

Three Imperatives for Investing in Successful Community Partnerships

Nine tips for setting up community health investments for long-term sustainability

EXECUTIVE RESEARCH BRIEFING

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Advisors to Our Work

With Sincere Appreciation

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A Growing Requisite to Invest in Community Health Needs

Extensive research estimates that up to 20 percent of health outcomes are a result of social and environmental risk factors¹






Renewed Interest in Provider-Based Partnerships

Health care is increasingly extending well beyond care settings—into homes, schools, and neighborhoods. Non-clinical risk factors (e.g., housing insecurity, access to healthy foods) can have a [greater effect](#) on overall health than the quality of clinical care provided. Several policy changes have created new incentives for providers to address social determinants of health. For many markets, Medicaid coverage expansion caused large utilization increases for elderly and non-elderly adults with high psychosocial needs. In 2017, 19 states required Medicaid managed care plans to screen for and/or provide referrals for social needs.²

Public-private partnerships increasingly look to hold providers accountable for embedding psychosocial interventions into primary care workflows. For example, CMS’s Comprehensive Primary Care Plus (CPC+) aims to strengthen primary care through regionally based, multi-payer payment reform and care delivery transformation. CPC+ requires participating organizations to surface and address common psychosocial needs for high-risk patients (at a minimum) through community partnerships.

Transforming health outcomes requires a coordinated effort to tackle contributing factors such as socioeconomic conditions, transportation, housing, environmental issues, and access to healthy food. Partnerships among health systems, public health bodies, and community organizations are the most effective ways to address community health. However, most organizations are traveling on separate but parallel paths toward building healthier communities. As a result, valuable data, information, and resources are often siloed. Increased collaboration among key stakeholders can unlock significant scale and drive better health outcomes.

Five Most Pressing Social Determinants of Health

	 Housing	 Food	 Economics	 Interpersonal	 Education
<i>Examples</i>	<ul style="list-style-type: none"> Housing quality and instability Neighborhood violence 	<ul style="list-style-type: none"> Inaccessible, unaffordable healthy food Disconnection from benefits (e.g., SNAP) 	<ul style="list-style-type: none"> Insufficient wages Lack of insurance coverage 	<ul style="list-style-type: none"> Social isolation Discrimination Provider bias 	<ul style="list-style-type: none"> Health illiteracy Lack of language skills Quality of public schools
<i>Impact</i>	26-36 Years of reduced life expectancy for those experiencing homelessness ³	74% Of food insecure households had to choose between paying for food and medicine ⁴	2x Greater mortality risk for Medicaid beneficiaries vs. private insurance ⁵	26% Increased risk of mortality resulting from loneliness ⁶	9 years Gap in life expectancy for those without a high school diploma vs. college graduates ⁷

Providers are Well-Positioned to Lead the Charge

Many safety net and mission-based health systems have been experimenting with community health investments for years. These early adopters learned that providers must lead the charge to link clinical and community services to achieve cross-sector coordination for three reasons:

1. Health systems have access to greater resources that can help scale interventions compared to their community-based, nonprofit counterparts. Highly qualified leadership, clinical staff, a strong data infrastructure, and financial capital set up providers as natural aggregators.
2. Provider organizations are often among the largest (if not sole) major employers in their respective communities. Community members notice when providers are not playing an active role to address significant local needs, which can damage their brand to patients across their market.
3. Social determinants of health often drive readmission risk, avoidable ED utilization, and excess health care spending. The transition to value-based care accelerates the need for clinicians to address these barriers.

Current efforts focused only on interventions in clinical care settings have been insufficient to meet health improvement goals. One health system Senior Vice President and Chief Community Health Officer summarized the charge that providers are starting to adopt:



“Hospitals and health care systems have to stop playing in the 10-20% space in health care. We have to play in the 80% space if we’re ever going to change a metric around the health of our community.”

*Carol Paret, Senior Vice President and Chief Community Health Officer
Memorial Hermann Health System*

This executive briefing highlights innovative partnerships across the country transforming community health. Specifically, there are three imperatives providers should take into account to position partnerships for ongoing success:

- 1 Specify internal priorities for pursuing collaboration
- 2 Rally external stakeholders around a common mission
- 3 Design a framework for financial sustainability

Scoped Efforts Drive Community Improvements

In our research, we interviewed organizations that use a mix of internal funds, external funds, and partnerships to launch community-based interventions. All of the interviewed organizations were awarded grants by and partnered with JPMorgan Chase & Co. to create greater economic opportunity in their communities. As part of their corporate social responsibility, JPMorgan Chase invests philanthropic efforts in evidence-based practices to drive inclusive community growth across four vectors: jobs and skills, small business expansion, neighborhood revitalization, and financial health. The table below provides an overview of a subset of those organizations and their investments in community health programs. Graphical representations of each program are in the appendix on page 18.

