Nemours. Children's Health System

Exploring the Roles & Functions of Health Systems within Population Health Integrator Networks
Summary of Evidence: Integrators and Multi-Sector Partnerships for Health

BACKGROUND/INTRODUCTION

This summary is the product of a review of evidence conducted in association with "Exploring the Roles & Functions of Health Systems within Population Health Integrator Networks" (The Integrator Project); a project that seeks to understand how health care partners in multi-sector networks distribute leadership of their network's activities; utilize data to promote population-level solutions; and make the case to residents, partners and funders for sustaining their work over the long term. The summary updates our understanding of the interplay of integrative roles and functions; and to identify barriers to, and accelerators for, health care to carry out these roles in a sustained fashion.

This paper is organized in three parts:

1) Outline two major approaches to understanding the role that large institutions (including health care organizations) can play in multi-sector population health initiatives.
2) Situate integrators and integrative activities within the growing body of research related to multi-sector partnerships.
3) Suggest areas of further investigation, based on gaps in knowledge in the field.

Networked approaches to tackling complex social challenges are not new. Yet, practitioners and researchers are continually working to share frameworks for how to support, fund, and sustain work that cuts across sectors. Of particular interest is the way in which institutions that take lead roles in these efforts can best help to drive the change that they and their partners are seeking to achieve.

PART 1:

COLLECTIVE IMPACT

One powerful contribution to this field of knowledge came by way of John Kania and Mark Kramer's landmark 2011 article in the Stanford Social Innovation Review that offered "collective impact" as a new model for understanding the conditions under which multi-sector groups can come together to help confront complex, "adaptive" challenges in communities (Kania & Kramer: 2011). This collective impact was contrasted with the lesser "individual impact" that organizations can make on their own.

Further elaboration (Hanleybrown, Kania, and Kramer: 2012) of the collective impact model assessed early positive results from a few multi-sector collaboratives that had shown promise for making a positive social change. The examples were used to illuminate to various preconditions that needed to be in place (and stages that collaboratives seemed to go through) to achieve the 5 "conditions" of collective impact: **Common Agenda; Shared Measurement; Mutually Reinforcing Activities; Continuous Communication;** and **Backbone Support**.

Of most relevance to this summary is the 5th condition of collective impact; the increasingly ubiquitous notion that an effective collaborative must have a "backbone organization" that moves the effort forward. Researchers of collective action surmised that the most critical of the five conditions was having such a backbone organization. Further, they hypothesized that there are common approaches that these backbones take to organize "cross-sector groups of partners to transform an often inefficient, fragmented" system (Turner et al: 2012): **Guide Vision and Strategy; Support Aligned Activities; Establish Shared Measurement Practices; Build Public Will**; **Advance Policy;** and **Mobilize Funding**.

Challenges to Collective Impact

Challenges have arisen to the logic of collective impact that raise questions that any multi-sector effort geared toward system-change will have to confront. While these critiques are varied, we take up two as emblematic of the overall critique of the limits of this framework.

- *Equitable, Distributed Leadership* (cf. Varda: 2018; Vu: 2015)

Questions exist as to whether a model that situates a single backbone organization is the best way to move toward a sustainable, shared vision of wellness for a community. Beyond the challenges of coordinating the work of network partners in this top-down structure, the voices of those most impacted by issues in a community can be drowned out such that a network's proposed solutions do not correspond to their lived reality.

- *Systems-Change* (cf. Wolff: 2015)

The collective impact model may also underestimate the long-term commitment needed to achieve structural changes that influence the wellness of residents. This critique speaks to the ability to make generalizations about systems-change based on studies of a few cases where short-term progress on a social issue was made; rather than longer-term research on (often less well-funded) more transformative systems change efforts that may take a generation to achieve.

ANCHOR INSTITUTIONS

Another framework for understanding how large institutions can come together to make positive social change in their communities comes in the form of theorizing about the role of "anchor institutions." The original formulation (Fulbright-Anderson et al, 2001) outlined the role of large educational institutions ("eds") in pursuing systems changes in their immediate communities.

Later formulations made the case for healthcare institutions ("meds") to assume the anchor role (Koh et al, 2020) and push to make an impact on the health and well-being of entire communities. The Democracy Collaborative helped to bring greater clarity to three types of "assets" that a health care organization must leverage if they are to carry out their "role as a critical economic engine, key local actor, and committed community partner": **Functional Assets; Discretionary Assets; and Economic Assets** (Martin et al: 2017).

