

ALIGNING IN ACTION: WESTERN IDAHO COMMUNITY HEALTH COLLABORATIVE

- Lead organization: Western Idaho Community Health Collaborative
- Lead sector: Public health
- Location: 10 counties in Western Idaho
- Year founded: 2019
- Interview with Alexis Pickering, health strategist, Western Idaho Community Health Collaborative

Health is impacted by factors outside of the health care delivery system, including housing, education, poverty, employment, food availability, transportation, and safety. Recognizing that addressing these socioeconomic determinants of health is needed to meaningfully impact health inequities, a national policy shift is taking place.

Government agencies, payers, and providers are all adopting a social determinants perspective. To effectively address these nonclinical needs, partners must work across sectors. Now, the question is how — what are the best practices for effectively aligning systems?

[Aligning Systems for Health: Health Care + Public Health + Social Services](#), sponsored by the Robert Wood

Johnson Foundation (RWJF) and managed by the Georgia Health Policy Center (GHPC), is focused on learning from stakeholders across the nation about effective ways to align these three sectors to better meet people's goals and needs.

Given variance in the local context, there is no single model or formula to align systems. However, Aligning Systems for Health seeks to understand commonalities that drive successful efforts to align sectors. This series examines how communities that describe their work as aligning systems are doing it around four core components of a [theory of change](#) that RWJF and GHPC are testing: purpose, governance, data, and sustainable financing mechanisms.

In order to get the biggest impact out of investments and community health initiatives in western Idaho, payers, foundations, health systems, and public health came together in early 2019 to form a 10-county collaborative and align each other's strategies and investments in a coordinated effort. The resulting Western Idaho Community Health Collaborative (WICHC) represents just under half of the state's population.

LOCAL CONTEXT

Idaho has a decentralized public health district structure, with each health district representing multiple counties. Central District Health, which represents the most populated district, has the longest history implementing cutting-edge projects with respect to policy, systems, and environmental change initiatives. Southwest District Health, representing rural and frontier communities, is transforming the way they work

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with their communities to improve health in innovative ways. Both public health districts have track records of working with insurers, foundations, and health systems on work site wellness, health transformation, and community health improvement initiatives.

“Our partners knew the work that Central and Southwest District Health were able to do and how they can be a great convener and, together, create a backbone organization that can bring all these different players together and overcome conflicting agendas,” explains Alexis Pickering, health strategist with WICHC.

Aligning these two public health districts was instrumental in accelerating interest within the Treasure Valley.* Together, the two health districts approached the legislature for an unprecedented ask for money targeting these two health districts to transform the way community health was approached.

PURPOSE

ALICE (short for Asset Limited, Income Constrained, Employed) is a new United Way measurement that defines and attempts to understand the struggles of the “working poor” — “households that earn above the Federal Poverty Level, but not enough to afford a bare-bones household budget.” ALICE measures such things as the cost of transportation, food, health care, and housing.

The ALICE Report analyzes what it really takes to afford living in certain counties and drills down to the ZIP code level and sometimes census tracts across Idaho. This measurement is of particular importance in Idaho, which has one of the highest percentages of individuals with minimum wage jobs. In recognition of Idaho’s high poverty rate and the struggling middle class, WICHC is focused on initiatives that target that population “most at risk of falling off the cliff,” says Pickering. WICHC used the Results-Based Accountability process to hone in on specific shared indicators within this population — health care, transportation, food insecurity, housing, wages, and trauma — that will guide the collaborative’s work.

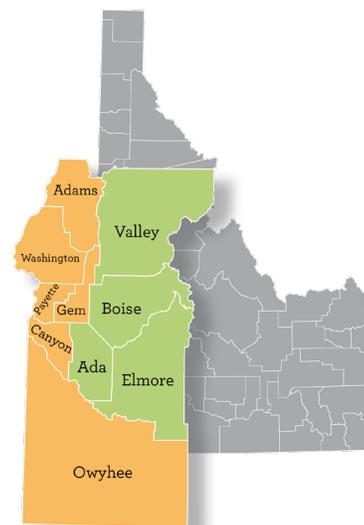
DATA

“Everybody knows that WICHC needs to have a shared data component, and this is probably the hardest thing,” says Pickering.

Traditionally, health systems and public health departments have all done their own needs assessments, but recently United Way and a local health system partnered on a community health needs assessment, which was viewed as a step in the right direction.

WICHC has convened a data work group with the support of a graduate student, and while working toward the macro goal of sharing data, partners shared needed data to complete the Results-Based Accountability process.

Pickering says it was a classic chicken-and-egg conundrum trying to decide if they needed the shared data infrastructure first or if they should start working while building the infrastructure. Pickering and the Executive Committee ultimately whittled down the possible indicators to those reflective of the ALICE population’s needs, address social determinants of health, and available at the county level for at least five years.



Source: WICHC

- Central District Health
- Southwest District Health

* Treasure Valley generally refers to Ada, Canyon, Elmore, Boise, Gem, Payette, and Washington counties.