Institution	Nationwide Children’s Hospital	Phipps Neighborhoods	Northwell Health	Memorial Hermann Health System
Program goal	<i>Cross-sector community investment</i> Drive overall community strength by investing in the local workforce, education system, housing system, neighborhood, and general wellness	<i>Workforce training</i> Place participants in career-oriented jobs and educational programs to drive long-term self-sufficiency and overall community economic strength	<i>Workforce training</i> Train and hire members of low-income communities to be successful community health workers; deploy them back to their communities to improve outcomes	<i>School-based wraparound support</i> Incorporate school-based clinics in most at-risk communities to serve as holistic medical home to children and families
Operational partners	Local housing developers, 74 schools, child care centers, and charities	Montefiore Health System and Hostos Community College	Organizations with existing community health worker programs to learn best practices	71 local schools (includes 13,000 children)
Target participants	Community members in need of housing, employment, clinical, and educational support	NYC residents aged 18-26, with either a GED or high school diploma, and a strong passion for working in health care	Community members living in under-resourced communities as defined by acute care use and graduation rates	Uninsured and Medicaid pediatric beneficiaries in kindergarten through 12 th grades
Funding sources	Hospital contributions (less than 1% of budget) and matching grants from private and public donors (e.g., United Way) JPMorgan Chase: \$1.5M	Private foundations and corporations make up about half of total funding JPMorgan Chase: \$1M over two years	Internal hospital funding and support from Delivery System Reform Incentive Program (DSRIP) JPMorgan Chase: \$750K over three years	\$3M annually from community benefit corporation and \$1.6M raised from donors and governmental grants JPMorgan Chase: \$25K in 2005
Outcomes	58 housing units and workforce training; 21% drop in vacancy rates; 24 opened child care slots; 339 homes impacted; 2,000 school-based patients	72% of participants secure employment or enroll into further training and education programs; 86% still in seat after one year	100% of participants move on to employment as community health workers	90% of asthma-managed patients experienced a decrease in asthma exacerbations, ED visits, hospitalizations, and school absences

Three Imperatives for Successful Community Partnerships

80% of physicians do not think it's their job to address the social determinants of health⁸

1. Specify Internal Priorities for Pursuing Collaborations

Provider leadership must develop an internal infrastructure to solidify a mission for community investments. Without clear communication of goals tied to the priorities of various stakeholders across provider organizations, leadership and frontline staff won't fully understand the burning platform for investing in the social determinants of health. Consider the following tips to specify priorities across the organization.

- ▶ **Tip 1: Empower an already motivated, respected (often clinical) leader who advocates for addressing non-clinical needs to serve as the organization's community health investment champion**

Champions often drive engagement in community health efforts across internal stakeholders. These change agents have the unique ability to play a "translator" role between key, but often disconnected, internal players: financial operators and community health collaborators. Champions must speak the language of both parties to communicate the value proposition through tailored messages. These actions set the stage for engaging senior leadership in stated goals for collaboration. Strong communication skills help champions build lasting relationships with hospital stakeholders, community partners, and private donors.

Abilities Required for Community Health Champions to Engage Major Stakeholders



Hospital leadership

- ✓ Use charisma to engage a range of key players (e.g., system leadership, financial department, community health department)
- ✓ Articulate the business imperative for investing in community health efforts
- ✓ Explicitly tie community investment propositions with internal, organization-wide strategic goals (e.g., reduce total cost of care, improve quality outcomes)



Community partners

- ✓ Develop a deep understanding of historic and current community clinical, social needs that tie to health outcomes
- ✓ Be open to creative and flexible problem-solving
- ✓ Communicate how a proposed partnership will extend the reach of your partner's community efforts



Private donors

- ✓ Identify non-traditional funding opportunities (e.g., donors that don't traditionally fund health care initiatives)
- ✓ Identify donors' major interests to develop a tailored intellectual and emotional case for investment
- ✓ Highlight a diverse mix of funding partners and concrete plan to integrate initiative with existing community efforts

- ▶ **Tip 2: Communicate to system leadership how partnership components can lower total cost of care, improve key quality metrics, and/or elevate the organization's brand to secure buy-in**

Nationwide Children's Hospital in Columbus, Ohio recognizes that investments to improve community health would help the organization meet strategic priorities related to cost, quality, and community engagement. Nationwide Children's co-owns a pediatric ACO called Partners for Kids and carries full financial risk for over 330,000 children in the Medicaid program. Given this value-based risk strategy, leaders have a mandate to reduce unnecessary utilization and cost. Further, Nationwide Children's aspires to

become the best children's hospital in the country, which requires significant improvement on quality and patient outcomes.

Nationwide Children's community health champion made the case that structural improvement in community institutions (e.g., housing, school systems) would address the social determinants of health that afflicted some of their highest-risk, highest-cost patients. While some executives were already bought into the importance of meeting non-clinical needs, others benefited from community tours of partner nonprofit organizations and a four-hour simulated poverty training. Those participating in the training (i.e., senior leadership and clinical staff)—run by a professional development organization—receive an identity card detailing their resources and responsibilities (e.g., wages, number of children). As part of the training, attendees then attempt to perform day-to-day activities (e.g., getting to a medical appointment without transportation), which gives them insight into the hurdles their patients may face.

Community tours and trainings are only two tactics Nationwide Children's uses to drive the buy-in necessary to launch their robust Healthy Neighborhoods, Healthy Families (HNHF) program. HNHF now drives growth across five vectors: local workforce, education system, housing system, neighborhood, and general wellness.

▶ **Tip 3: Involve staff who will be impacted by community partnership interventions from planning to execution**

Phipps Neighborhoods, a nonprofit in the Bronx, partnered with Montefiore Health System and a local community college (Hostos Community College) to create a workforce development program called Career Network: Healthcare. The program offers a pathway to health care jobs by providing participants with a 13-week training program. Upon completion, Montefiore guarantees candidate interviews for all participants across one or more of the health system's 1,500 existing vacancies. To ensure stability in employment, Career Network also helps to solve participants' pressing employment barriers (e.g., housing insecurity, childcare needs).

