to let others assume prominent ongoing leadership positions.

Ways that progress can be derailed

Missing leadership in the day-to-day work: Prior to the intentional change in the leadership of Health Action, many Health Action members were less engaged in its committee and chapter work. While the prior leadership—consisting of CEOs and other influential stakeholders—had influence to advance change, work did not move significantly forward due to lack of engagement. The changes in leadership structure over the last two years are an attempt to overcome this pitfall.

Relying too much on county staff: As noted above, a key way to build momentum is for the organizational members of a multisector partnership to step fully into leadership roles with respect to strategy and implementation. An over-reliance on backbone (in this case, county) staff to lead work can contribute to the disengagement of other stakeholders who may perceive that the backbone is driving the agenda. Finally, competing interests across departments and individuals within county government can also impact team dynamics. For long-term success and sustainability, county staff should continue encouraging members to lead in the new Health Action stewardship structure.

Trenton Health Team Case Study

Trenton, NJ

By Beth Siegel (Mt. Auburn Associates) and Jane Erickson (ReThink Health)

Overview

In 2006, in response to the planned closure of one of the area's hospitals, the mayor of Trenton recommended that the remaining health care institutions work together to address the city's health-related challenges. Leaders from these institutions met informally for many years and, in 2010, the group established the Trenton Health Team (THT), which focused on urgent care coordination, access to primary care, and the development of a health information exchange (HIE). When, in 2016, THT was invited to participate in ReThink Health's Ventures project, its leaders felt that the time was right to accept. THT needed a new vision for itself and new language to describe its work. As one of the staff members noted, the Ventures opportunity "was completely synchronous in terms of our evolution as an organization."

THT's work with Ventures was transformational for both the organization and for the larger community. With support from Ventures, THT developed a new vision for itself. Ventures support also helped leaders decide that THT would continue to address some of the community's specific challenges around health care access and delivery, while at the same time addressing a broader portfolio of interventions related to health and well-being. Further, as one of three designated Medicaid accountable care organizations (ACOs) in New Jersey, THT is helping to shape state policy. Specifically, in response to THT's leadership of its ACO, New Jersey lawmakers are considering a new "regional health hub" model that would, in effect, replicate THT's role in other communities across the state and provide sustainable funding for the leadership entities. This case study is intended to help others engaged in regional health transformation understand how THT evolved into a mature health partnership that is taking on new challenges, partnering in new ways, and helping to build a strong infrastructure for health transformation.

Context

Trenton, the capital of New Jersey, is a small city with relatively poor economic conditions and major disparities in health, income level, and educational attainment relative to the rest of the state. In 2011, policy leaders in the state developed legislation to create regional ACOs that would work to improve health outcomes in the Medicaid population while reducing health care costs and improving the quality

VENTURES TEAM, GEOGRAPHIC SCOPE

- **Ventures Team:** Trenton Health Team leaders, New Jersey Hospital Alliance leaders, and leaders from major regional health care systems and entities
- **Geographic Scope:** Trenton, New Jersey

trentonhealthteam.org/

of care. The economic context within which THT operates, in addition to the state policy environment, is critical to understanding THT's evolution and approach to health transformation.

Community Context: Trenton, the capital of New Jersey, is a small city whose population is comprised mostly of people identifying as African American or Hispanic and people who have immigrated from other countries. A recent data analysis by Virginia Commonwealth University, and funded by the Robert Wood Johnson Foundation, revealed that there is a 14-year difference in life expectancy between residents of Trenton and nearby Princeton Junction—two train stops and less than 20 minutes apart.

Trenton's poverty rate is dramatically higher than New Jersey's as a whole, at 27.3 percent and 10.7 percent, respectively, and its median income (\$34,412) is less than half of the state's median (\$76,126). Educational attainment among city residents is also significantly lower, with only 72 percent of Trenton's residents holding at least a high school diploma compared to 89 percent at the state level.

Trenton Health Team's History: In 2006, in response to the planned closure of Trenton's Mercer Medical Center, the mayor commissioned a report that envisioned the concept of THT, which began informally that same year. Since then, THT has evolved through three phases. During the first phase, in the early years, THT operated as an informal group of senior leaders from four partner organizations: St. Francis Medical Center, Capital Health, Henry J. Austin Health Center, and the city's Department of Health and Human Services.

The second phase began in 2010, when THT incorporated, established a board of directors comprised of leaders from the original partner organizations and additional stakeholders, and hired its first executive director. The third phase began in 2013, when The Nicholson Foundation awarded a grant

enabling THT to staff up so it could begin providing some direct services, convene a group of resident leaders called the Community Advisory Board (CAB), and lead efforts around a community health needs assessment (CHNA) and a community health improvement plan (CHIP). THT also launched the Trenton Health Information Exchange, which gives health practitioners real-time access to integrated and holistic patient records to support treatment decisions and strategies. Also during this phase, in 2015, THT achieved certification as a Medicaid ACO, one of three designated by the state of New Jersey.

