



The Engine of Population Health Networks: Understanding & Using Integrative Activities

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Introduction

In Fall 2018, The Kresge Foundation funded Nemours Children’s Health System for an initiative that built upon Nemours’ early efforts and other work in the field at-large on focused integrative activities: *Exploring the Roles & Functions of Health Systems within Population Health Integrator Networks*. Over the course of this project, Nemours completed a review of the evidence and surveyed more than 40 researchers and practitioners in the field to understand the current state of knowledge related to population health networks. This review contributed to the development of the 2020 Integrator Learning Lab, which brought representatives of nine population health networks (and a team of expert technical assistance providers) from across the country together to develop strategies for enhancing their ability to have more equitable, distributed leadership of their network activities; utilize data to promote population-level solutions; and to make the case to residents, partners and funders for sustaining their work over the long term.

This paper shares lessons learned over the course of this two-year initiative ([learn more about Fall 2018 to Fall 2020 activities here](#)), with an emphasis on lessons learned in the Integrator Learning Lab. It is intended to synthesize key findings and provide examples and recommendations for real-world application. While some content is specific to health care, most content is intended to be of value to all partner organizations (regardless of sector) within population health networks.

Integrative Activities: What Are They & What Value Do They Bring to Population Health Networks?

What Are the Essential Integrative Activities? An Evolving Understanding

In 2012, Nemours led a group of stakeholders in writing a short paper entitled “*Integrator Role and Functions in Population Health Initiatives*.” The paper noted that the Affordable Care Act spurred payment and delivery reform in health care, and that achieving the Triple Aim¹ of better quality of care, better health for populations, and lower costs became a critical area of focus for reform. The paper went on to note how different entities engaged in multi-sector networks — including hospitals, health systems, and federally-qualified health centers can carry out integrative roles that contribute to improved health for entire populations and achieve the Triple Aim. The paper proposed 11 integrative roles and functions that a range of partners within population health networks must play in order to ensure that their efforts have the best opportunity for achieving their population-level health goals. The paper also posited that integrative activities are often shared by network members since it is difficult, if not impossible, for one entity to provide all the support a network needs to address the complex issues (often referred to as the social determinants of health)² that comprise health and wellness. These 11 integrative roles and functions fell under three broad headings:

1. Leadership and Partnership Engagement

- 1.1 Engage members from multiple sectors and/or connect with other integrators
- 1.2 Serve as a trusted leader in the community and accept accountability for carrying out integrative functions
- 1.3 Facilitate agreement among multi-sector stakeholders on shared goals and metrics
- 1.4 Assess the community resources that are available to reach shared goal(s); determine what gaps need to be filled and what duplication needs to be reduced; and work with members to make appropriate adjustments

2. Spread, Scale, and Sustainability

- 2.1 Work at the systems level to make policy and practice changes in both the public and private sectors that impact populations
- 2.2 Serve as a source for spreading what works at both the policy/systems level and at the practice level to reach sufficient scale
- 2.3 Sustain change by impacting policies and practices
- 2.4 Pursue financial sustainability via various methods

¹ [Click here](#) for more on the “Triple Aim”

² [Click here](#) for more on the social determinants of health

Terminology

Language shifts with one’s understanding of concepts. The terminology below reflects the thinking at the time this work occurred.

Population Health Networks: Partnerships that work intentionally and systematically across sectors to achieve shared goals specific to improved health and wellness outcomes for a geographically-defined community

Population Health Integrators: Entities that have formally agreed to take leadership and accountability (alone or in concert with other network members) for specific integrative activities within a population health network as a means of supporting the network’s cross-sector goals

Integrative Activities: Governance, oversight, and administrative functions that enable population health networks to carry out tasks and strategies related to the network’s shared population health goals

3. Continuous Learning and Improvement to Promote Population-Level Solutions

- 3.1 Gather, analyze, monitor, integrate, and learn from data at the individual and population levels
- 3.2 Identify and connect with system navigators to harvest and aggregate data from individual cases and use the data to promote population-level solutions
- 3.3 Develop a system of ongoing and intentional communication and feedback at multiple levels

As stated earlier, one of the focal areas within this initiative was to increase the understanding of how partner organizations in population health networks share responsibility for integrative activities and leverage those activities to move networks toward their goals. The initiative began by revisiting the framework of integrative activities put forth by Nemours in 2012, testing it with experts engaged in academic work and/or real-world work related to population health integrators (*see Appendix A*). This feedback, along with data from interviews (2019), the Integrator Learning Lab (2020), and ongoing conversations with others in the field doing related work informed the updates to the 2012 framework. The updated framework (*see Appendix B*) reflects three major areas of feedback:

- The categories and functions within the 2012 framework felt correct and complete to interviewees, though some should be called out more explicitly. The categories and functions successfully captured essential components that enable population health networks to carry out tasks and strategies related to the network's shared population health goals.
- Explicitly call out critical foundational elements within the framework; specifically, issues of equity and inclusion, and network governance and management considerations.
- Include big ideas as well as details needed to operationalize those big ideas and put them into practice.

The revised framework includes five broad categories, each with an aspirational descriptor and a detailed list of integrative activities. Descriptors present the big idea of each category- the ideal state. Specific integrative activities associated with each category (*see Appendix B*) operationalize the big ideas- providing a roadmap or checklist that network partners can use to assess the network and plan for adoption and strategic use of integrative activities.

1. Governance and Leadership. To achieve systems-change goals, network partners come together under a well-designed structure that facilitates cooperation between partners with diverse missions and resources. Network structure is intentionally designed to include substantive input and participation from people with first-hand experience of the challenges the network seeks to address, and to involve such people in leadership and decision-making roles within the network. Those at the network's leadership table work collaboratively with the other network partners so that all involved understand how strategies and decisions connect to the larger goal(s) of the network.

2. Continuous Use of a Health Equity Lens. As networks work to address health disparities, strategies include a deliberate focus on inequities (health, racial, other) linked to the disparities. All network strategies are informed by substantive input and participation from people with first-hand experience of the challenges the network seeks to address.

3. Innovation & Oversight. Networks develop and test programs and approaches that may not have been tried and tested before in their particular location or context, seeking small and large innovations that become game-changers. Mechanisms are in place to monitor implementation, report progress to network members and the community-at-large, and capture both lessons learned and best practices.

4. Continuous Learning & Improvement. Networks recognize that changing complex systems within continually shifting social and political contexts requires them to be nimble and responsive. Networks regularly collect qualitative and quantitative data on agreed-upon metrics related to process and impact, and use these data to determine when course corrections are necessary.

5. Spread, Scale, and Sustainability. Networks routinely spread and scale promising/proven strategies within the network and via local, regional, and/or national partnerships. This includes policy, systems, and environmental change strategies as well as program and practice strategies. Networks have a diverse portfolio of funding types and sources.

It is worth noting that frameworks are fluid. As the work continues and as learning with and from others in the field continues, the understanding of essential integrative activities within cross-sector population health networks will evolve.

It is also worth noting that this framework exists as part of a broader body of work in the field at-large. As one expert stated during the 2019 interviews, “Frameworks are like toothbrushes. Everybody has one and no one wants to use someone else’s.” As an organization deeply committed to continuous learning and improvement, Nemours encourages readers to embrace an alternative metaphor- to assemble whatever assortment of tools you need in your toolbox to get the job done. Organizations and individuals represented in the Integrator Learning Lab networks and faculty ([Appendix A](#)), and tools used in the Learning Lab ([see Appendix C](#)) are outstanding sources for resources and learning related to integrative activities and population health networks.

What Value Do Integrative Activities Bring to Population Health Networks?

A key premise of this initiative is that deliberately deploying integrative activities in support of specific network strategies and work plans allows networks to go further and be more sustainable. Network leaders participating in the Integrator Learning Lab shared how this occurs in follow-up interviews. Three themes emerged, summarized below. More detailed reflections are captured in a [series of short videos](#) featuring members of Nemours’ 2020 Integrator Learning Lab.

Insights from Leaders of Cross-Sector Networks:

What insights do you have on the importance of being deliberate about use of integrative activities in cross-sector networks?

Integrative activities provide a framework for ensuring that network strategies and work plans align with and gain support from governance, management, and administrative functions - increasing network efficiency and effectiveness. Networks often carry out integrative activities without using that terminology and without thinking of themselves as integrators. Naming, and deliberately focusing on, integrative activities that align with network strategies and work plans helps partners better understand their individual role in achieving shared goals.