After the program pilot, Career Network's leaders quickly learned that hiring managers did not understand the program scope and were resistant to interview graduates. Although hiring decisions were ultimately left up to the manager at the local level, managers reported feeling pressure to hire graduates from the program and feared a loss of autonomy in hiring decisions. To address these concerns, Phipps and Montefiore program leaders started involving hiring managers in the program prior to graduation. The program now emphasizes the hiring power of local managers and hosts regular get-to-know-you sessions that introduce program participants to existing staff. Once Montefiore staff understood the value of the program (including readying qualified participants to fill thousands of vacant positions across the organization), managers were no longer resistant to interviewing program graduates.

Memorial Hermann Health System in southeast Texas employs a distinct funding strategy for its community health investments, including its flagship school-based clinics program. As part of the school-based clinics program, Memorial Hermann involves staff beyond the onboarding process and created a strategy to drive long-term staff retention. Community leadership understand that rehiring and retraining staff is resource-intensive and harmful to partner and patient engagement. Clinic staff enter some of the most intimate parts of patients' and families' lives only after building up interpersonal trust and confidence in the program itself.

To reduce turnover, Memorial Hermann wants candidates who will be highly fulfilled by the work and more likely to remain in seat. Recruiters look for specific qualities in candidates, including a willingness to be flexible for unpredictable clinic days, an ability to draw insights about patients' needs, the courage to tackle tough issues and work independently, and skills in social and clinical interactions.

74% of hospitals report having relationships with community organizations to address social needs⁹

2. Rally External Stakeholders around a Common Mission

Beyond internal stakeholders, provider organizations need to communicate a clear value proposition for collaborative efforts to two key parties: potential community partners and major donors.

▶ **Tip 4: Be a partner who listens to community needs and is open to creative and flexible problem-solving**

Providers can be attractive partners for community health efforts, particularly when they are known to prioritize community input and empowerment. Northwell Health in Great Neck, New York (a large integrated delivery system) decided to build a community health worker training program, understanding that they had a responsibility to improving health outcomes and to creating employment opportunities. The program aims to create a workforce that can help community members improve their health in a cost-effective way and drive economic strength in the community.

Northwell recognized that no community health program would succeed without buy-in from its community stakeholders. Program leaders launched a “show up and listen” tour across community locations geo-targeted as most likely to benefit from workforce development (e.g., zip codes with high utilization rates, low graduation rates).

The tour’s goal was to position Northwell as a natural partner in driving widespread economic opportunity. It included stops at farmers markets, community organizing events (e.g., Night Out Against Crime), and introductory sessions with local legislators. In addition to establishing a strong community presence, the tour was essential in identifying resources to build an effective program. Northwell sourced community input to determine how the program could best support potential participants as well as how community health workers could eventually support patients’ needs.

▶ **Tip 5: Communicate how potential programming can directly meet the unique needs of each community collaborator**

To form Career Network: Healthcare, Phipps Neighborhoods used two different tactics to generate buy-in from their primary community partners. Program leaders either demonstrated why the partner organization needed the program or why the program would come at no cost to their organization and elevate their brand.

For leaders at Phipps Neighborhoods, getting Montefiore Health System on board was relatively straightforward. Not only did the large anchor institution already have a community health investment mission, but it was also facing a significant employee shortage crisis. Before Career Network: Healthcare, Montefiore’s average number of position vacancies was 1,500 daily. The position levels ranged widely, but a significant portion could be sourced from local high school or GED graduates—with the right training program in place.

Hostos Community College, on the other hand, didn’t have any needs that the Career Network: Healthcare program would fill. Instead, Phipps Neighborhoods leadership pitched the effort as a “no-lose” effort that aligned with the college’s priority to offer students educational pathways to economic stability. Career Network: Healthcare leaders demonstrated to Hostos stakeholders that allowing program participants into existing classes would add no financial burden and would serve as a boon to the organization’s reputation in the community.

▶ **Tip 6: Define the stability of proposed programing to potential funders by illustrating the capability of each collaborator, degree of community health need for services, and long-term strategy for continued investment**

External grants are critical to launching programs that require large investments. But private donors are increasingly looking to make the most impact possible with their philanthropic funding, rather than supporting one-time initiatives.

JPMorgan Chase looks for partnerships that meet qualifications for program sustainability when they determine grantees. Review the following Q&A with JPMorgan Chase's Vice President of Global Philanthropy, Alex Derkson, to understand what many private donors look for when funding these types of initiatives, including:

1. Trackable outcomes for proposed interventions
2. Clearly defined work plans that stipulate partnership roles and responsibilities
3. Proposal that articulates long-term sustainability by highlighting a diverse mix of funding and integration with existing community efforts

Q

1 What advice would you give provider organizations looking to **obtain external grants** to address the social determinants of health?

2 What makes a potential provider grantee **stand out**?

3 What should provider organizations **already have prepared** when coming to the table?

A

We're looking for provider organizations that are **likely to be successful in their efforts**. Usually, community health programs with great outcomes are launched with a well-articulated, long-term, and data-driven system-wide strategy. Our role should focus on supporting one component of the strategy. **We have to see exactly how organizations are planning to track outcomes on a specific level in order to track our impact.**

Often, you know it when you see it. **You can tell when a group of organizations has really thought through the ins and outs of what partnership entails.** The neighborhood conditions, the timing, and the execution strategies all have to be right to make a significant impact.