Through all phases, THT has worked to expand primary care access and encourage better coordination between health care institutions and other service providers in the community. Its community-wide clinical care coordination team is comprised of physicians, case managers, nurses, and social workers from THT partners, plus representatives of community behavioral health and social service agencies. Concurrent with its participation in Ventures, THT also was selected to join other national initiatives, including the Trinity Health Transforming Communities Initiative, the BUILD Health 2.0 challenge, and the recent Merck Foundation-supported Bridging the Gap: Reducing Disparities in Diabetes Care. Participation in these initiatives greatly expanded THT's portfolio beyond health care delivery to address some of the vital conditions that help residents of a community to be healthy and well (such as education, humane housing, and others). In turn, this has pushed THT to address strategic questions about its broad role as a community health steward.

ACO Legislation in New Jersey: In 2011, New Jersey legislators approved a three-year demonstration project that created regional ACOs to serve the Medicaid population. Due to a number of complexities in regulations and the design process, implementation did not begin in earnest until 2016. At that time, the state designated three regional entities, including the Trenton Health Team, to function as ACOs. The ACOs are responsible for improving health outcomes and access to quality health care for Medicaid beneficiaries in their regions.

During the next two years of the three-year demonstration, the state provided each of the ACOs with \$1 million in funding. The state also extended this support for an additional year given that the policy approach to ACOs in New Jersey is still a work in progress. The funding has been very important in terms of allowing THT to further develop its HIE and to sustain its care coordination activities. Also, ACO certification provided THT access to claims data for Medicaid recipients within its target area, which allowed THT to include additional information in its HIE that helped

organizations accessing the HIE to provide better services to target populations. For this reason, some THT staff reported that the data access has been at least as important as the funding associated with the ACO designation.

Advancing Health Transformation with ReThink Health Ventures

During its work with Ventures, Trenton Health Team's primary goal was to update its strategic plan, which included clarifying its identity and roles, and determining how it could be a more effective catalyst for change in Trenton. It also focused on creating a more financially sustainable business model.

How leaders are working differently

- 1. Increasing focus on population health and long-term thinking:** THT was beginning to expand beyond its clinical focus before its engagement with Ventures, but the Ventures work allowed THT's leaders to more clearly articulate the nature of this expansion and helped THT's Board of Trustees to understand and commit to the more ambitious vision. Ventures also encouraged THT to strategize using a much longer timeframe.

Several participants in THT's Ventures project described the development of a value proposition narrative as foundational to expanding how they approach their work. The process led to the development of a shared vision for health and well-being in Trenton that went beyond health care to address many of the underlying conditions that can drive better health outcomes for the city's residents. Developing a clear, long-term vision and articulating THT's unique contribution to making that vision a reality led THT to consider a more comprehensive approach over a longer time horizon. Specifically, the process helped THT staff to better recognize that the forces that shape health in a region evolve over a long period of time, which led them to think about both short-term responses to immediate conditions while understanding the long-term nature of the transformation process.

Through the value proposition narrative process, the THT also assessed its current strategies relative to its new long-term shared vision and identified a gap between them. The process helped THT to reaffirm the importance of its historical focus on efforts to strengthen and provide urgent services to Trenton's residents. THT also realized that in order to reach its vision it would need to expand its focus to support the city's vital conditions. The Trenton Ventures team developed a compelling narrative that articulated its long-term

vision for health and well-being in Trenton, understanding of its current strategies, and appreciation for an expanded approach to help reach that vision. The team shared and refined the narrative with THT's Board of Trustees and the community advisory board (CAB), which helped each group to appreciate the importance of THT's redefined approach in enabling better health and well-being for Trenton's residents.

- 2. Engaging residents in a new way:** THT's Ventures-related work also focused in part on building more authentic resident engagement, which clarified for THT that, to achieve its vision, in addition to expanding its focus to encompass vital conditions, it needed to focus on involving residents as leaders to help guide the work.

The Trenton Ventures team spent considerable time over the course of the project working with THT staff, board members, and CAB members to build and refine THT's value proposition narrative. This work led the THT to revisit how it could better distribute leadership with Trenton's residents through the CAB. THT's efforts to build structures for more meaningful resident leadership helped it to realize that the current focus of the CAB, which was convened largely to assist THT with Trenton's CHNA and CHIP, did not enable residents to have a real voice in its health transformation work. Over the course of several retreats, THT leaders, staff, and CAB members developed a new approach to ensure that the CAB could be a more authentic partner responsible for facilitating a broad community network to support health and well-being in Trenton, and changed the CAB's name to Partners Advancing Trenton's Health (PATH).

- 3. Building a stronger infrastructure and funding for integrator functions:** In its Ventures stewardship work, THT chose to focus on building distributed leadership for health transformation across the city. THT is now growing into the role of a regional health hub, supporting critical functions for the entire community that can be sustainably funded.

