

BRIDGING FOR HEALTH



IMPROVING Community Health
Through **INNOVATIONS**
in **FINANCING**

Bridging for Health: Improving Community Health
Through Innovations in Financing

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Published by
Georgia Health Policy Center
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Atlanta, GA 30303
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BRIDGING FOR HEALTH OVERVIEW

Communities are thinking creatively about using new financial resources to sustainably support initiatives targeting upstream drivers of health and equity. Bridging for Health: Improving Community Health Through Innovations in Financing, sponsored by the Robert Wood Johnson Foundation, challenges communities to explore innovative ways to finance upstream drivers of health and wellness and supports them to move to action.

From 2015 to 2019, communities engaged in a multiyear innovation process that expanded collaboration capacity and explored innovative financing mechanisms. As the national coordinating center, the Georgia Health Policy Center developed a systematic yet flexible approach to accelerate this innovation process and drive communities to action. This set of tools included a mix of technical assistance, learning modules, thought partnership, financial resources, evaluation support, peer learning opportunities, and access to national advisors.

While varying in composition, purpose, and scope, all seven Bridging for Health sites pursued a pooled community wellness fund to address primary prevention of chronic conditions or an upstream driver of health.

Throughout the course of the initiative, progress towards innovatively funding community health was achieved by:

- Applying a multimodal portfolio of tools to accelerate innovation,
- Developing a multisector collaboration with willing and able leaders,
- Learning fast and continuously, and
- Finding the high-leverage “sweet spot” where a community’s needs, strategy, and money all intersect.

While varying in composition, purpose, and scope, all seven Bridging for Health sites developed a pooled community wellness fund to address primary prevention of chronic conditions or an upstream driver of health.

What follows are highlights of learnings from Bridging for Health that can help local communities, catalysts, and funders further accelerate alignment of investments in upstream drivers of population health and equity.

For more detailed learnings, please visit ghpc.gsu.edu/download/bridging-for-health-book.

LEARNINGS ACROSS SITES



Few communities have experience in this work.

- Local collaborations often do not possess expertise in implementing financing innovations.
- Thinking about financing upstream drivers of health can be hard for collaboratives focused on programs and access to health care.
- Health equity is a pillar of population health work, but it is not always explicitly addressed by collaboratives.



Leadership and collaborative dynamics are critical contextual factors that impact the process and outcomes.

- Local contextual factors generate both unique opportunities and challenges.
- Interorganizational dynamics benefit from an early focus on stewardship and collective impact.
- Leadership change can interrupt the focus on and pace of innovation. Anticipate succession and plan for onboarding new people without slowing down the existing group.
- Deliberately identify roles — a core workgroup and a broader stakeholder group.
 - Convene large groups for mindset change and small groups for planning and action. The capacity of individuals to be fully engaged impacts progress.
 - Plan effective communication strategies across groups.
- A history of strong working relationships facilitates speedy progress.

25
TA visits
across sites



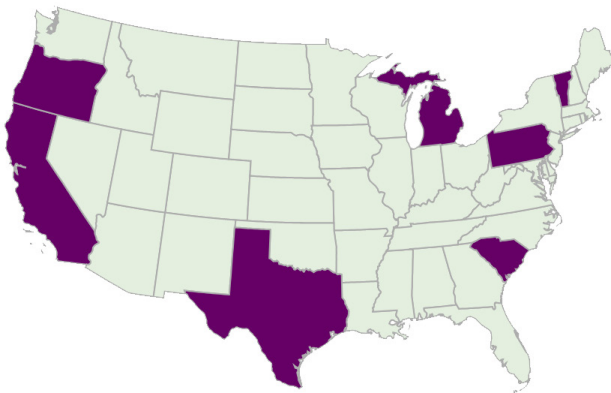
Commitment to stewardship can be daunting, especially when conversation and action involve financial resources.

- It is difficult for participants to put aside their own organizational priorities, even when they buy-in to the collaborative's agreed-upon scope and purpose.
- Momentum and skills can grow from continual, incremental change. Look for a small group of people who are passionate, have a clear vision, and are authorized to take action.



Look for trailblazers.

- Success is often associated with a pioneering spirit, a willingness to experiment, and a readiness to take action, even if it risks failure.
- There is no playbook or full-scale technical solution that can be supplied to communities. Local innovation is necessary. Shift from looking for ready-made solutions to taking responsibility for doing the work, learning from others, making the case locally, and recognizing that technical assistance providers cannot direct implementation.



Sites

- Allegheny County Health Department (Pennsylvania)
- The Bexar County Community Health Collaborative (Texas)
- NEK Prosper!/Caledonia - So. Essex Accountable Health Community (Vermont)
- Inland Empire (California)
- Michigan Health Improvement Alliance (Michigan)
- Way to Wellville Spartanburg (South Carolina)
- Yamhill Community Care Organization (Oregon)

LESSONS ABOUT PROVIDING TECHNICAL ASSISTANCE TO SUPPORT CHANGE



It is important to set the expectations for vision, goals, and pace early and reinforce them often.