We need to hear detailed information about at least **three components of potential programming: additional funders, community partners, and the wider community context.**

Our grantees need to be able to **show exactly how they're planning to get the remaining funding for their program.** For high-investment programs like housing development, we won't be the only funders, so we have to feel confident that our grantees will attain the remaining funds to actually get the program off the ground. The proposed **program should very clearly fit into an existing community revitalization strategy.** Programs should meet an existing need, but they will be more effective if they function in tandem with ongoing growth strategies.

Lastly, we need to **have a good understanding of the community partners providers are planning to work with.** They have to exhibit clear experience and expertise in the field since these efforts are overwhelmingly collaborative, and partner quality can dictate the success or failure of an initiative.

Nationwide Children's Hospital made changes to how they position their program to funders when they initiated the Healthy Neighborhoods, Healthy Families program. Their first project—Healthy Homes—required significant upfront investment. Focusing initially on developing vacant properties into healthy, stable homes, Nationwide Children's reached out to their local community development corporation, Community Development for All People (CD4AP). Nationwide Children's planned to dedicate \$1 to \$2 million to the Healthy Homes, LLC, and JPMorgan Chase offered a \$1.5 million five-year grant.

With that amount of funding on the table, both Nationwide Children's and JPMorgan Chase needed to be confident in Community Development for All People's expertise in the field. Likewise, CD4AP and the other local socially conscious service organizations had to be assuaged that this new development would uplift the community, rather than displace residents through gentrification.

This trust building process took years. CD4AP demonstrated to provider and external funders that Healthy Homes would fit into an existing community economic development strategy. They showcased their understanding of the detailed needs and preferences of target residents as well as their relevant experience in the housing development field.

3. Design a Framework for Financial Sustainability

72% of hospitals do not have dedicated funding for all populations they want to target¹⁰

Even the most thoughtfully designed programs struggle with inconsistent funding. Many community health programs are shut down because projects were launched on a short-term grant that ran out. Providers need to plan how best to fund programming beyond the pilot phase at the outset.

▶ **Tip 7: Stabilize long-term funding by integrating community programs into protected budget lines**

Northwell Health's community health leaders ensure internal funding stability of their community health worker training program by weaving the program into the learning and development responsibilities of their population health infrastructure.

At Northwell, a learning and development team has existed under the population health department since the department's initiation. The team has experience upskilling a range of staff types, including nurses, social workers, and non-licensed professionals. Hospital leaders acknowledge that learning and development staff aren't meant to bring in revenue. However, the staff still offer integral support to the organization and improve quality of care. With this initiative already in place as a protected line item of the budget, program leaders seamlessly baked in community health worker training.

In contrast, Memorial Hermann Health System launched a completely separate organization, the Memorial Hermann Community Benefit Corporation, to fund community health investments, including its flagship school-based clinic program. This approach sets up long-term funding outside of the hospital's larger budget so that it is not vulnerable to budget cuts. Funding doesn't disappear if unused at the end of the year—Memorial Hermann can keep and invest funds over time. The foundation is beholden to an internal board and an external community relations committee to ensure the program meets key goals.

With this approach, Memorial Hermann has been able to sustain its school-based clinics program for over 20 years. The program has grown to include interventions that go beyond pediatric clinical care to address families' root causes of economic instability.

▶ **Tip 8: Communicate early wins to investors to accelerate growth of effective programs**

Nationwide Children's did not gain momentum when first building the Healthy Neighborhood, Healthy Families program. However, after the initial housing component (Healthy Homes) was up and running, community health champions showcased early financial wins (e.g., tax abatements awarded by local government) as well as less tangible benefits (e.g., safer neighborhood for staff to walk through) to drive increased buy-in and funding for additional programming. For Nationwide Children's, this catalyzed leadership to support additional investments and donors to dedicate more funds. Further, Nationwide Children's ensures it hands off programmatic functions to

community organizations with expertise in each program component. This strategy is foundational for continuing operations of the extensive, five-pronged program today.

Look out for programmatic early wins that may initially seem counter-intuitive. When participants in Phipps Neighborhoods' Career Network: Healthcare program decide not to enter the health care field after graduating from programming, leadership view this, perhaps surprisingly, as an indication of success. For Phipps Neighborhoods, this outcome reflects their success in mimicking a "middle class family" environment for participants. They equip youth with the tools and opportunity to choose their own path. Leadership count improved self-efficacy of participants as a win, even if it doesn't directly contribute to the goal of filling vacant positions at Montefiore.

Refer to the community health investment metric reference guide for a sample of common metrics used to prove short- and long-term success.