Strategic assessment of if/how deploying integrative activities to support network strategies and work plans enhances a culture of innovation and continuous learning and improvement. It is critical to ensure that the right partners are leading the aspects of the network that are most aligned with their expertise and knowledge. Similarly, it is helpful for networks to learn lessons from more experienced peers who successfully conquered coordination challenges, learning to employ proven best practices and overcome potential roadblocks to their progress.

Considering community-wide health, well-being, and health equity through the lens of integrative activities helps remove silos, increase synergy, and create efficiencies of scale. Strategic use of integrative activities to align efforts of network partners is “win-win” in that it helps to advance network goals shared by all partners as well as the organization-specific goals of partners. This approach also supports the sharing of data from cross-sector partners to present a more complete picture of the nature of inequities that need to be addressed in each community.

Advice and insights shared by network leaders underscores the importance of tools for applied learning (frameworks, assessment tools, roadmaps, worksheets, checklists, etc.). Nemours deliberately designed the Integrator Learning Lab (described in detail in the following section) to be results- and action-oriented. This included selecting highly skilled faculty with tools the networks could use to operationalize big ideas (such as equity and distributed leadership) and put them into practice in the real world.

Translating Concepts into Practice: The Integrator Learning Lab

About the Integrator Learning Lab

At the end of 2019, Nemours Children’s Health System selected nine communities from around the country to participate in the *Nemours 2020 Integrator Learning Lab (Learning Lab)*. Learning Labs are a short-term technical assistance model in which multi-sector teams (including health care organizations) working on shared population health goals have an opportunity to receive self-directed resources, coaching, and technical assistance. The 2020 Learning Lab focused on strengthening the use of integrative roles and functions within cross-sector networks, in order to strengthen and sustain work toward the shared population health goals of each network. In the months prior to the start of the Learning Lab, Nemours conducted informal conversations and semi-structured interviews with *40 national experts and practitioners in multi-sector population health networks*. Nemours used lessons learned from these conversations to assemble a roster of technical assistance providers (Learning Lab “faculty”) who could provide support to network teams on a range of topics. Learning Lab all-network sessions and technical assistance topics included:

1. Integrative Activities: the Engine of Multi-Sector Partnerships
2. Equitable Governance Structures & Distributed Leadership
3. Equity Strategies within Population Health
4. Cross-Sector Data Sharing
5. Sustainability: Value and Financing
6. Sustainability: Capacity Building Among Network Partners
7. “We’re Not Unicorns:” Lessons from the Field

Technical assistance with networks in the Learning Lab began in January 2020 and ended in August 2020, followed by debrief/evaluation meetings with each network in September and October. The period of January to August included onboarding (January), an in-person meeting of networks and faculty (February), all-network meetings every four to six weeks (January to August), individual technical assistance sessions with each network, tailored to the technical assistance request and action plan of each network (January to August, with frequency set by networks), and action periods between technical assistance sessions (January to August).

About the Networks in the Lab

Networks from nine communities across the country participated in the 2020 Learning Lab. (See [Appendix A](#) for a list view of organizations within each network.)

- **Bridgeport Prospers:** Bridgeport, Connecticut
- **DC Health Matters Collaborative:** Washington, D.C.
- **First 1,000 Days Sarasota:** Sarasota County, Florida
- **Get Ready Guilford:** Guilford County, North Carolina
- **Help Me Grow Ventura County:** Ventura County, California
- **Los Angeles Collaborative:** Los Angeles, California
- **Maternal Mental Health Coalition:** Flathead County, Montana
- **Partners for a Healthier Paterson:** Paterson, New Jersey
- **Sharswood THRIVE:** Philadelphia, Pennsylvania

Ultimately, the purpose of the Learning Lab was to provide teams with an opportunity to learn about promising strategies for launching, catalyzing and sustaining population health networks, and to provide teams with technical assistance to apply learning within their own networks through guided action planning. In addition, the Learning Lab connected teams to a nation-wide network of peers and experts that teams leveraged during and beyond the Learning Lab experience.

Chosen Focal Areas/Goals of the Networks

Learning Lab teams received direct technical assistance related to goals they established for their networks at the beginning of the Learning Lab. These goals formed the basis of personalized action plans that guided their work. Below is a summary of the key team goals across the three areas of integrative activities put forth in the 2012 Integrator paper. (For a full description of each network's near-term goals at the start of the Learning Lab, see the [Network Profiles](#).)

Leadership and Partner Engagement

- **Advancing Equity:** While each Learning Lab team's network had explicit goals around reducing health disparities and advancing health equity, this work took different forms for each team. Several teams' goals related to ensuring movement toward greater community control of their network efforts so that resident voices increasingly drove the direction of networks. Part of this work was also to help partners from various sectors better understand the importance of establishing bold systems-change goals that address social determinants of health at the population level in their communities.
- **Developing Internal Champions:** Teams in the Learning Lab recognized that integrative activities must be shared widely if their networks were to have the best chance for achieving impact over the long term. Several networks sought to better understand how they could re-energize existing partners and increase their commitment to the networks. Some Learning Lab teams focused on ensuring that resident partners who were already part of advisory boards, etc. were more empowered to lead and champion the work.

Continuous Learning & Improvement to Promote Population-Level Health Solutions

- **Breaking Down Silos:** Learning Lab teams recognized that a critical aspect of network success is the ability to share and utilize real-time data to improve processes and understand the network's impact. Several Learning Lab teams worked to implement new data systems (such as UNITE Us) to provide a path forward for cross-

sector partners to share data in ways that respected privacy of residents while also allowing joint data to inform decision making and planning. Teams also explored using available data to understand the impact of their work on population health to date.

Scope, Scale, and Sustainability

- **Expanding Partnerships & Resources:** Learning Lab teams acknowledged that their networks were operating in complex environments in which other institutions and collaborations were also interested in making similar changes to advance health equity. Teams prioritized expanding their networks in two primary ways. First, teams conducted network analyses to discover which external partners to engage to help move the work forward. Teams also set goals of being able to understand and communicate the social and economic value case they could make to attract additional partners (including funders and payers) to their networks.

Network Successes

The Learning Lab experience was always intended to have one in-person convening to kick it off, and then to move to virtual gatherings due to national distribution of Learning Lab teams. The suddenness and severity of the COVID-19 pandemic and stay-at-home orders that began in March 2020 forced networks in the Learning Lab to pivot to address urgent needs of staff and those they serve. With support and approval from The Kresge Foundation, Nemours extended the end date for technical assistance from June to September 2020. With the exception of one (Los Angeles), participating networks remained actively involved in the Learning Lab. In fact, several teams noted that the pandemic created even more urgency to address the interconnected factors that left so many residents in their communities disparately impacted by the pandemic. Despite the challenges their communities faced, Learning Lab teams made significant progress toward their goals by the end of their participation in September. (For a full description of each network's technical assistance-related achievements, see the [Network Profiles](#).)

Leadership and Partner Engagement

- **Prioritized Equity:** Learning Lab teams successfully elevated the issue of health equity and health disparities to the fore of their networks. In some cases, this meant developing bolder systems change goals that call out structural racism and oppression. In other cases, this meant utilizing tools learned in the Learning Lab to ensure that equity was infused into every aspect of the network's activities moving forward.
- **Widened Leadership Tables:** Several Learning Lab teams successfully re-structured their networks to lead to more equitable, distributed leadership of the work. For some, this included revamping strategic plans and theories of change to be more inclusive of the voices of partners that will be bringing the work forward. In some cases, this also meant creating new leadership (and paid employment) opportunities for parents and residents in the community who have been most adversely affected by inequitable conditions. In other cases, teams utilized network analysis tools accessed in the Learning Lab to develop plans for intentionally engaging with new partners to help the network take its work even further.

Examples of Success

Network-Wide Equity Assessment in Guilford

Over the course of the Learning Lab, partners in Get Ready Guilford created a bold goal for ending health disparities for children and their families in their county. Network partners utilized equity tools from the Learning Lab to ensure that work on this goal, and all future efforts of Get Ready Guilford, are grounded in equity principles.

New Leadership in Flathead County

Over the course of the Learning Lab, leadership of the Maternal Mental Health Coalition transferred to a community-based organization that is better positioned to infuse the voice of people with lived experience of issues being addressed by the Coalition into the strategic direction of the network.

