2014 hope street group COLLOQUIUM
APRIL TENTH • WASHINGTON DC

Colloquium Health Working Group Results

Goals for the day

The goal of the Colloquium health dialogue was to collectively gain a broader understanding of the culture of health spectrum and generate ideas of how the organizations and institutions involved in the Colloquium could help accelerate the growth of "cultures of health" in communities across America.

Key questions to uncover included:

- How can we leverage assets, opportunities, and incentives, overcome barriers, and think creatively to cultivate and sustain cultures of health?
- How do we engage community stakeholders to have 'skin in the game' so that everyone is moving forward in the same direction?

Discussion and sharing of differing perspectives of what makes a culture of health

The morning session kicked off with identified participants, representing different industries, describing their perspectives on a culture of health, including best practices with new and/or practical ways to solve for challenges that each sector encounters.

Observations included:

- Companies need to be creative and build wellness programs dependent on a company's own culture (i.e., what works for one might not work for another).
- Employers must take a role to spur leadership to cultivate cultures of health.
- Communities need to encourage and advocate for policy changes, not just good projects, as policy changes are more sustainable.
- Localities need to weave departments and systems together to further and sustain collaboration.
- Stakeholders need to leverage motivations to work together.
- Solutions need to be solved at a systemic level, not as one-time interventions.
- Stakeholders have to identify and embed health into how they operate and do business to fundamentally shift the health behavior of those in their communities.
- Collaborative models need to focus on those with the most disadvantages and barriers to success—if we can solve for those barriers, we solve for everyone.
- We must use data and effective user assessments to provide communities with what they actually need.

Envisioning and exploring the key stakeholders in a culture of health
In the second half of the morning, we broke into smaller working groups to illustrate the scope and breadth of what a culture of health needs to thrive, with an emphasis on who the major stakeholders are. Illustrations were unique and thought provoking, making metaphors to the "radiant baby" and trees and depicting that health is at the epicenter of a thriving community. Across the group, we grappled with the issue of how we can culturally raise the expectation and collaborative effort for health on a national level and connect it back to the economic stability of a region.

Identifying the barriers
Even though exceptional best practices and multisectoral pioneers exist in this space, there still remain fundamental challenges and barriers to scaling such a culture. Originally, from the pre-event survey, the group had identified leadership, funding and connecting across stakeholders as the top barriers to success. However, from the group dialogue, some of those priorities were shifted and further scrutinized to determine the most complex challenges we face. While funding and the realignment of current or new resources remained a top issue, two other challenges identified were (1) the need for clear language and a marketing campaign to encourage various stakeholders to collaborate and work towards a shared goal and (2) the importance of building a sustained and effective feedback loop between the community and decision-makers.

Additional barriers discussed included:

- We have to tectonically shift the way we view the issue of strengthening health from solely an individual concern to a broader community endeavor.
- We need to manage and source our resources differently so that communities have choices between two healthy options, not the healthy and unhealthy one.
- There is a significant challenge of identifying and communicating the prioritized units for change in a community, thus efforts are strained and broken.
- The collective impact model is fundamentally flawed when it comes to health, as incentives and motivations are not aligned.

The solutions
Focusing on these barriers—both in what needs to be removed or realigned—and the audience, the group discussed the market forces and systemic changes needed to make the shift for a strong culture of health more transferable across the country:

- Realigning decision-making at the higher level to connect back to what communities need through effective user (community) input
- Creating a marketplace and modifying financial resources that value health and evidence by outcomes (for example, social impact bonds and accountable care organizations)
- Constructing employer programs that are built from quality user input and best practices, with the integration of community wellness needs and not just employee health wellness (user-centric approach model)
- Linking wealth creation to prosperity to change motivations at a systemic level, with investors and government partnering to change the models that aren't working to stimulate or sustain a positive culture of health
- Re-envisioning the definition of health and what benefits are reimbursed to be based on prevention rather than post-illness treatment

Overwhelmingly, the majority of the group agreed that the foundation for a successful culture of health must be embedded in engaging community organizers and other community representatives in the beginning, when they can define early on the problems they face and together build the capacity to respond and engage others. Two direct inputs that remain a challenge are (1) the way we frame the issue and build a campaign to motivate this paradigm shift and (2) the resources and financial and human capital needed to sustain these endeavors. Although the private sector can support a scaled culture of health, we must broaden our scope to engage community members and other champions of change.

Idea Generation

The larger group then broke into four smaller working groups, three of which were focused on one of the following issues:

***Language to spark and motivate collaboration*:** To stimulate progress, it is necessary to identify a common denominator between all stakeholders and recruit a third, neutral party to facilitate these decision-makers, with community representatives at the table. There needs to be significant time spent on uncovering the common ground, articulating what matters most to each party so that a priority list can be generated. Based on this list, the group would identify new or existing resources to launch an initiative and directly connect progress and accountability back to core leads. Without spending the proper time on identifying the issue upfront as a combined group, there is little hope for a sustained effort. Once this is done, the group would need to create a strong, broad media campaign to influence others in their community to join the cause and use applications, promotional items and resources to support success in their own community.