Community Health Investment Metric Reference Guide

Short-Term Metrics	Long-Term Metrics
Health Access and Awareness	
<ul style="list-style-type: none"> No-show appointments as a percentage of total scheduled appointments or sessions Awareness of service availability (e.g., walking paths) Percentage of patients “very confident” in accessing or understanding health information 	<ul style="list-style-type: none"> Percentage of uninsured patients Percentage of patients with regular PCP Medical home enrollment rate CAHPS composite: access to care Average appointment wait time
Preventive Care	
<ul style="list-style-type: none"> Completion rates for specialty screenings (e.g., food insecurity, health literacy, depression) Completion rates for preventive services 	<ul style="list-style-type: none"> Percentage of patients not at risk out of those who complete a health assessment for alcohol consumption, exercise, stress management, nutrition, tobacco use
Patient Satisfaction and Health Status	
<ul style="list-style-type: none"> CAHPS composite: satisfaction with care 	<ul style="list-style-type: none"> Percentage of adults rating their health as “good” or better
Service Volume and Reach	Care Utilization
<ul style="list-style-type: none"> New users and/or total users of service (e.g., community garden, supportive housing) Scale of service (e.g., miles of walking path, number of affordable housing units, number of sites or counties served) Frequency of service interaction (e.g., monthly encounters) Duration of services (average) Adherence to patient reassessments/outreach standards Community referral completion rates Staff or volunteer hours committed Existence of partnership center or community advisory board 	<ul style="list-style-type: none"> Hospital admissions per 1,000 patients Asthma- or other acute exacerbation-related hospitalizations ED visits per 1,000 patients Per member per month cost of care 30-, 60-, and 90-day readmissions rates for medical group patients admitted
	Changes in Individual Behavior
	<ul style="list-style-type: none"> Increases in positive behaviors (e.g., physical activity, school attendance, consumption of fresh fruits and vegetables, savings rate) Decreases in negative behaviors or experiences (e.g., adverse childhood experiences, caregiver burden, substance misuse, school mobility of children, tobacco use)
	Changes in Population Health and Community Goals
	<ul style="list-style-type: none"> School readiness Academic proficiency scores Graduation rate Prevalence of specific chronic diseases or conditions Unemployment rate Poverty rate; percentage of children in poverty Homelessness rate Crime rate (e.g., juvenile, violent, property) Property values Food desert-designated areas or grocery stores per ZIP code Sense of community/social connectedness Feeling of safety

▶ **Tip 9: Create an ongoing feedback loop with all stakeholders (e.g., participants, partners, and provider staff) to identify roadblocks and make changes over time**

Before Nationwide Children’s Hospital entered the workforce development space, leaders didn’t understand why people from the community weren’t applying for open positions at higher rates. After analyzing their internal recruiting software, leaders determined that it was unintentionally excluding potential qualified applicants (e.g., applicants with at most a GED or high school diploma) before hiring managers even received an application. Nationwide Children’s reconfigured hiring systems to attract non-traditional applicants and calibrate listed qualifications with the position’s requirements so that they now hire around 200 community members annually.

Northwell Health’s community health worker training program regularly makes small modifications to the program as leaders receive feedback from trainees about its curriculum. For instance, leadership received feedback during training that they were portraying clients with behavioral health concerns only as victims, rather than as thriving individuals. The trainee, who was living with a mental health diagnosis, helped change the module to reduce unintentional stigma so that community health worker trainees can better identify with their patients. Additionally, Northwell engages new community-based partners with each new cohort of trainees. The partners add new training ideas, identify potential trainees, serve as mentors, and often employ the graduates.

Bring Community Health Investment Efforts to Fruition

Creating a Process to Advance Community Health Efforts...



Prioritize community-based interventions that align with organizational population health goals.



...Mapped to Best Practice Resources of the Population Health Advisor

10 Tools for Prioritizing Community Health Interventions

Review our toolkit to learn more about how to set a community health investment strategy, from performing a community health needs assessment to measuring outcomes.

Download it [here](#).



Develop a community health **partnership strategy** by engaging leaders and driving cross-sector collaboration.



Building the Business Case for Community Partnership

Review our whitepaper to learn the four steps for building an effective case for transforming community health.

Download it [here](#).



Identify target participants by provider referrals, psychosocial data to match participants with available services.



Integrating Psychosocial Risk Factors into Ongoing Care

Review our whitepaper for guidance on how to connect patients with non-clinical risk factors to needed services.

Download it [here](#).




Evaluate performance over time and modify program parameters as needed.