“The problem is, in Idaho, and I’m sure with a lot of places, we just have so many issues,” says Pickering. “We are data rich, but information poor. And there is hardly any qualitative data out there.”

On the macro front, WICHC is involved in several ongoing conversations, including with the state health data exchange.

FINANCING

With private funders in hand, WICHC pursued and received matching legislative funding in spring 2019 to help build its infrastructure. In 2020, WICHC received its second round of legislative funding, with reinvestment from all of the original private funders, plus a new one.

Pickering says the big plan is to create a wellness fund based on initial and additional investments from private funders and shared savings dollars as part of Idaho’s health care transformation efforts resulting from its \$39.6 million State Healthcare Innovation Plan (SHIP) grant. Communities could apply for this funding based on demonstration that their initiative would target both the ALICE population and address an upstream need.

GOVERNANCE

WICHC is a 21-member collaborative that represents the subject matter expertise across the different sectors working within community health — dental, behavioral health, nursing, physicians, public health, hospitals, transportation, local government, and community-based organizations. There is a separate Funding Council made up of the leadership of the funders.

The collaborative’s Executive Committee consists of the collaborative’s professional staff, a physician, a representative from United Way, and the director of the public transit authority.

Given the collaborative’s early stage, governance is evolving and may involve rearranging the Funding Council to incorporate more of the Executive Committee, but being mindful of funders driving the agenda.

INSIGHTS FROM THE COLLABORATIVE

“To be successful in Idaho we need to connect with the conservative part of the health transformation conversation, and that includes reducing costs,” says Pickering. “So it is blending improving health outcomes and an intrinsic drive to cut costs.”

Pickering says the creation of WICHC is also due to external pressure to do things differently at a broad health system transformation level and also in response to funders who want to see the most impact for their investments.

With a track record of innovation and success as a neutral convener, the local public health departments had the credentials to lead these regional efforts to find cross-sector solutions.

INSIGHTS FOR ALIGNING

- WICHC is an example where public health takes the lead among sectors as the convener.
- Specific measures galvanize the group to a common purpose.
- WICHC demonstrates how to creatively finance infrastructure using private investment with matching state legislative dollars.
- Trust established over several years served the group well in expanding broadband during the COVID-19 pandemic.

ALIGNING IN ACTION

Before WICHC was created, there were smaller collaborations that had started using the local public health district as the backbone organization to align and leverage resources. Elmore County, as an example, has high childhood poverty rates, a lot of mental health issues, as well as high rates of domestic violence and violent behavior. Despite having an Air Force base there, it also has low educational attainment and a lack of physical infrastructure for healthy living — no Complete Streets, limited playgrounds, and disconnected sidewalks.

After completing a countywide health assessment and galvanized by the poor results, Pickering and Elmore County formed a multisector coalition to work together to solve these complex issues. They assembled a diverse group of stakeholders centered around improving the results, specifically targeting the built environment and increasing physical activity, connecting resources, and preventing tobacco use.

Together, the local coalition and Pickering, who was a policy analyst with Central District Health at the time, identified some specific strategies to develop infrastructure that supports physical activity, including building a playground, improving safe routes to school, and hosting walkability workshops. As a result of this collaboration, the county coalition received a grant and coordinated matching dollars from the community to build an all-ages playground that is open to the public after school hours. One city within the county is also adopting a tobacco-free policy in the parks and has nearly completed a new downtown revitalization plan with improved sidewalks and network connectivity.

Counties and collaborations like the one in Elmore County will be able to utilize WICHC as a larger framework to connect with regional stakeholders, access other resources, and receive investments to solve these challenges. WICHC will also provide technical assistance to aid coalitions in tapping into federal and state funding, as well as matching funds, to advance their goals that address the social determinants of health and align with WICHC's strategies.

"WICHC is developing a playbook of strategies, allowing communities to provide input on the tactics and strategies they will pursue. This allows WICHC to meet communities where they are and empower the communities to make these strategies and impact their own. It is more of this comprehensive community approach," says Pickering. "We have this 21-member collaborative that represent all these different sectors. We will help connect them to these different groups, and then show how communities can also align their resources that are within their own community to also address the same goal."

ALIGNING DURING THE COVID-19 PANDEMIC

Building on the trust that was established over a few years between the Elmore County coalition and the WICHC, the collaborative asked coalition members how they were doing with COVID-19 and if there were any gaps that the collaborative could assist with. Broadband was an existing issue and of urgent importance for people trying to access health care services. WICHC had connections to a state senator who is on the governor's broadband task force and was able to work with the Department of Commerce to leverage federal and state funding to improve broadband. As a result, Idaho will use \$50 million of its federal coronavirus relief money to improve the state's broadband capacity.

Additionally, the Federally Qualified Health Center needed to borrow a tent to get its testing site up and running. These pieces are able to come together more quickly because of the cross-sector alignment already in place.

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