Continuous Learning to Support Population-Level Health Solutions

- **Formalized Data-Sharing Agreements:** Several teams in the Learning Lab were able to create data-sharing agreements with partners from other sectors, including health care. These agreements will help cross-sector partners share data in ways that protect the privacy of residents while helping networks better understand the impact of their collective efforts on the social determinants of health at the population level.

Scope, Scale, and Sustainability

- **Expanded Reach:** Over the course of the Learning Lab, several teams raised the profile of their population efforts across their states. For some, this meant taking a lead role in helping health departments and other public sector entities get resources to the most under-resourced residents in their immediate communities. In other cases, this led to networks being recognized for their leadership in health equity and connecting to county and statewide efforts to address social determinants of health.
- **External Funding and Resources:** The majority of Learning Lab teams secured additional financial and in-kind resources/new partners over the course of the Learning Lab. For some teams, this meant re-purposing resources already received by their networks to better address health equity in new ways. For others, this meant drawing new philanthropic and public dollars (through the CARES Act, etc.) to fund new projects that will benefit their communities.

Increasing Understanding of Equity and Moving from Concept to Practice

In close out calls with Learning Lab participants, respondents reflected on how they used participation in the Learning Lab to increase **understanding** of health equity among members of their network, and the **ability** of the network to address health equity through concrete tools, processes, and protocols. Summary responses are provided below. More detailed reflections are captured in *a series of videos* featuring members of Nemours' Integrator Learning Lab.

Increasing understanding of health equity among network partners was facilitated via 1) trainings that focused on level-setting and establishing shared understanding of concepts and how those concepts play out in real-time via policies being used and/or considered by networks, and 2) the insights of network partners knowing when to step back and amplify rather than attempt to lead.

Networks have operationalized the big idea of health equity and put it into practice in three key ways:

1. **Wide utilization of the suite of equity tools and trainings provided in the Learning Lab.** Approximately half of the Learning Lab teams reported using the Institute for Public Health Innovation's Equity Impact Review Tool with their networks. (*See Appendix C for tools used in the Learning Lab.*) Several went deeper on the direct

Examples of Success

Coalescing Around the Health Enhancement Community in Bridgeport

During the course of the Integrator Learning Lab, Bridgeport Prospers and the local Health Improvement Alliance combined their efforts (including signing formal data-sharing agreements) under the umbrella of the local Health Enhancement Community. This improved both networks' ability to track the impact they are having on eliminating health disparities for Bridgeport children and families.

Plan of Safe Care in Sarasota County

Over the course of their time in the Learning Lab, First 1,000 Days Sarasota became a lead organization in developing a Plan of Safe Care to ensure that children and families in the county have access to the resources and proven interventions they need to address any health and behavioral needs.

CARES Act Dollars in Paterson

Partners in Paterson utilized dollars from the federal CARES Act to support cross-sector work focused on housing as a social determinant of health for Paterson residents.

technical assistance and/or modified the tool and used it with residents and community based organizations to identify which populations may experience significant unintended equity and health impacts (positive or negative) as a result of proposed policies, program, processes, plans, or systems. Some sites also committed to a deeper analysis of power and the need to be bolder in working to address disparities in health.

- 2. Integrators opened space for greater community voice in their networks over the course of their engagement with the Learning Lab.** Networks participating in the Learning Lab found a myriad of ways to amplify community voice and leadership in their networks. This includes creating space within the existing leadership/governance table and deepening the roles that community residents play in the day-to-day management/implementation of the work.
- 3. Community-based organizations gained resources and language to help their health care partners move closer to a vision of health focused on well-being for all residents of the community (i.e. not limited to individuals and families served by the hospital).** Over the course of the Learning Lab, networks enhanced their ability to find common ground with their network partners on the need for centering their work in health equity. In particular, health care partners changed the way they collect and analyze (largely community health needs assessment) data. New approaches to data included weaving in new data sources, disaggregating data to spotlight needs among population sub-groups, and engaging community residents in making meaning from the data.

Leveraging Learning Lab Participation

In close out calls with Learning Lab participants, respondents reflected on how they leveraged participation in the Learning Lab to benefit their network (for example, to secure new supporters, recognition, funding, etc.). Three key themes arose from responses:

- 1. Increased buy-in of existing leadership and new partners.** Networks saw an uptick in participation and greater role clarity. A number of respondents attributed this to the focus on technical assistance related to governance and equitable distributed leadership within the Learning Lab.
- 2. Greater recognition of integrators as leaders in the space.** Several teams saw their reputation enhanced as leaders in the population health space. This enhanced reputation resulted from teams both using their own communications platforms and accepting opportunities to present their integrator work directly to external stakeholders.
- 3. Increased opportunities for new public and philanthropic investment over the course of the Learning Lab.** Both newer and more mature networks positioned themselves well for new funding opportunities and investments in their work. This included greater collaboration and support from payers and local/regional/national funders.

Future Directions

Learning Lab teams are forging ahead in exciting ways as they head into 2021. Several teams noted that the pandemic and Learning Lab experience spurred new thinking about how they can further their impact on population health:

- **Moving toward community governance:** As mentioned above, several Learning Lab teams amplified the voice of impacted residents in their work. Learning Lab teams committed to continuing to transfer leadership of efforts such that residents take greater control over the framing of issues; as well as the prioritization and implementation of solutions in their communities.

- **Taking the work further upstream:** Creative partnerships formed in response to the pandemic prove the importance of cross-sector partnerships in meeting basic human needs. The crisis demonstrated the need to continue to go further than meeting basic needs to changing the conditions that leave so many residents vulnerable in the first place. Several Learning Lab teams used their networks to catalyze a push towards calling out systemic issues that must be addressed to ensure that all families in their communities have the resources they need to thrive.
- **Showing impact:** Several Learning Lab teams demonstrated the value of their cross-sector network on specific health disparities and social determinants of health for members of the community. Future work will see Learning Lab teams beginning to connect data from a range of institutions and sectors to make the case for how their work is making an impact on health at the population level and across a wider range of factors (such as housing, education, economic mobility, etc.).

Essential Elements for Success as a Population Health Integrator: Lessons Learned

In close out calls with Learning Lab participants, respondents reflected on how health care organizations and other organizations from other sectors can come to the network table as the best possible partner. Responses are summarized below. More detailed reflections are captured in *a series of videos* featuring members of Nemours' Integrator Learning Lab.

Insights from Leaders of Cross-Sector Networks:

What advice do you have for organizations about being strong partners
in cross-sector population health networks?

Advice for Any/All Sectors:

Partners across sectors should defer to the expertise of others and strategically choose their roles in supporting network efforts. Partners across sectors need to recognize the expertise of other sectors (including community members) at the table, deferring to and supporting the voices and leadership of other sectors at times. ("We don't need to solve every problem on our own.") Even when not leading, all sectors at the table need to identify how they will support strategies to address the problem and remain fully engaged in their support role.

Advice for Health Care Organizations:

Health care should carefully consider its roles within cross-sector networks focused on population-level health and well-being, being strategic about when to step up and when to step back. Health care is often one of the most powerful anchor organizations in a community. Health care should be humble enough to defer to others at the table and realize that it is often "not the draw." Simultaneously, health care needs to use its resources (clout, financial, and other) in support of the network, through strategic allocation of resources that prioritize strategies aimed at impacting population-level measures of health equity, health, and well-being (typically longer-term) over short-term efforts with limited ability to improve population health.

Give weight to what the community identifies as its needs related to health and well-being. It is important that health care partners not enter partnerships with preconceived notions about communities based only on health care data (gleaned from Community Health Needs Assessments, electronic health records, etc.). Communities often identify needs related to health and well-being differently than health care and other community-based organizations. As such, organizations must take a wider view of what contributes to wellness as they prioritize strategies to promote population health.

Embrace your anchor status to promote health and well-being. Health systems can be a stronger partner if they view themselves as an anchor institution and community-builder- using their clout and role as an anchor, employer, investor, and purchaser to the benefit of their communities.

Essential Elements for Success

Reflecting on input from participating networks and other input, four elements appear to be essential to the success of population health integrators.