10 Tools for Prioritizing Community Health Interventions

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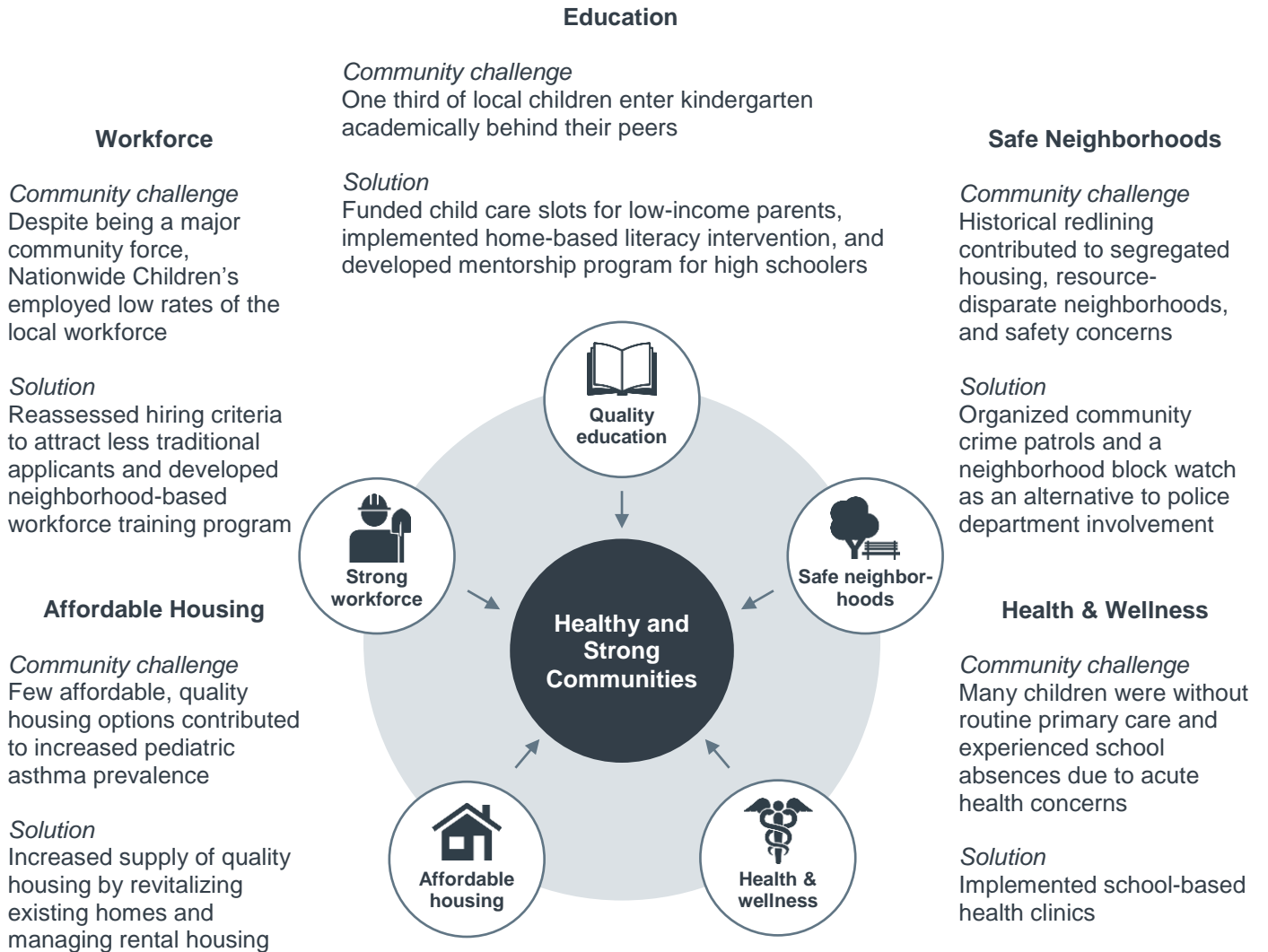
▶ Appendix

- Nationwide Children's Hospital case study
- Phipps Neighborhoods case study
- Northwell Health case study
- Memorial Hermann Health System case study
- Endnote citations

Structural Change Stems from Holistic, Multi-sector Effort

Nationwide Children’s Simultaneously Addresses Range of Social Determinants

Healthy Neighborhoods, Healthy Families’ Holistic Approach to Driving Community Strength



58

Housing units combined with workforce training

24

Childcare slots opened

339

Homes improved

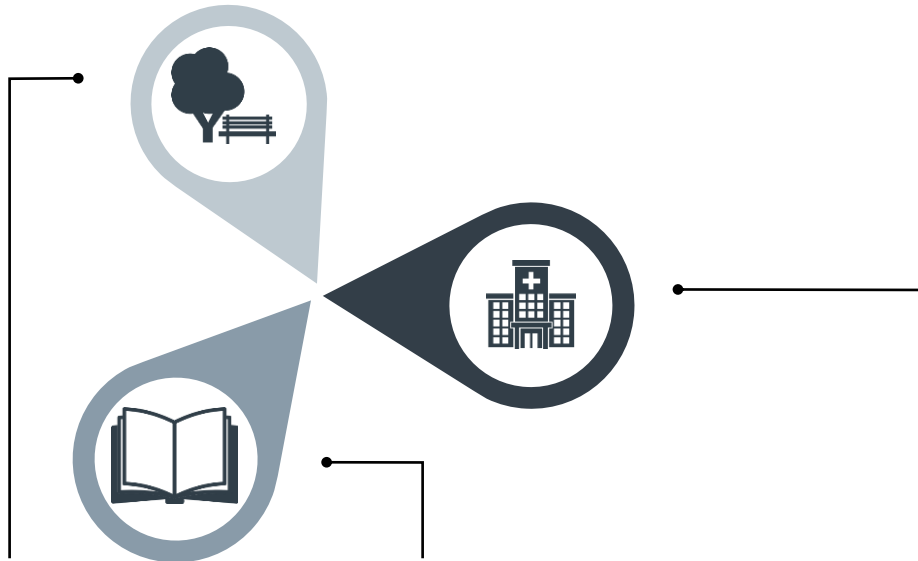
2,000

Patients in school-based clinics

Coalition Required to Elevate Economic Opportunity

Phipps Neighborhoods Removes Economic Barriers to Workforce Development

Career Network: Healthcare Program Relies on Expertise of Three Different Organizations



Phipps Neighborhoods

- Career development community-based organization that connects Career Network: Healthcare participants to education, training for health care-related jobs
- Community members eligible to apply are 18-26 years old with a GED or high school diploma
- Phipps hosts an intensive induction week to identify the final roster based on professional qualities (e.g., punctuality, presentation)

