



ALIGNING IN CRISIS: PRACTICAL INSIGHTS TO SEIZE OPPORTUNITY

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The Georgia Health Policy Center (GHPC), in partnership with the School of Public Health at George Washington University (GWU) and with support from the Robert Wood Johnson Foundation, is identifying, synthesizing, and disseminating cross-sector policy and implementation innovations that facilitate recovery from the triple crisis of the COVID-19 pandemic, impacts of the 2020 economic downturn, and the ongoing impact of structural racism. The work — *Aligning in Crisis* — builds on *Aligning Systems for Health: Health Care + Public Health + Social Services* and the *Funders Forum on Accountable Health*.

The Aligning in Crisis team convened a national panel of surveillance partners who are population health and health equity experts from key trade associations and nonprofit social service organizations to draw out meaning from collected innovations born in the response to the triple crisis of the COVID-19 pandemic. The surveillance partners meet quarterly to evaluate, among many things, how the innovations address equity; which (if any) could be scaled and under what conditions; and what policies at the local, state, and federal levels would sustain transformative innovations and promote alignment between public health, social services, and health care sectors to better meet community goals and needs.

KEY LEARNINGS FROM THE FIRST CONVENING

In February 2021, surveillance partners met for a kickoff session during which they reviewed a convenience sample of innovations collected by the Georgia Health Policy Center (GHPC) Aligning in Crisis staff. The initial session was designed to orient partners to the project and each other. The partners were presented with the innovations organized on the [Advancing Equity in Pandemic Recovery and Response framework](#) and asked to reflect on emerging patterns and how these patterns might inform policy and implementation. Two key themes emerged from the discussion: the clear opportunity in crisis to reimagine public health infrastructure and the urgency of equity and the need to critically assess structural and systemic barriers to population health.

The Opportunity in Crisis

"But there are also relationships between systems. I think one of the things that we found out so stunningly last year is how inept our systems are, how much had to be rebuilt to respond to people's basic needs."

The partners reflected on the monumental role of public health to a well-functioning society and lamented the persistent underinvestment in the nation's health care, public health, and social service infrastructure. They observed that at the height of the pandemic, weakened and in some cases nonexistent infrastructure resulted in no or inadequate delivery of services for the most basic human needs, which likely exacerbated the impact of the pandemic, particularly for those who are vulnerable, underserved, and most at risk for poor health outcomes. As a result, they believe the nation is at the precipice of an opportunity to reimagine infrastructure and take advantage of stimulus funds and federal flexibilities granted during the early days of the response. For the partners, the policy flexibilities offer insights into expanding access and equity. They suggest a realistic assessment of whether these policies should remain in effect as a way to expand access and equity long-term.

"We're hearing ... it isn't what they put into place, it's what they took away. The many layers of procedures and red tape that was the standard operating procedure that they realized they don't need to put people through. They were actually energized by how much they were able to do, how many people they were able to reach as a result."

The Urgency of Equity

Without doubt, equity was central to the partners' discussion. As the project seeks to inform both policy and practice, the partners urged a review of how collected innovations address structural barriers or promote systemic change. The partners cautioned that while the crisis created opportunity for many exciting programs and innovations, they note the instability and usually short time horizon of innovative programs and urged a focus on sustainable policy solutions for equity.

"I think the solution is pulling the needle all the way through to make sure that it gets to policy. So I think [that with] these innovative ideas, a lot of what we'll find are going to be programs, which are not sustainable, but then how do we get from proposing these or sharing these programs that are innovative to drawing the line all the way through policy?"

Further, the partners urged the importance of assessing how innovations address systemic barriers and root causes of inequity in the nation's effort to rebuild post pandemic. Because the pandemic had such disproportionate impact, the innovations that address structural barriers likely exacerbated during the pandemic have the greatest chance at expanding equitable health outcomes. Thus, the partners would like careful consideration paid to documented change related to equity of new innovations that leverage new funding and opportunities in the current environment.

"We're celebrating the innovation, but we're not really tackling the root cause. I just want to see if we can balance both, because while it's great to have these innovations, I think this would get back to rebuilding not better or not to before, but really how do we make our response, and really, how do we rebuild after COVID a better community, or a better structure so that we don't see a lot of the outcomes that we saw before COVID?"

The surveillance partners will continue meeting to advise on opportunities for transformative change through cross-sector partnerships. These early reflections ground their work and will be used as a guidepost as they consider what innovations to amplify in practice and to push to codify in policy.

Surveillance Partners Composition

Surveillance partners bring perspective from a variety of sectors, including health care, public health, and human and social services. They share a commitment to working with others to address a variety of social determinants. Three partners represent the health care sector: America's Essential Hospitals, the American Hospital Association, and the National Association of Community Health Centers. Three also represent the human and social services sector: the Alliance for Strong Families and Communities and Council on Accreditation, the American Public Human Services Association, and the Housing Assistance Council. Several surveillance partners reflect the perspective of public health: the Association of State and Territorial Health Officials, the National Association of County and City Health Officials, and the National Network of Public Health Institutes. Finally, the work of Unidos US, the BUILD Health Challenge, the Delta Health Alliance, Health Begins, Health Lead, and the National League of Cities crosses sectors.

Importantly, beyond sector perspective, the surveillance partners offer a wide range of perspectives on many dimensions. The organizations offer diverse geographical perspective in that some work exclusively in urban or rural settings, and some work nationally or are regionally focused. The partners have varying influence related to policy, implementation, and advocacy. Several work with state, city, county, or territorial administrators, providing research or technical assistance, while others provide similar support to health systems, health departments, or community-based organizations. The partners share, however, the perspective that multisector partnerships or collaborations are essential to improving the nation's health and specifically for advancing racial health equity.

For more information:

Georgia Health Policy Center
55 Park Place NE, 8th Floor
Atlanta, GA 30303
404-413-0314
ghpc.gsu.edu