- 1. “Naming” integrator functions.** Network teams consistently reported that the Learning Lab experience allowed them to give a name to work they were already doing. This realization also helped network teams to recognize they were in a community of others experiencing similar challenges and successes in leading their own networks.
- 2. “Claiming” integrator functions.** Once teams developed a heightened awareness of the set of integrator functions, it was important for them to consciously begin to use the language and think in terms of how they can adopt and develop these functions. Learning Lab tools played an important role in strategizing around how to institutionalize the functions.
- 3. Clarity on roles.** No one integrator can carry out the work of leading a multi-sector population health network. As such, distributed leadership is a key element of working in multisector population health initiatives. Each team in the Learning Lab spent time working with faculty and staff creating clearer asks for partners and strengthening partner commitments to lead on elements of the network that were aligned with the mission of their own individual organizations.
- 4. Clear commitment to equity.** Network teams agreed that the commitment to equity needs to be the guiding force behind population health networks. While this means that partners need to understand the depths of the health equity challenge in their community, it also requires the deep systems change work needed to eliminate health disparities. This also means that networks need to disaggregate data across various institutions and systems to ensure that there are not substantial segments of the community being left behind or negatively impacted by their efforts.

Quotes from Leaders of Cross-Sector Networks:

Essential Elements for Success

Sarasota County, FL

“I truly feel that the integrator activities are really key to the health of a network and then critical to innovation. And really, what it does is it provides a roadmap of just key functions that you need to consider when you’re working towards goals to improve health and wellbeing of people in your community.” –Learning Lab participant from First 1,000 Days Sarasota

Bridgeport, CT

“So that integrator work just becomes more and more valuable because I’m not a healthcare provider anymore; I’m a person who looks at health and well-being in the community.” - Learning Lab participant from Bridgeport Prospers

Paterson, NJ

“There are some palpable changes within the language that we use in our organization. So we’re now intentional about saying that we’re going to invest in Black and Brown communities and low income communities and Indigenous communities. Why is that important? Because unless you name it, you cannot measure it, you don’t know the impact.”

- Learning Lab participant from Partners for a Healthier Paterson

Integrative Activities Over the Life Cycle of a Network

Over the course of this two-year initiative, the opportunity arose to examine 1) whether certain integrative activities might be more, or less, important depending on where a network is in its life cycle and 2) whether some integrative activities are foundational and essential at the start of a network. In close out calls with Learning Lab participants, respondents reflected on the relationship between integrative activities and network life stage. Responses are summarized below.

Insights from Leaders of Cross-Sector Networks:

As you consider the attached list of integrative activities, are there some that you see as being better suited to networks that are earlier, or later, in their lifecycle?

There is no “one-size-fit-all” approach to staging network activities. Adoption of the integrative activities is not a linear process. Networks need to pay attention to aspects of all of the integrative activities at different points. It is essential to think about all of them at launch (broadly) and get deeper into the particulars going forward.

A few building blocks seem to be essential for early-stage integrators. Vision, trust, transparency, clear governance structure, and an intentional partner (including community) engagement strategy are essential areas of focus at the start of a network. A network may disintegrate if launched without a clear governance structure and clear asks of partners.

Coming together with partners to develop a shared understanding of the adaptive social challenge is a priority for early stage networks. Many cross-sector partners come to population health networks with their own data sets and metrics that inform how they approach the challenges the network is addressing. In such early stage networks, some of the first shared tasks are to make sense of the various data available to the network, and to come to consensus on the policy, systems, and environmental (PSE) changes that are necessary to address inequities/disparities. Showing progress on indicators along the path towards the longer-term PSE changes is generally necessary to bring additional funding in later stages.

Infusing community voice from the start (and throughout the process) is preferable to building out networks and trying to retrofit the network goals to meet community goals at later stages. Networks that did not fully integrate community voice upfront experienced challenges trying to infuse this voice later (most overcame this challenge). Planning this out earlier, and including a strategy for increasingly transferring leadership to community residents as needed, would have accelerated the overall work of a few networks.

Trust is an essential element of network success, regardless of the stage of maturity. Networks need to have the right people in the right place. These integrators should be trusted, able to work effectively with partners across sectors, and have sufficient experience and expertise to achieve the bold goals set out for the network.

Creating a High-Value Learning Community: Lessons Learned

In close out calls with Learning Lab participants, respondents reflected on how participation benefitted their network. Five key themes arose from responses, summarized below. More detailed reflections are captured in a *series of videos* featuring members of Nemours' Integrator Learning Lab

Insights from Leaders of Cross-Sector Networks:

How did participating in Nemours' 2020 Integrator Learning Lab benefit your network?

The Learning Lab helped networks accelerate their work in their home communities. Teams agreed that every facet of the Learning Lab, including an in-person (pre-pandemic) convening toward the start of the Learning Lab, played a pivotal role in helping them achieve and exceed their goals over the course of the project.

The power of positive peer pressure was helpful. Rather than being a burden, multiple teams expressed a camaraderie with other networks (even given limited interaction) and faculty that helped them stretch to achieve the goals they set out at the beginning of the Learning Lab. They wanted to "show up" and did not want to let others down.

Direct technical assistance was the essential ingredient. All teams reported that the direct technical assistance was the part of the Learning Lab that was most helpful in advancing their goals. Multiple sites expressed a desire for even more direct technical assistance, if time had permitted.

There is power in naming and claiming integrative activities. While networks took on several integrative roles, a framework provided structure to identify intentionally these roles and their relationship to one another. In several cases, this led to networks being able to make a case for the value provided to the community and institutional stakeholders.

The Learning Lab experience provided a space for teams to pause and focus in on work that often gets swallowed up by day-to-day responsibilities. In most cases, network roles were not the "day job" of integrators. This experience provided a safe space, a laboratory, to test ideas and understand how they could step into leadership of networks.

What Worked? Essential Elements

Reflecting on input from participating networks as well as our own observations, we identified four elements of the Learning Lab's design essential to its success. These learnings are included here for the benefit of others in the field engaged in designing and facilitating a learning community.

- 1. Design the content and participant experience with a flexible framework.** As Nemours recruited networks to participate in the Learning Lab, we included a menu of technical assistance topics, a sense of how much time would be required of networks for technical assistance, all-network meetings, and work between sessions, and an idea of what tasks would be asked of them (reporting out in meetings, contributing insights and reflections, etc.). At the same time, we made it clear that our framework would be finalized with input from teams. Input from teams was solicited during the on-boarding process (January 2020) and during/following the in-person meeting we had toward the start of the Learning Lab (February 2020). Dates, topics, speakers, and participant expectations for all-network meetings were finalized in March based on feedback, as were network-specific technical assistance plans.
- 2. Include an emphasis on concrete tools and applied learning.** There is widespread acceptance of many foundational concepts in the field. For example, equity should be taken into account in all network plans and decisions; and the people you seek to serve should have representation in leadership and decision-making seats. For network leaders, these concepts can be challenging and time consuming to operationalize in the real-world. With on-the-ground network leaders in mind, we contracted with faculty who could provide tools and processes for operationalizing big ideas and embedding them into network work flows. (*See Appendix C: Summary of Technical Assistance Tools.*)

3. Develop of a customized, action learning plan for each network. In consultation with faculty, each network selected an area for learning from a menu of options and articulated how they planned to apply the technical assistance. The plan included articulating a set of technical assistance related tasks, timelines, and goals. Clearly outlining their technical assistance request and linking it to real-world applications gave focus and clarity to the work with participants. Customizing technical assistance to the specific needs and circumstances of each team rather than providing the same resources and guidance to all created practical value for each team.

4. Check in with networks regularly, while being mindful not to over-burden their calendars. The team used email and phone/video calls with networks to check in with teams on progress between technical assistance sessions and all-network meetings. These calls allowed Nemours faculty to understand progress, challenges, changes, etc. that needed to be shared with other faculty supporting the network. By checking in regularly and allowing networks to determine the depth and nature of their update, we kept the Learning Lab at the top of their priority lists without taking unnecessary time from their calendars.

Establishing a Culture of Learning

“Creating Capacity Building & Improvement Opportunities” is part of the “Continuous Learning & Improvement” section of the 2020 framework of Essential Integrative Activities (*see Appendix B for the detailed framework.*) Essential activities that fall under Creating Capacity Building & Improvement Opportunities include:

- Ensuring that the network deliberately and strategically includes continuous learning and improvement into its ways of working, making data-driven changes as needed; and
- Creating opportunities for learning and training among members of the network, including opportunities to build capacity for network partners to carry out integrative activities and to implement promising/proven policy and practice strategies

Although opportunities to participate in learning communities such as the Learning Lab are not readily available to many/most networks, they can create a culture of learning using publicly available resources. This can include identifying integrators within the network who are willing to own and manage the development of network-wide learning opportunities, including scanning the field for low and no-cost tools, resources, and training materials of interest. Creating a dedicated time, space, and process for continuous learning is equally important, if not more important, than the training content.