- Achieving consensus on a vision and goals is critical.
- Maintaining a sense of urgency influences progress.
- Sites benefit from having a deadline to achieve progress.
- Clear definitions of deliverables, roles, and what success looks like supports sites in identifying and implementing financing innovations.



Technical assistance must adapt to the stage of the work.

- Technical assistance providers must balance coming in as the expert and pushing for progress versus “walking alongside” sites as a thought partner.
- They must maintain flexibility to adjust the level, content, and timing of technical assistance as local needs change.



Peer learning opportunities and access to other experts advance individual sites’ efforts.

- Sites report breakthrough moments and enhanced confidence in their work as pioneers from face-to-face peer learning opportunities.
- Peer meeting dates operate as deadlines for sites to move their work forward and increase motivation.
- Peer meetings afford focused team time, valuable connections to other sites, and build energy and momentum toward crystallizing a succinct, shared understanding of what they are trying to accomplish.
- Sites benefit from early access to outside experts.

6
all-site peer
events

264
participants at
peer events



Mindset change through learning modules is only the starting point.

- The work to affect mindset around stewardship, equity, strategy, and financing lays the groundwork to move to the later stages of the innovation cycle.



The Innovation-to-Action Cycle makes the work a priority, keeping teams on track and accountable.

- Readiness for change can be dynamic and is affected by a collective sense of urgency and motivation.
- The innovation cycle's structure accelerates this work, as it encourages sites to build for now while thinking about what is next. Community collaboratives favor this incremental approach to innovation.
- The stress-testing process is influential as it requires seeking support, opinions, and participation from the key stakeholders.
- "Final decisions" may not be needed to build enough structure to test and learn. This rapid-cycle testing allows for small wins.

20
presentations
about Bridging
for Health
tools nationally

Lessons for Catalysts and Funders

- Identifying and recruiting sites for participation yields a pool of sites eager to participate that may not have responded to a request for proposals.
- Taking a staged approach to recruiting sites affords time to learn, build, and refine technical assistance tools and processes.
- Providing grant resources for staff positions for local sites supports needed project-management capacity.
- A participatory and adaptive evaluation design helps to address the challenges of assessing a complex, evolving initiative. A well-connected, embedded, local evaluator team is valuable to building real-time feedback loops.

LEARNINGS ABOUT FINANCING



Fascination with the financing mechanisms is not a substitute for understanding the flow of money in the region.

- Exploring the potential match of a financing vehicle(s) for the community can be a valuable tool in onboarding and engaging sites. However, it can be a distraction from looking at the money in the system and finding high-leverage points of intersection.
- A common understanding of terminology around health financing, potential financing mechanisms, investing, and fundraising is important.

~\$1
MILLION
awarded in
subcontracts
to the 7 sites



Community collaboratives embrace evolutionary rather than revolutionary approaches to financing population health.

- In this cohort, pooled community wellness funds are the most attractive and feasible option for implementing a financing innovation given a short time frame, the simplicity of the mechanism, and the opportunity to advance over time.
- Incremental approaches are often most attractive, especially in sites that lack clarity on where to find additional dollars in the system.
- When a collaborative is just getting started with financing innovations, they are not inclined to begin with capital that has to be paid back.
- Other known financing mechanisms (e.g., payment reform, social impact bonds) are perceived as more complex and less feasible to accomplish at the local level.

\$3.7
MILLION
raised to date
by the sites



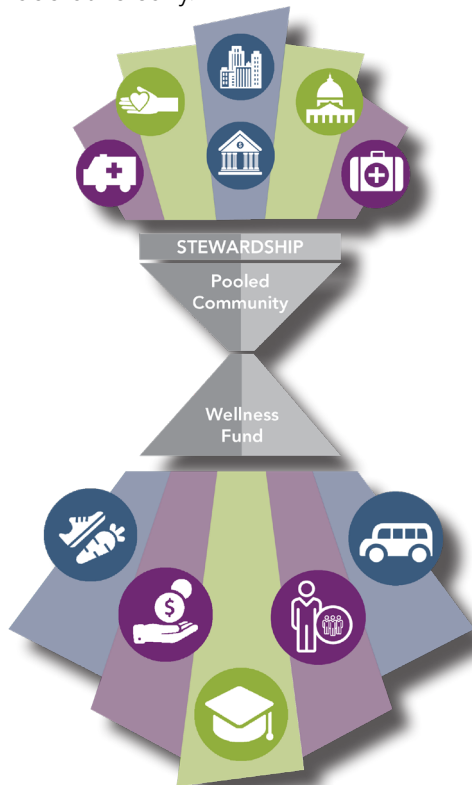
In order for communities to make real progress in developing their pooled community wellness funds, three critical questions must be answered.