In the past, THT approached each opportunity as if it needed to take the lead or directly provide the services. With a new appreciation for the power of distributed leadership, THT began viewing itself differently. THT's leaders realized that, among other things, in order to achieve an ambitious vision for the community, it would need support and leadership from other community stakeholders. As a result, THT is beginning to work differently with others. One manifestation of its new approach: when a grant opportunity emerges, THT now convenes other stakeholders in the region and works with them to identify which organization(s)

are best positioned to lead a new initiative and which others could be involved as partners. This new approach is supporting a more collaborative culture in the city.

Similarly, THT's work with Ventures around sustainable financing, has resulted in a concerted effort to fund the integrative activities it provides, which include running the HIE, monitoring health outcomes, and assessing health service needs, among others. This has led to a new service agreement with the city of Trenton in which the city pays THT annually to help it meet its public health mandates. Additionally, the THT is looking to sell services related to its analytic and data capacities, primarily through the HIE. For example, the Princeton Area Community Foundation recently provided THT with funding to work with the Trenton school district to add data on chronic absenteeism to the HIE. The data will help to better identify health-related causes of chronic absenteeism and make referrals to address environmental causes, if needed.

Trenton Health Team needed a new vision for itself and new language to describe its work. The Ventures opportunity “was completely synchronous in terms of our evolution as an organization.”

- 4. Influencing the state and other regions:** THT has played a leadership role in convening the state's ACOs, helping to bring them together to influence the state's future approach to ACOs and other regional population health organizations. This work led to the legislature's passage of the ACO extension, which included the provision of an additional \$1 million grant from the state to each ACO. THT is now working with the other ACOs on an effort to have the state formally define a role for “regional health hubs,” which can serve as platforms for better coordination and integration of regional activities related to advancing health and well-being. The ACOs envision the regional health hubs as engines of local innovation that will oversee sharing of real-time, actionable data and serve as the conveners of diverse regional stakeholders. THT and the other ACOs have sent

draft designation criteria to both the New Jersey Department of Health and Department of Human Services. According to THT staff, their engagement with Ventures has helped them communicate THT's value and, by extension, the value of replicating this model across New Jersey.

Learning from THT

THT's work with Ventures provided ReThink Health with notable information about ways to advance progress and things that can contribute to an effort being derailed—from which other regions seeking to advance regional health transformation can learn.

Ways to advance progress

Repositioning for greater value: The work with Ventures helped THT to reposition its work in ways that will generate even greater value. It is, for example, creating a new platform—the regional health hub—where organizations that had been competitive now sit at the same table and talk about what is best for the community, with everyone being more transparent about their interests and recognizing how the work impacts the entire city. One stakeholder noted, “I think we’re getting towards aligning, and [it’s because] the venue is there now.”

Communicating the story of health transformation is critical to supporting alignment and engagement: THT's work with Ventures led to the development of a more compelling narrative that described its shared vision and value proposition, which it shared with the board, the CAB (now PATH), and leadership in the New Jersey Department of Health. This narrative, which tells how THT evolved from focusing on high-utilizing, complex patients to more broadly addressing vital conditions in the city, has helped others to better understand the unique role THT plays in the community. It has also enabled alignment across diverse stakeholders, including the community leaders that comprise THT's Board of Trustees and those that participate in the CAB, around an ambitious vision for the future of Trenton and how THT can help to achieve that vision.

Being more strategic, with a clear value proposition narrative, can provide a foundation for sustainable financing: THT transitioned from an organization that looked opportunistically at potential funding sources to thinking more strategically about its specific value, and then looking to fund that value from a position of strength. This means that THT now makes sure that a new opportunity fits within its new strategic frame for the organization and within the broader community ecosystem. It also means that it now considers some of the integrative functions

it plays—managing the region's HIE and providing some basic public health functions for the city—as functions for which it could and should receive compensation.

Ways that progress can be derailed

Maintaining focus on the long-term agenda: There is concern among THT leaders and staff about how to sustain the type of strategic work and thinking that happened through engagement in Ventures. Staff have significant challenges just staying on top of their day-to-day work. One team member noted, “No matter who you are, there are only 168 hours in every week; we all have jobs, we have families and other competing pieces . . . That has been my greatest challenge, being able to devote all the time I would have liked to this work.” Consistently creating space and making time to continue on this journey is an ongoing challenge.

Increasing diversity within THT: THT has made strides toward making its board and staff more reflective of Trenton's diversity, but it has not been as successful as it would like. The fact that much of the current leadership does not live in the city, and that the leadership remains largely white, is likely to be an ongoing obstacle as the city seeks to ensure more equitable health and well-being.

Sustaining upstream movement: The work with Ventures reinforced where THT was already moving—upstream, to address a broader set of the social determinants of health. However, the origins of THT are rooted in a downstream health care-centric focus. THT's staff, board, partners in the community, and very structure of the organization still largely reflect this historic focus. As noted by one of the members of the team, “It's hard to sustain swimming upstream. All of a sudden, the forces can take you back downstream. You have to have the vision to say that this is really hard work and resist the urge to go back downstream because the memory muscle is there.”

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VENTURES



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