Conclusion: Areas for Further Learning & Focus

Nemours’ work over the course of the two-year “Exploring the Roles & Functions of Health Systems within Population Health Integrator Networks” initiative produced an extensive amount of insights and lessons learned, captured in this paper and *previously-published documents*. The work also highlighted several important areas for further learning and focus:

1. Develop tools that operationalize big ideas and can be used by population health networks to embed those ideas into real-world work flows and daily operations. While there is broad agreement in the field that population health networks should address issues such as health equity, distributed leadership, and equitable governance, networks themselves, busy doing the work, are often challenged to quickly and easily find tools they can use to put ideas into practice. Creating and spreading awareness and uptake of such resources can ameliorate this challenge and provide turnkey solutions to shared barriers.

- 2. Identify the ways in which networks become more efficient and effective as their use of integrative activities increases.** This includes examining patterns and trends around which sectors tend to take ownership of what integrative activities; exploring whether there are best practices that can be lifted up to inform and accelerate the field; and testing how to best increase consideration of integrative activities during networks' routine strategic planning activities.
- 3. Increase deliberate and strategic network participation among anchor organizations and other partner organizations.** The strength and sustainability of population health networks is enhanced when anchor institutions and other partner organizations affiliated with the network have formally, at the executive level, accepted the role of integrator and agreed to be accountable for a set of specified integrative roles and functions.
- 4. Increase leadership by the individuals networks seek to serve or represent.** Nemours experience with Learning Lab mirrors field-wide interest in testing network models that embrace the “nothing about us without us” philosophy and increase ownership and leadership by the individuals the network seeks to serve. Networks are rapidly moving away from governance and committee structures that silo and limit community voice (community advisory boards, for example) to models that infuse community voice and leadership into all aspects of the networks, including compensating community members for their expertise as persons with first-hand experience engaging with the systems, injustices, challenges etc. the network seeks to change.
- 5. Include an upstream focus in network strategies and tactics.** The COVID-19 pandemic and social unrest of 2020 provided network partners with real-time examples of why meeting health and social needs is necessary but insufficient to move entire communities toward health and well-being. Networks involved with Nemours's Integrator Learning Lab cited increased understanding among partners of the need to work across sectors to address root causes of inequities, as well as an increased sense of support and urgency. Working on joint advocacy agendas and policy, systems, and environmental change strategies is new to many network partners and will require training as well as tools and technical assistance.
- 6. Demonstrate the value and impact of cross-sector networks.** Within the Learning Lab, and field-wide, population health networks are challenged to demonstrate their value and impact on community health and well-being. Articulating value and impact are of common interest to networks and network stakeholders from an array of sectors including health care, philanthropy, insurance payers. Areas for further learning and focus will include curating a set of indicators suitable for networks to use in demonstrating positive impact on the health of communities and supporting population health networks to incorporate such indicators into their work plans.

These are areas we seek to explore in more depth moving forward. As always, we are interested in learning from, and with, others in the field. We invite you to contact us at NationalOffice@Nemours.org with questions and comments.

Appendix A – Integrator Learning Lab Networks & Faculty

The Networks:

Network	City/County, State	Network Organizations Involved in the Integrator Learning Lab*
Bridgeport Prospers	Bridgeport, CT	<ul style="list-style-type: none"> • Health Improvement Alliance (HIA) • United Way of Coastal Fairfield County • Yale New Haven Health • Zigler Center at Yale University
DC Health Matters Collaborative	Washington, DC	<ul style="list-style-type: none"> • Children’s National Hospital • DC Health Matters Collaborative • DC Primary Care Association • The HSC Health Care System
First 1,000 Days of Sarasota	Sarasota County, FL	<ul style="list-style-type: none"> • Florida Department of Health • Sarasota Memorial Hospital
Get Ready Guilford	Guilford County, NC	<ul style="list-style-type: none"> • Guilford County Department of Health and Human Services (Guilford County Coalition on Infant Mortality) • Ready for School, Ready for Life
Help Me Grow Ventura County Network of Care	Ventura County, CA	<ul style="list-style-type: none"> • First 5 Ventura County • Gold Coast Health Plan
Los Angeles Collaborative	Los Angeles, CA	<ul style="list-style-type: none"> • Downtown Women’s Center • JWCH Wesley Health Centers
Maternal Mental Health Coalition	Kalispell-Flathead County, MT	<ul style="list-style-type: none"> • Family Medicine Residency of Western Montana • Flathead City-County Health Department
Partners for a Healthier Paterson	Paterson, NJ	<ul style="list-style-type: none"> • Health Coalition of Passaic County • New Jersey Community Capital • St. Joseph’s Health
Sharswood THRIVE	Philadelphia, PA	<ul style="list-style-type: none"> • Habitat for Humanity Philadelphia • Philabundance • Temple University, College of Public Health

The Faculty

Organizational affiliations below are from the close of the Integrator Learning Lab (August 2020) and may have shifted since that time.

- Allison Gertel-Rosenberg, Nemours Children’s Health System*
- Kate Blackburn, Nemours Children’s Health System*
- Bilal Taylor, Nemours Children’s Health System*
- Sherry Immediato, Heaven & Earth, Incorporated (ReThink Health emeritus)*
- Debbie I. Chang, Blue Shield of California Foundation (formerly, Nemours Children’s Health System)*
- Anna Barnes, Data Across Sectors for Health & the All In: Data for Community Health network (Illinois Public Health Institute)
- Peter Eckart, Data Across Sectors for Health & the All In: Data for Community Health network (Illinois Public Health institute)
- Katherine Wright, Fannie E. Rippel Foundation
- Abby Charles, Institute for Public Health Innovation
- Mike Royster, Institute for Public Health Innovation
- Greg Paulson, Trenton Health Team
- Eric Schwartz, Capital Health (as part of Trenton Health Team)
- Danielle Varda, Visible Network Labs
- Seth Fritsch, Well-being and Equity (WE) in the World /100 Million Healthier Lives

*Design/Leadership Team

Appendix B – Essential Integrative Activities within Cross-Sector Population Health Networks: An Organizing Framework

The framework below is an update of the organizing framework presented in a Nemours' 2012 paper entitled “*Integrator Role and Functions in Population Health Improvement Initiatives*.” It includes five broad categories, each with an aspirational descriptor and a detailed list of integrative activities. Descriptors are intended to present the big idea of each category- the ideal state. Specific integrative activities associated with each category are intended to operationalize the big ideas, providing a roadmap or checklist that partners can use to assess the network and plan for strategic use of integrative activities.

This framework is a living document that is likely to evolve as work continues and Nemours continues to learn with and from others in the field.

2020 Organizing Framework of Essential Integrative Activities*

*Governance, oversight, and administrative functions that enable population health networks to carry out tasks and strategies related to the network's shared population health goals.

1. Governance and Leadership. To achieve systems-change goals, network partners come together under a well-designed structure that facilitates cooperation between partners with diverse missions and resources. Network structure is intentionally designed to include substantive input and participation from people with first-hand experience of the challenges the network seeks to address, and to involve such people in leadership and decision-making roles within the network). Those at the network's leadership table work collaboratively with the other network partners so that all involved understand how strategies and decisions connect to the larger goal of the network.

Network Governance & Approach

- 1.1. Facilitate consensus process establishing the network's vision, mission, goals, governance structure, administration and oversight structure, strategic plan, and communications approach
- 1.2. Ensure that the network's decision-making structures and processes include the perspectives and input of people with lived experience (“Nothing about us without us”)
- 1.3. Ensure that network strategies address health at the individual, group, and population level; that the network's efforts include policy, systems, and environmental strategies aimed at improving social conditions and addressing root causes of health disparities; and that network strategies are developed with a health equity lens
- 1.4. Design and facilitate structures for accountability to the community and among network members

Network Leadership

- 1.5. Serve as a champion of the value, efficiency, and effectiveness of networks for moving the needle on measures of health equity and population health
- 1.6. Continually scan for opportunities to strengthen the network and its impact (increasing strategic use of integrative functions and increasing alignment between partners and sectors to address gaps, needs, and inefficiencies)

Appendix B – Essential Integrative Activities within Cross-Sector Population Health Networks: An Organizing Framework *(Continued)*

2. Continuous Use of a Health Equity Lens. As networks work to address health disparities, strategies include a deliberate focus on inequities (health, racial, other) linked to the disparities. All network strategies are informed by substantive input and participation from people with first-hand experience of the challenges the network seeks to address.