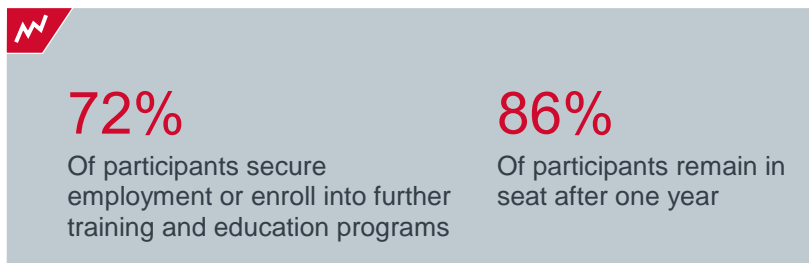
Hostos Community College

- Local community college hosts trainings during the eight-week educational component of the workforce development program to introduce participants to health care career pathways
- Topics include:
 - Health care labor market
 - How to navigate a higher-education environment
 - Credentialing opportunities

Montefiore Health System

- Local health system hosts the four-week externship component of the program to prepare students for roles such as:
 - Patient care technician
 - Dietary worker
 - Community health worker
 - Medical assistant
 - Research coordinator
- Montefiore guarantees participants an interview at the end of the program

Participants rotate across all three sites during the eight-week educational component to develop professional skills, engage in socioemotional learning¹, and receive exposure to the health care field

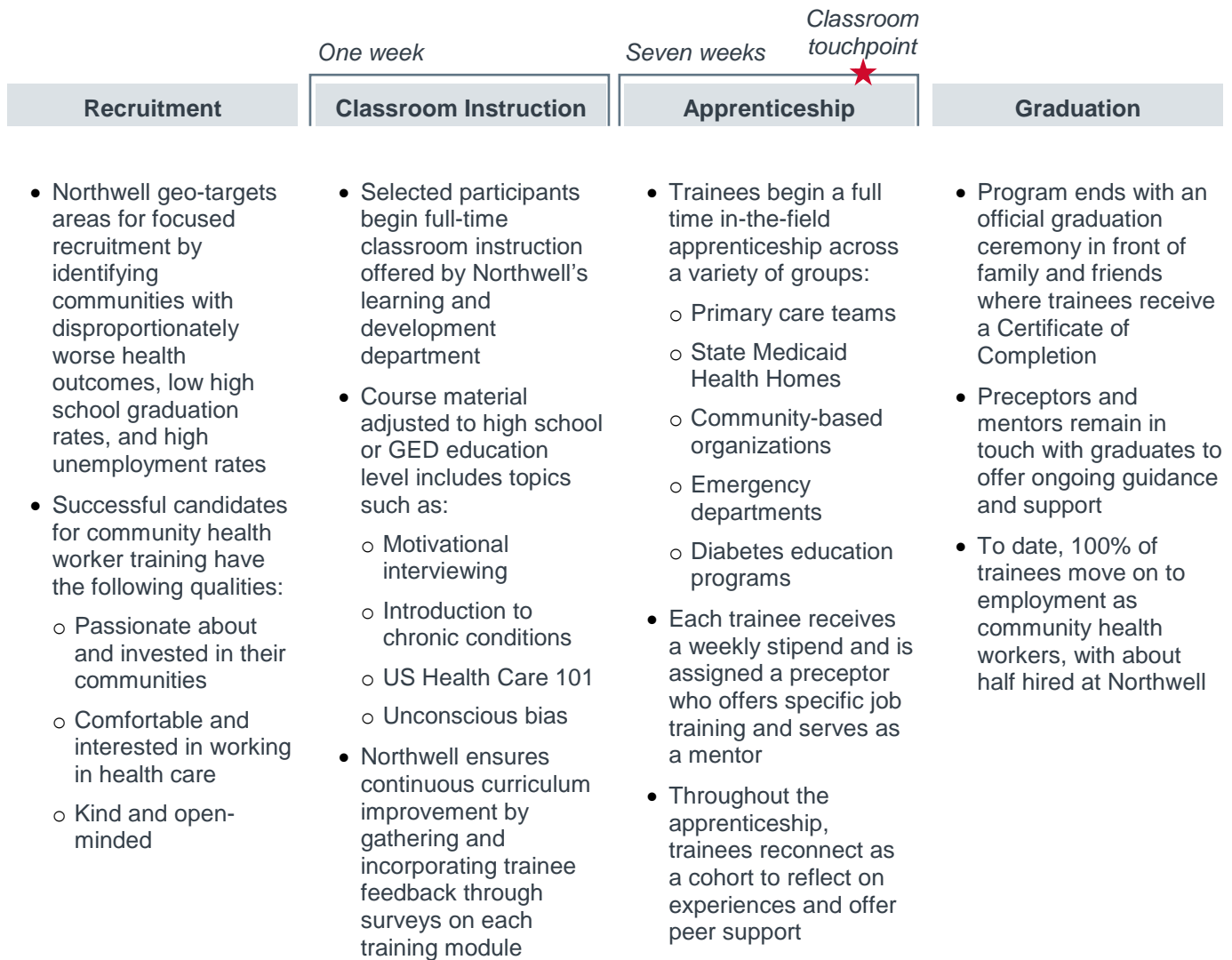


1. Socioemotional learning cultivates essential life skills including awareness of one's own emotions, fostering respect and care for others, establishing strong relationships, making ethical and responsible decisions, and handling adversity constructively.