Engagement of the community: To effectively engage communities, it is important to use various tools of outreach, including mobile technology, traditional media and human capital, so that a common understanding on the issues is generated. If this is done correctly, the core leads will be able to access resources to run experiments that have buy-in from the community (making sure effective branding is included so good programs don't get overlooked because of marketing). After these experiments, it is key to find out the lessons learned and share best practices with communities. It is critical that leaders not blindly adopt, but rather adapt lessons to other communities, and that such actions be eventually translated to policy to scale the change that is working.

Best resources to fund initiatives: There currently exist interesting units of funding to launch and sustain such initiatives, including hospitals, medical schools, social impact bonds, etc. However, the packaging of these resources needs to be tighter and clearer for communities to understand this resource even exists. Essentially, there should be more accountability and return on capital for public and private funding institutions. There are also new resources that could fund such initiatives, such as partnerships between medical colleges who have financial capital for such projects and engagement officers who can formulate effective distribution models and packaging depending on a community's needs.

The last group essentially took all three challenges and integrated them into a city-based scenario of Chicago to define tangible processes to implement and address the aforementioned issues. There were many commonalities against the other ideas, especially around an effective community needs assessment followed by a powerful translation for media to spur broad engagement and a unified front; it became clear that a messaging element that is concise and linked immediately back with resources, impact, recognition and leadership is vital. Other unique ideas included:

- Specifically engaging entrepreneurs in the community and applying their knowledge and skills to scale best practices
- Setting up a peer network via regional hospitals to communicate resources and best practices
- Establishing a structured and appointed leadership council or health governing board to manage local model and translate outcomes to appropriate funds
- Connecting private capital with public/government funds

- Guaranteeing community assessments are "multi mobile"—surveys, etc. are available online as well as through in-person outreach

Potential next steps to test solutions

By aligning our shared goals in a way that allowed for varying perspectives and agreeing upon what works and what doesn't in terms of scaling successes, our group was able to formulate tangible program ideas to test and/or solve for our recommendations. Following are the potential programs we could launch in our goal to integrate the right stakeholders—those who would have the most influence and resources, such as employers and the private sector—with community representatives/organizers in order to transfer and scale best practices on enhancing a culture of health.

1. **Partner Pilot:** Partner with a specific city department, for example Chicago, Dallas or Denver, to pilot the ideas and collaborative techniques highlighted above, convening institutions already laying the ground work for this model but offering additional resources for outreach and partnerships, with a lens towards engaging employers and technology entrepreneurs to drive and sustain impact. A secondary step includes sharing the lessons learned through data collection and synthesis, and problem solving with a wider health network so that resources can be invested in what we know works.

2. **Playbook:** Create a Playbook of best practices with clear instructions and examples to stimulate initial stakeholder dialogue and recommendations for sustaining community efforts. Essentially, the Playbook would involve the construction and ongoing support for a toolkit for community representatives and local leaders to spur progress in their locality on enhancing a culture of health. This Playbook would allow for other institutions and organizations to post lessons learned and identify barriers and best practices—operating as a clearinghouse to break down the elements to scaling models that have been effective.

3. **Leverage Playbook with institutions that have community engagement offices to pilot and refine a case for repurposing them:** Convene content expert stakeholders (e.g., community development office of the Federal Reserve and Robert Wood Johnson Foundation) who codify proven best practices. Profile and engage the sorts of people who can effectively galvanize and lead "culture of health" transformations in a community and articulate the clear value proposition and case for why this sort of engagement is high-value added. Present this case for expanding proven interventions that yield significant results through membership organizations with significant reach (e.g., the Association of American Medical Colleges) to leaders and decision-makers (like Deans of Medical Colleges) who already employ community engagement personnel, to get them on board with repurposing those community engagement officers towards activating and accelerating cultures of health in their communities. Facilitate and test this approach in a pilot with two Colloquium participants, the Federal Reserve and the Association of American Medical Colleges, and then refine and take to several other similar membership organizations (e.g., academic medical centers, community hospitals, universities, schools of public health, conferences of mayors)

Areas for immediate collective action

Collaboration and collective action is essential for any of the ideas presented by the working groups to come to fruition. Hope Street Group intends to examine all of these concepts and will reach out to the Colloquium participants and members of our network to determine next steps for collective action. Broader, immediate actions include, but are not limited to, the following:

- Helping to explore these ideas further to flesh out more details, barriers to overcome and paths to success
- Identifying and providing connections to organizations that are already deploying best-in-class models of the ideas presented, so we can learn from what they are doing and link best practices
- Committing to continue the conversations from the Colloquium, potentially through a subsequent Hope Street Group event
- Continually providing Hope Street Group with details on the critical work you are engaged in at your organizations to help grow the knowledge base and to allow for the facilitation of cross-sector collaboration