- 2.1. Ensure that decision-making occurs through the lens of health equity
- 2.2. Ensure that all network structures and processes are designed to include and amplify the voices and perspectives of people the network seeks to serve- those who have needs, or experience conditions, that the network seeks to address
- 2.3. Ensure that equity-related training and capacity building opportunities are in place such that network members have a shared understanding of related concepts and strategies

3. Innovation & Oversight. Networks develop and test programs and approaches that may not have been tried and tested before in their particular location or context, seeking small and large innovations that become game-changers. Mechanisms are in place to monitor implementation, report progress to network members and the community-at-large, and capture lessons learned and best practices.

Innovation

- 3.1. Create conditions and spaces within the network to nurture innovation, including but not limited to building capacity among network partners to generate and test innovations, and providing seed capital
- 3.2. Facilitate the setting of audacious goals for the network; goals that require innovation and new ways of working over small changes to current tactics

Oversight

- 3.3. Provide oversight of strategy implementation flowing from network strategic plan; ensure accountability and effectiveness
- 3.4. Direct and/or manage projects, including supporting work groups or alignment of activities
- 3.5. Monitor the field for relevant research and best practices that can be applied within the network

4. Continuous Learning & Improvement. Networks recognize that changing complex systems within continually shifting social and political contexts requires them to be nimble and responsive. Networks regularly collect qualitative and quantitative data on agreed-upon metrics related to process and impact, and use these data to determine when course-corrections are necessary.

Creating Capacity Building & Improvement Opportunities

- 4.1. Ensure that the network deliberately and strategically includes continuous learning and improvement into its ways of working, making data-driven changes as needed
- 4.2. Create opportunities for learning and training among members of the network, including opportunities to build capacity for network partners to carry out integrative activities and to implement promising/proven policy and practice strategies

Appendix B – Essential Integrative Activities within Cross-Sector Population Health Networks: An Organizing Framework *(Continued)*

Cross-Sector Data

- 4.3. Gather, analyze, monitor, integrate, and learn from systems-level and community-level data, ensuring that (in addition to aggregate data) the network is utilizing disaggregated data to monitor measures of health and wellness among sub-groups of the population
- 4.4. Ensure that data are accessible to the community via data dashboards, health information exchanges, etc. and that the data are available for community use
- 4.5. Ensure that the data are translated into customized content for various audiences in ways that provide context, meaning, and value
- 4.6. Use data to inform network strategic planning- including selection of strategies, measures, and benchmarks
- 4.7. Work creatively and strategically to maximize cross-sector data sharing, including considerations related to selecting and utilizing data sharing platforms

5. Spread, Scale, and Sustainability. Networks routinely spread and scale promising/proven strategies within the network and via local, regional, and/or national partnerships. This includes policy, systems, and environmental change strategies as well as program and practice strategies. Networks have a diverse portfolio of funding types and sources.

Scale and Spread

- 5.1. Continually scan for opportunities to scale up promising/proven policy and practice changes within and among sectors in order to achieve sufficient scale to move the needle on measures of health equity and population health
- 5.2. Ensure that training, technical assistance, infrastructure, and other resources are in place to allow network partners to rapidly adopt or leverage policy and practices changes made at the systems-level

Advocacy and Policy Change

- 5.3. Build public will for the importance and urgency of transformative policy changes that change community conditions (as opposed to incremental changes)
- 5.4. Facilitate the setting of policy priorities for the network, including identifying opportunities for network organizations to take part in collective advocacy
- 5.5. Advocate for policy & practice change at the systems-level, within the public and private sectors

Sustainability- Financial & Other

- 5.6. Establish sustainability-related goals and strategies, ensuring that the network's sustainability plan is not limited to direct financial support, but that it also includes capacity building for leadership of integrative activities and strategic allocation of resources (financial and in-kind)
- 5.7. Continually scan for funding and other sustainability-related resources available to partners by sector- for example community development, workforce development, education, and healthcare payment reforms
- 5.8. Continually scan for opportunities to blend, braid, and strategically re-allocate existing supports to maximize efficiency and impact
- 5.9. Mobilize and monitor/manage funding to implement priorities and activities, which may include serving as fiduciary for grants, wellness trusts, etc.

Appendix C – Collection of Tools & Resources: 2020 Integrator Learning Lab

By providing copies of tools and resources used in the Integrator Learning Lab, Nemours' goal is to spread the benefit of the Learning Lab to any/all population health networks. We welcome questions and comments at NationalOffice@Nemours.org.

The Integrator Learning Lab included seven focal areas for group learning and network-specific technical assistance. Contracted faculty organizations are noted below each focal area; Nemours Children's Health System provided expertise across all areas in concert with contracted faculty. Biographies of faculty *are available here*.

1.) *Integrative Activities: the Engine of Multi-Sector Partnerships*

- Heaven & Earth, Incorporated

2.) *Equitable Governance Structures & Distributed Leadership*

- Heaven & Earth, Incorporated
- Visible Network Labs

3.) *Equity Strategies to Improve Population Health*

- Institute for Public Health Innovation
- Well-being and Equity (WE) in the World /100 Million Healthier Lives

4.) *Cross-Sector Data Sharing*

- Data Across Sectors for Health

5.) *Sustainability: Value and Financing*

- Heaven & Earth, Incorporated
- Fannie E. Rippel Foundation

6.) *Sustainability: Capacity Building Among Network Partners*

- Heaven & Earth, Incorporated

7.) *“We’re Not Unicorns”: Lessons from the Field*

- Capital Health (as part of the Trenton Health Team)
- Trenton Health Team

The remainder of this appendix summarizes tools and resources provided to networks within each focal area of the Learning Lab. Area 7 (“We’re Not Unicorns”: Lessons from the Field) emphasized connecting Learning Lab teams to the Trenton Health Team and other networks that have recently solved challenges currently faced by Learning Lab teams. Connections emphasized candid conversation rather than tools and training. As such, this area is not included below.

Appendix C – Collection of Tools & Resources: 2020 Integrator Learning Lab *(Continued)***1. INTEGRATIVE ACTIVITIES: THE ENGINE OF MULTI-SECTOR PARTNERSHIPS**

Name: *Five Tools for Helping Networks Turn Big Ideas into Action: An Integrator's Toolkit*

Source: *Nemours Children's Health- National Office of Policy & Prevention*

- **Description:** A collection of tools designed to help networks understand integrative activities, determine which integrative activities they could/should use more strategically, and create action plans.
- **Use within Learning Lab:** Networks in the Learning Lab completed early versions of tools to help inform their focal areas for Lab-provided technical assistance and to create action plans.

Name: *Community Transformation Map*

Source: *WE in the World / 100 Million Healthier Lives*

- **Description:** A planning tool intended to help users assess where their community is on the journey to become a healthy, equitable community. Designed to help guide users from one stage of the journey to another. The map first assesses where you think you are, then facilitates a community conversation to inform next steps.
- **Use within Learning Lab:** Used as part of outreach to participants in the Learning Lab. Potential networks were asked to self-assess their readiness and fit for inclusion, with the understanding that the Learning Lab was suited for networks at the “Gaining Skills” areas for most elements in the document. The tool was not formally completed. Rather, networks were asked to review and do an informal “gut check” assessment.

Name: *Integrator Role and Functions in Population Health Improvement Initiatives*

Source: *Nemours Children's Health System*

- **Description:** A 2012 article presenting a view of the integrator role, including a framework of system-level integrator functions within population health improvement initiatives.
- **Use within Learning Lab:** Used as part orientation and level-setting, to establish a common understanding of the concept of integrative activities among networks in the Learning Lab.

Name: *What are Integrative Activities?*

Source: *ReThink Health, A Rippel Initiative*

- **Description:** An at-a-glance description of integrative activities, including a framework of Integrative activity areas and the specific roles and leadership functions within each area.
- **Use within Learning Lab:** Used as part orientation and level-setting, to establish a common understanding of the concept of integrative activities among networks in the Learning Lab.