The Democracy Collaborative and three large health systems convened the Health Care Anchor Network (HCAN) in May of 2017 to help the field have a shared set of tools for how health care anchors can deploy their assets and work with multi-sector partners to achieve systems-change. A component of this HCAN work has come in the form of three toolkits that help anchors strategize around how to conduct inclusive local hiring, inclusive local sourcing and place-based investing. HCAN also offers a suite of materials for helping health care institutions better carry out their mission in partnership with other community partners (for more on HCAN resources, see https://healthcareanchor.network/anchor-mission-resources/.

Connecting Anchor Institutions to Systemic Impact

A 2020 study of over 40 health care anchors found that further research is needed to make the case for the impact of these anchor institutions on population health. However, the study did point to 4 elements that tend to be in place for health care institutions that have successfully committed to carrying out their role and working in conjunction with multi-sector partners to improve population health. These elements include "a strong anchor mission and narrative; robust partnerships with community institutions that have the readiness, capacity, and commitment to engage; willingness to commit years of time engaging key internal; external audiences because 'change happens at the speed of trust'; and identifying collaborative projects attractive enough to gain private and public funding (Koh et al, 2020)."

PART 2:

INTEGRATIVE ACTIVITIES

Thought leaders (including Nemours Children's Health System and the Rippel Foundation's "ReThink Health" initiative) with specific concern about improving the health of entire populations have also begun to theorize about, and test, approaches that can help members of multi-sector population health networks achieve their goals (Chang et al. 2012; Rippel Foundation, 2018). What emerged from this theorizing is a set of "integrative activities" that can be carried out by multiple stakeholders in these partnerships. While there is some variance across models offered by Nemours and Rippel, the models coalesce around the general notion that, unlike anchors or backbone organizations, multi-sector population health partners are more likely to achieve their long-term aims if there is shared responsibility for a set of activities, including: **leadership & partner engagement, continuous learning and improvement to promote population-level solutions,** and **spread, scale and sustainability**.

Multi-Sector Partnerships for Population Health

The Rippel Foundation periodically surveys the field of multi-sector population health partnerships across the country, the results of which are published as part of a "Pulse Check." In its most recent Pulse-Check (Erickson et al. 2017), the authors note that health care and public health play a lead role in the majority of the over 237 partnerships surveyed. These health care and public health representatives are working with partners in 15 other sectors to achieve network goals; with government and elected officials, social services, and childhood and education as the 3rd, 4th, and 5th most-represented sectors in these partnerships. Beyond the composition of these partnerships, the Pulse-Check further noted commonalities across six domains that allow for further investigation of the opportunities and challenges that confront partnerships at various points in their development: **longevity, location, priorities, sector involvement, authority, financing,** and **infrastructure**.

Making an Impact

Like other efforts to understand the long-term impact of cross-sector efforts that are working towards systems-change, the data on the exact impact of multi-sector partnerships has proven elusive. In spite of this, there are some indications of positive health outcomes for communities and regions that have well-established multi-sector partnerships. These include improvements in child health, nutrition, and physical activity; as well as decreases in preventable deaths (Erickson et al, 2011; Zahner et al, 2014; and Mays et al, 2016).

PART 3:

FUTURE DIRECTIONS

As noted above, integrative activities speak to some of the chief concerns noted by the field related to the sustainability of models that rely on one institution or organization to carry out the majority of functions that propel population health networks forward. Similar to previous models, thought leaders working to advance integrative activities as a way for health care and other partners to eliminate disparities and address the multi-faceted social determinants of health have two challenges:

The Role of Health Care

One future area of investigation is to better understand what incentivizes health care institutions (and partners in other sectors) to make the long-term commitment to participating in population health partnerships. A better understanding of the internal and external case that institutions need to make to **join, catalyze,** and **sustain** these efforts would go a long way toward bringing in partners that have the human and financial capital to help networks achieve their systems-change goals.

Achieving Metric Impact

An additional area of investigation is to examine the outcomes that can be achieved by population health networks. While there is a growing body of evidence outlining the impact of such networks, this evidence is often about inputs from partners. In other cases, there is only a loose causal connection between a network's efforts and overall improved population health in a given region.