- Sources: Where does the money come from?
- Uses: What will funds be used for?
- Structure: How do we manage, allocate, and provide stewardship for these funds?



Maintaining a focus on the financing innovation — not program implementation — is critical and often challenging.

- Many site stakeholders are more comfortable designing strategies rather than crafting the financing innovation.
- Broad stakeholder buy-in occurs more quickly when the people from the world of finance engage with the collaborative early.



Public Health Improvement Fund: Allegheny County, Pennsylvania

- Innovation:** The collaborative revised the Public Health Infrastructure Fund's charter to support the promotion of community-driven projects consistent with the Plan for a Healthier Allegheny (PHA), with a focus on developing collective action.
- Fund sources:** Nine philanthropies and two health systems.
- Fund uses:** Funding of community-driven PHA projects as they emerge from workgroups led by the Allegheny County Health Department and community partners.
- Fund structure:** The Pittsburgh Foundation manages the fund.

Grow Healthy Together Pathways Community HUB: Bexar County, Texas

- Innovation:** The Bexar County Community Health Collaborative blended and braided funds to establish the Pathways Community HUB model, which addresses the unmet health-related social needs of patients.
- Fund sources:** A mix of contracts and grants from health insurers and providers.
- Fund uses:** A one-year pilot pays for outcomes using the Pathways Community HUB model, as well as stipends for community health workers.
- Fund structure:** The Bexar County Community Health Collaborative's executive director is managing the funds, with oversight from its Health Impact Investing Taskforce and the executive committee.

Prosperity Fund: Inland Empire, California

- Innovation:** The collaborative is considering another iteration of stress testing as soon as leadership is reorganized.
- Fund sources:** Potential funders include two county health departments, a health sciences university, and a regional hospital association.
- Fund uses:** The collaborative explored the Diabetes Prevention Program.
- Fund structure:** The Riverside Community Health Foundation initially agreed to house the fund.

Regional Health & Well-Being Fund: Midcentral Michigan

- Innovation:** The Regional Health & Well-Being Fund supports prevention and wellness interventions that improve health outcomes.
- Fund sources:** Generation 1 has one confirmed funder, five pending, and two in the vetting stage.
- Fund uses:** Generation 1 will support the launch of a regional virtual Diabetes Prevention Program intervention in a 14-county region.
- Fund structure:** An advisory board (a subcommittee of the Michigan Health Improvement Alliance board of directors) oversees the work of the Regional Health & Well-Being Fund.

Prosperity Fund: Northeast Kingdom, Vermont

- Innovation:** The collaborative created the NEK Prosperity Fund as a flexible, locally controlled mechanism for funding upstream interventions to address social determinants of health.
- Fund sources:** Local community bank, regional hospital, federally qualified health center, regional United Way, council on aging, statewide food bank, and private individuals.
- Fund uses:** Current funds support the launch or expansion of four woman-led enterprises.
- Fund structure:** The NEK Prosper! leadership team is the primary governing body, while the local community development financial institution serves as the fiscal agent and administrative home. An advisory committee of NEK Prosper! members, the regional economic development agency, and a local business owner review fund applications.

Spartanburg Wellville Exchange: Spartanburg, South Carolina

- Innovation:** The Spartanburg Wellville Exchange will follow a co-op model to bring in-demand services to small-business employers and employees at low or no cost.
- Fund sources:** Initial startup funding is a mix of grants from Bridging for Health, a foundation, and the Chamber of Commerce.
- Fund uses:** A feasibility study is being conducted to develop the road map for providing essential health benefits (initial strategy) and additional wraparound services in the five domains of well-being: financial, physical, social, career, and community.
- Fund structure:** Fund management is overseen by both the Mary Black Foundation (the backbone of Spartanburg's Way to Wellville) and the Spartanburg Chamber of Commerce.

Community Prevention and Wellness Fund: Yamhill County, Oregon

- Innovation:** The Community Prevention and Wellness Fund is designated for investments into upstream, population-level interventions with an evidence base to address social determinants of health.
- Fund sources:** Reinvestment of Yamhill Community Care Organization (YCCO) incentive payments, Yamhill County Health and Human Services Medicaid contract agreements, grants, and Health Plan Partners dental providers.
- Fund uses:** Funds will initially be used to expand the use of the evidence-based behavioral support program, the PAX Good Behavior Game, in local elementary schools.
- Fund structure:** The fund is overseen by YCCO, with governing by local organizations.

WHAT'S NEXT

Much has been learned from the Bridging for Health sites — the importance of a process to move innovation to action and the necessity of addressing the foundational questions of sources, uses, and structure when designing a pooled community wellness fund. But there is much more that can be done to disseminate the learnings, and, ultimately, catalyze a movement where communities large and small across the nation are using financing innovations to sustainably fund efforts to improve health and health equity.

For more detailed learnings and each site's story, please visit <https://ghpc.gsu.edu/download/bridging-for-health-book>.

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