Name: *Integrative Activities Tool*

Source: *ReThink Health, A Rippel Initiative*

- **Description:** A tool to help people examine and map the extent to which stewards (the people and/or organizations who take responsibility for forming working relationships with others to transform health and well-being in the region) are conducting ReThink Health's eight integrative activities.
- **Use within Learning Lab:** Networks in the Learning Lab completed a modified version of the tool at the start of the work and used it as a springboard for determining what their technical assistance ask(s) would be. During a pre-pandemic in-person meeting of Learning Lab networks and faculty, completed tools were used as the springboard for group conversation and to orient faculty to networks.

2. EQUITABLE GOVERNANCE STRUCTURES & DISTRIBUTED LEADERSHIP

Name: *Thinking Like a Network Scientist*

Source: *Visible Network Labs*

- **Description:** A presentation addressing thinking like a network scientist; designing a network strategy; practice mapping your own network; and network science in action.
- **Use within Learning Lab:** Presented in a learning session with Lab networks and faculty to inform and inspire conversation and action steps.

Name: *Who Is In Your Network? Thinking Like a Network Scientist*

Source: *Visible Network Labs*

- **Description:** A two-page worksheet that invites partners to practice mapping their networks and the relationships between them, then reflecting on findings as a springboard for action.
- **Use within Learning Lab:** Used as a companion worksheet to the “Thinking Like a Network Scientist” presentation, above.

Name: *Partner Strategy Worksheet*

Source: *Visible Network Labs*

- **Description:** A two-page worksheet that invites network members to articulate where they are now, and where they want to be, along a range of dimensions (purpose, governance, lifecycle, management, etc.).
- **Use within Learning Lab:** Used as a companion worksheet to the “Thinking Like a Network Scientist” presentation, above.

Name: *Social Connectedness in Family Social Support Networks: Strengthening Systems of Care for Children with Special Health Care Needs*

Source: *eGEMs, from Academy Health; The Journal for Electronic Health Data and Methods*

- **Description:** An article published by researchers affiliated with Visible Networks Labs, relevant to the Thinking Like a Network Scientist presentation, above.
- **Use within Learning Lab:** Used as a reinforcing companion document to the “Thinking Like a Network Scientist” presentation, above

Name: *Assessing Your Distributed Leadership Practice*

Source: *ReThink Health, A Rippel Initiative*

- **Description:** A tool that invites you to work with your fellow regional stewards to assess and enhance your distributed leadership practice. It is organized around four questions that will help you determine how broadly and effectively you are distributing leadership as you seek to transform your regional health system.
- **Use within Learning Lab:** Used with Learning Lab networks during the pre-pandemic, in-person meeting and during virtual TA sessions with networks.

Name: *Café to Go! A Quick Reference Guide for Hosting World Cafe*

Source: *The World Cafe*

- **Description:** A guide to hosting World Café, covering the basics of the World Café process.
- **Use within Learning Lab:** Shared as a resource during a learning session on “Engaging Stakeholders in a Time of Physical Distancing.”

Appendix C – Collection of Tools & Resources: 2020 Integrator Learning Lab *(Continued)***2. EQUITABLE GOVERNANCE STRUCTURES & DISTRIBUTED LEADERSHIP**

Name: *Creating and Sustaining Audacious Goals*

Source: *ReThink Health, A Rippel Initiative*

- **Description:** A tool to enhance your ability to articulate bold aspirations—aspirations that are clear enough to generate challenging but achievable goals that promote creativity and action, and that can be sharpened and sustained over time.
- **Use within Learning Lab:** Shared broadly as a resource for networks.

Name: *Establishing a Shared Vision*

Source: *ReThink Health, A Rippel Initiative*

- **Description:** This tool proposes a detailed agenda and small-group session agendas during which comprehensive discussions can occur as you engage large groups in transforming regional systems of health.
- **Use within Learning Lab:** Shared broadly as a resource for networks.

Name: *Guidebook for Building Regional Networks for Urban Sustainability 2.0*

Source: *Urban Sustainability Directors Network*

- **Description:** A guidebook containing lessons learned about building regional networks. Though the focus is on regional networks for urban sustainability, the tips and processes apply to building most/all regional networks.
- **Use within Learning Lab:** Shared with multiple networks in the Learning Lab as part of their customized TA on strategies for community engagement and network governance.

Name: *Network Governance and Leadership Structure Development*

Source: *Urban Sustainability Directors Network*

- **Description:** A four-page worksheet is designed to help networks develop, or re-design, their governance and leadership structure.
- **Use within Learning Lab:** Shared with multiple networks in the Learning Lab as part of their customized TA on strategies for community engagement and network governance.

Name: *RACI Chart* (Responsible, Accountable, Consulted, Informed)

Source: *TeamGantt*

- **Description:** A RACI chart is a simple matrix used to assign roles and responsibilities for each task, milestone, or decision on a project. By clearly mapping out which roles are involved in each project task and at which level, you can eliminate confusion and answer the age-old project question, *Who's doing what?*
- **Use within Learning Lab:** Shared broadly as a resource for networks.

Name: *All-In: Data for Community Health webinar: Community Engagement & Governance*

Source: *All In: Data for Community Health*

- **Description:** A webinar featuring two former *Data Across Sectors for Health* grantee communities that are demonstrating success in leading multi-sector collaboration and data sharing efforts driven by community voice. The *webinar resource guide* includes links to resources mentioned by speakers and/or relevant to the topic.
- **Use within Learning Lab:** Shared with multiple networks in the Learning Lab as part of their customized TA on strategies for community engagement and network governance.

3. EQUITY STRATEGIES TO IMPROVE POPULATION HEALTH

Name: *Equitable Distributed Leadership*

Source: *WE in the World / 100 Million Healthier Lives*

- **Description:** A presentation including a comparison of organizational and network leadership, an introduction to the Community of Solutions framework, and a practice activity for evaluating equitable distributed leadership using the *Community Transformation Map tool*.
- **Use within Learning Lab:** Presented in a learning session with Learning Lab networks and faculty.

Name: *Mapping Stakeholders & Developing an Engagement Plan*

Source: *WE in the World / 100 Million Healthier Lives*

- **Description:** A worksheet, including instructions, for mapping stakeholders and developing an engagement plan.
- **Use within Learning Lab:** Shared broadly as a resource for networks.

Name: *Recruiting Community Members with Lived Experience of Inequity*

Source: *WE in the World / 100 Million Healthier Lives*

- **Description:** An eight-slide presentation that succinctly captures the importance of including community members with lived experience of inequity within leadership and decision making positions in networks; includes action steps and links to additional resources.
- **Use within Learning Lab:** Shared broadly as a resource for networks.

Name: *100 Million Healthier Lives Advancing Equity Tools*

Source: *WE in the World / 100 Million Healthier Lives*

- **Description:** Tools and resources developed as part of the 100 Million Healthier Lives initiative to support communities' efforts to prioritize equity in an authentic and deep way and address racism as a determinant of health as they work toward achieving improvements in health and well-being.
- **Use within Learning Lab:** Shared broadly as a resource for networks

Name: *Framing Our Work- Engaging in Equity Practice*

Source: *Institute for Public Health Innovation*

- **Description:** A presentation defining and explaining equity; outlines steps involved in engaging in equity practice; describes equity impact reviews and their purpose; and takes the audience through the process of using IPHI's Equity Impact Review Tool (full copy of tool, below).
- **Use within Learning Lab:** Presented in a learning session with Learning Lab networks and faculty.

Name: *Equity Impact Review Tool*

Source: *Institute for Public Health Innovation*

- **Description:** A worksheet, including instructions, that guides users through the process of assessing the equity impact of policies (policies, processes, plans, systems, etc.) under consideration or already in use.
- **Use within Learning Lab:** Used by multiple networks in the Learning Lab as part of their customized TA, including embedding the tool into network work-flows and decision making processes.

Appendix C – Collection of Tools & Resources: 2020 Integrator Learning Lab *(Continued)***3. EQUITY STRATEGIES TO IMPROVE POPULATION HEALTH****Name:** *Race Matters: Organizational Self-Assessment***Source:** *Annie E. Casey Foundation*

- **Description:** A worksheet, including instructions, that guides users through the process of assessing the equity impact of policies (policies, processes, plans, systems, etc.) under consideration or already in use.
- **Use within Learning Lab:** Used by multiple networks in the Learning Lab as part of their customized TA, including embedding the tool into network work-flows and decision making processes.