References:

Chang D., et al. "Integrator Role and Functions in Population Health Improvement Initiatives." *Nemours.* May, 2012. Retrieved at https://www.improvingpopulationhealth.org/Integrator%20role%20and%20functions_FINAL.pdf

Erickson D., and Andrews N. Partnerships among Community Development, Public Health, and Health Care Could Improve the Well-being of Low-Income People." *Health Affairs* (Millwood). 2011 November 1, 2011;30(11):2056-63.

Erickson J., et al. March 2017. "Progress Along the Pathway for Transforming Regional Health: A Pulse Check on Multi-Sector Partnerships." ReThink Health: Cambridge, MA. Retrieved at: https://www.rethinkhealth.org/wp-content/uploads/2017/03/2016-Pulse-Check-Narrative-Final.pdf

Fulbright-Anderson K., et al. "Community Involvement in Partnerships with Educational Institutions, Medical Centers, and Utility Companies." January 2001. Aspen Institute. Retrieved at https://community-wealth.org/sites/clone.community-wealth.org/files/downloads/paper-fulbright-et-al.pdf

Hanleybrown F., et al. January, 2012. "Channeling Change: Making Collective Impact Work." Stanford Social Innovation Review. Retrieved at: https://ssir.org/articles/entry/channeling_change_making_collective_impact_work#

Hogg R.A., and Varda, D. "Insights into Collaborative Networks of Non-profit, Private, and Public Organizations that Address Complex Health Issues." *Health Affairs* (Millwood). November 2016. 35(11): pp. 2014-2019

Koh H.K., et al. March 2020. "Anchor Institutions: Best Practices to Address Social Needs and Social Determinants of Health." American Journal of Public Health. March 2020. 110(3): pp 309-316.

Martin, N., et al., "Advancing the Anchor Mission of Healthcare, (Washington, DC: The Democracy Collaborative, April 2017). Retrieved at https://democracycollaborative.org/sites/default/files/downloads/han-final-for-achi_0.pdf

Mattesich P.W., and Rausch E.J. "Cross-sector Collaboration to Improve Community Health: A View of the Current Landscape." *Health Affairs* (Millwood). November 2014. 33(11): pp. 1968-1974

Mays G.P., et al. "Preventable Death Rates Fell Where Communities Expanded Population Health Activities through Multisector Networks. *Health Affairs* (Millwood). 2016 November 1, 2016; 35(11):2005-13.

Siegel B., et al. July 2015. "Pathways to Systems Change: The Design of Multi-Site, Cross-sector Initiatives." Federal Reserve Bank of San Francisco: San Francisco, CA.

Stachowiak, S., and Gase L. August 2018. "Does Collective Impact Really Make an Impact?" Stanford Social Innovation Review. Retrieved at: https://ssir.org/articles/entry/does_collective_impact_really_make_an_impact#:~:text=While%20our%20study%20found%20that,from%204%20to%2024%20years.

Turner, S., et al. July 2012. "Understanding the Value of Backbone Organizations in Collective Impact (Part 2)." Stanford Social Innovation Review. Retrieved at: https://ssir.org/articles/entry/understanding_the_value_of_backbone_organizations_in_collective_impact_2

Varda D. February 2018. "Are Backbone Organizations Eroding the Norms that Make Networks Succeed?" Nonprofit Quarterly, Winter 2017. Retrieved at: https://nonprofitquarterly.org/backbone-organizations-eroding-norms-make-networks-succeed/

Vu. November 2015. "Why Communities of Color are Getting Frustrated with Collective Impact." Nonprofit AF Blog: Retrieved at: https://nonprofitaf.com/2015/11/why-communities-of-color-are-getting-frustrated-with-collective-impact/

Wolff, T. "Ten Places Where Collective Impact Gets it Wrong." Global Journal of Community Psychology Practice. March 2016 7(1). Retrieved at: https://www.gjcpp.org/en/resource.php?issue=21&resource=200

Zahner, SJ., et al. "The Mobilizing Action Toward Community Health Partnership Study: Multisector Partnerships in US Counties with Improving Health Metrics." *Preventing Chronic Disease*. January2014; 11:130103.

For general information about Nemours' work related to population health integrators, including the Integrator Learning Lab, please visit our website.

For questions, please contact us at NationalOffice@Nemours.org.