Name: *Local Health Department Organizational Self-Assessment for Addressing Health Inequities***Source:** *Bay Area Regional Health Inequities Initiative*

- **Description:** A toolkit intended to be used by local health departments throughout the nation to assist in their development of a greater capacity to address health inequities.
- **Use within Learning Lab:** Shared broadly as a resource for networks.

Name: *Communicating Equity to Stakeholders: Building Support for Equitable Maternal and Infant Health Outcomes***Source:** *Institute for Public Health Innovation*

- **Description:** A presentation addressing understanding metaphors and mindsets that shape thinking about equity in the U.S.; identifying key values, words, and phrases to convey racial equity messages; and participating in exercises to develop and refine messages to target audiences (See also, Equity Message Map, below).
- **Use within Learning Lab:** Presented in a learning session with a Learning Lab network focused on maternal and child health.

Name: *Equity Message Map***Source:** *Institute for Public Health Innovation*

- **Description:** A one-page worksheet that allows users to practice creating equity messages and metaphors; a companion document to the Communicating Equity to Stakeholders presentation, above.
- **Use within Learning Lab:** Used as a companion document for the “Communicating Equity to Stakeholders” presentation, above.

Name: *Evidence-Based Birth Equity Messaging: Summary of FrameWorks Institute Messaging***Source:** *March of Dimes*

- **Description:** A two-page summary of the recommendations and suggested messaging for talking about health equity for moms and babies prepared by *FrameWorks Institute* for the March of Dimes.
- **Use within Learning Lab:** Used as a companion resource for the “Communicating Equity to Stakeholders” presentation, above.

3. EQUITY STRATEGIES TO IMPROVE POPULATION HEALTH

Name: *Lived Experience: The Practice of Engagement in Policy*

Source: *Nemours Children's Health System- National Office of Policy & Prevention*

- **Description:** A brief synthesizing the thought leadership of community organizers, parents, public sector, and organizational leaders committed to bringing the voice of experience to policy and practice decisions.
- **Use within Learning Lab:** Shared with multiple networks in the Learning Lab as part of their customized TA on strategies for community engagement.

Name: *Training for Change Toolbox*

Source: *Training for Change*

- **Description:** A toolbox including tools for virtual and in-person movement and capacity building at the grassroots level, including a focus on community leadership, voice, and decision-making.
- **Use within Learning Lab:** Used by multiple networks in the Learning Lab as part of their customized TA, including embedding the tool into network work-flows and decision making processes

Name: *TimeBank Mahoning Watershed*

Source: *Time Dollars: A New Currency in Community Building*

- **Description:** A blog post introducing the idea of Time Dollars and how they can be used in community building.
- **Use within Learning Lab:** Shared with multiple networks in the Learning Lab as part of their customized TA on strategies for community engagement.

Name: *Levels of Community Participation*

Source: *Advocates for Youth*

- **Description:** A one-page resource presenting models and types of participation on a continuum from outsider control to community ownership.
- **Use within Learning Lab:** Shared with multiple networks in the Learning Lab as part of their customized TA on strategies for community engagement.

Appendix C – Collection of Tools & Resources: 2020 Integrator Learning Lab *(Continued)***4. CROSS-SECTOR DATA SHARING**

Name: *Community Multi-Sector Data-Sharing 101*

Source: *Data Across Sectors for Health*

Description: A presentation focused on the state of multi-sector data-sharing; challenges and opportunities facing the field; a hyperlinked list of tools for understanding community capacity for collaboration and data sharing; and next steps communities can take to build readiness to share data.

Use within Learning Lab: Presented in a learning session with Learning Lab networks and faculty.

Name: *The Value Proposition for Multi-Sector Collaboration and Data Sharing*

Source: *Data Across Sectors for Health*

Description: A presentation focused on identifying opportunities or problems too big for any single organization to tackle alone (the values); gathering institutions and people with lived experience of inequity who have a common stake in the outcome (the stakeholders); figuring out what to do together (the use case); asking the questions of each other to be answered in order to do the work (the systems development); and using consensus to select the group that will move the work forward.

Use within Learning Lab: Presented in a learning session with Learning Lab networks and faculty.

Name: *Selecting Indicators for Early Childhood Systems Change Projects*

Source: *Nemours Children's Health System- National Office of Policy & Prevention*

Description: A guide to help identify and track data indicators to inform and advance systems change.

Use within Learning Lab: Shared broadly as a resource for networks.

Name: *Webinar- Selecting Indicators for Early Childhood Systems Change*

Source: *Nemours Children's Health System- National Office of Policy & Prevention*

Description: A webinar on a new data resource for state and community leaders working to advance systems change.

Use within Learning Lab: Used as a companion resource for the Selecting Indicators for Early Childhood Systems Change guide, above.

Name: *Building a System Change Initiative Theory of Change*

Source: *Nemours Children's Health System- National Office of Policy & Prevention*

Description: A tool to help visually organize the focal areas and intended outcomes of systems change initiatives.

Use within Learning Lab: Shared broadly as a resource for networks.

5. SUSTAINABILITY: VALUE AND FINANCING

Name: *Considering Options for Funding & Sustaining Our Work in A Changing World*

Source: *ReThink Health, A Rippel Initiative*

Description: A presentation providing an orientation to a revenue typology and an exercise on evaluating possible financing structures.

Use within Learning Lab: Presented at a learning session with Learning Lab networks and faculty.

Name: *Beyond the Grant*

Source: *ReThink Health, A Rippel Initiative*

Description: A sustainable financing workbook that uses colorful examples, engaging exercises, and plain, everyday language to help stewards do what it takes to expand their financing horizons.

Use within Learning Lab: Used as a resource during all-network learning sessions and in support of team-specific TA, with a focus on “Module 5: What Value Do You Create”; *Module 5’s Value Analysis Worksheet*; and Module 7: “What Integrative Activities Could You Get Paid For?”

Name: *Toolkit for Developing a Value Proposition Narrative*

Source: *ReThink Health, A Rippel Initiative*

Description: A toolkit guiding you through each step of developing a value proposition- a positioning statement that explains what benefits you, your colleagues, and your multisector partnership or organization provide to whom, and how you do it uniquely well.

Use within Learning Lab: Used as a resource during all-network learning sessions and in support of team-specific TA, specifically the value sequence content and tool.

Name: *Identifying and Communicating Value*

Source: *ReThink Health, A Rippel Initiative*

Description: A presentation introducing the *Beyond the Grant workbook* (above); the financing mindset; and providing practice using the value sequence tool.

Use within Learning Lab: Used as a resource during all-network learning sessions and in support of team-specific TA.

Name: *Stop Donating to the Homeless*

Source: *Weingart Center*

Description: A video providing a compelling example of a value proposition for thinking about homelessness in new ways: “Don’t make a donation; make an investment.”

Use within Learning Lab: Shared with Learning Lab networks as an example of a value proposition.

Name: *Training: Public Narrative & Story of Self, Us, Now*

Source: *The CommunityRun Blog*

Description: Training videos that share how to tell a compelling story about yourself, the community you organize with, and your strategy to encourage others to create change.

Use within Learning Lab: Shared broadly as a resource for networks.

Appendix C – Collection of Tools & Resources: 2020 Integrator Learning Lab *(Continued)***6. SUSTAINABILITY: CAPACITY-BUILDING AMONG NETWORK PARTNERS**

Name: *Growing Knowledge Together: Using Emergent Learning and EL Maps for Better Results*

Source: *Fourth Quadrant Partners*

Description: An article presenting Emergent Learning (EL) maps as a method to help groups consciously capture learning that occurred over multiple events. EL maps offer a simple yet powerful approach to recognize patterns and come up with more systemic solutions through capturing data or results, framing hypotheses, and articulating next steps.

Use within Learning Lab: Provided to networks as a resource in support of creating their own learning map, as part of their own After Action Review process (see below).

Name: *Emergent Learning in Action: The After Action Review*

Source: *The Systems Thinker*

Description: An article describing the After Action Review process in contrast to other kinds of debrief activities.

Use within Learning Lab: Provided to networks as a resource in support of their own After Action Review process.

Name: *Emergent Learning: A Framework for Whole-System Strategy, Learning, and Adaptation*

Source: *The Foundation Review*

Description: An article offering Emergent Learning (EL) as a framework and describing how EL tools help make thinking visible and support real-time and peer learning. It looks at two organizations that have embraced EL to support a more emergent approach to achieving a whole that is greater than the sum of its parts.

Use within Learning Lab: Shared broadly as a resource for networks in support of creating learning maps.



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