Multi-week Training Prepares Workers for Employment

Northwell Trains Local Role Models as Community Health Workers

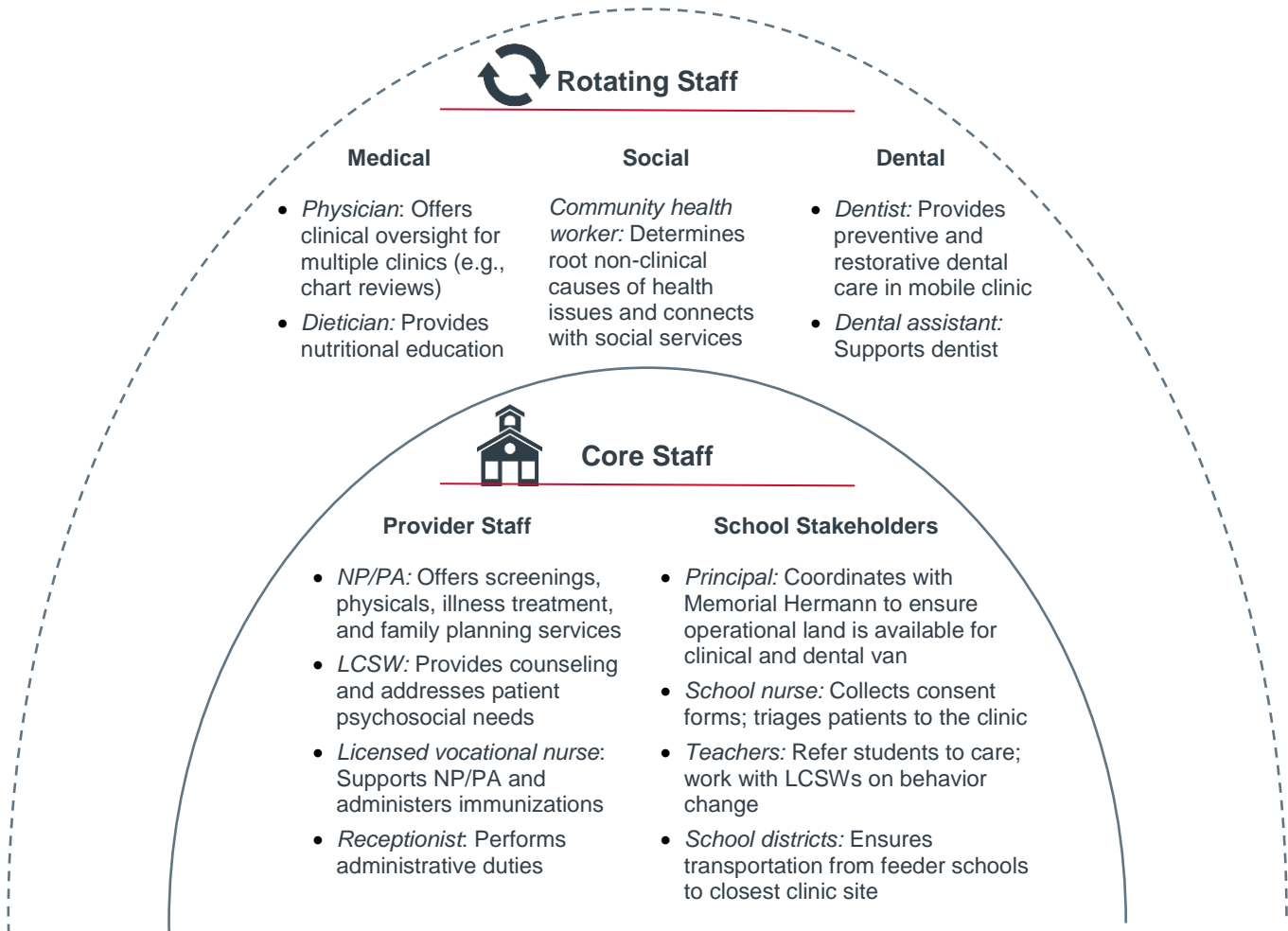
Northwell’s Community Health Worker Training Program Process



Provider Partners with More Than 70 Schools

Memorial Hermann’s School-Based Clinics Serve as Medical Home

Memorial Hermann’s School-Based Clinic Staffing Model



<p>90%</p> <p>Decrease in asthma exacerbations, ED visits, hospitalizations, and school absences for asthma-managed students</p>	<p>92%</p> <p>Of students who visit the clinic return to their classroom afterwards</p>	<p>93.5%</p> <p>Of dental patients cavity-free at next visit</p>
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Citations

1. “Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity,” Kaiser Family Foundation, <https://www.kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/>.
2. “Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity,” Kaiser Family Foundation, <https://www.kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/>.
3. “Health Care and Homelessness,” National Coalition for the Homeless, <http://www.nationalhomeless.org/factsheets/health.html>.
4. “What are the Connections Between Food Insecurity and Health?” Hunger + Health, <https://hungerandhealth.feedingamerica.org/understand-food-insecurity/hunger-health-101/>.
5. Robert Wood Johnson Foundation, “How Does Employment—or Unemployment— Affect Health?” *Health Policy Snapshot Issue Brief*, (2013), http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2013/rwjf403360.
6. “Threat to Health,” Campaign to End Loneliness, <https://www.campaigntoendloneliness.org/threat-to-health/>.
7. “Population Health: Behavioral and Social Science Insights,” Agency for Healthcare Research and Quality, <https://www.ahrq.gov/professionals/education/curriculum-tools/population-health/zimmerman.html>.
8. “Social Determinants Matter, But Who is Responsible?” Leavitt Partners, <https://leavittpartners.com/whitepaper/social-determinants-matter-but-who-is-responsible/>.
9. “Social Determinants of Health: How are Hospitals and Health Systems Investing in and Addressing Social Needs?” Deloitte, <https://www2.deloitte.com/content/dam/Deloitte/us/Documents/life-sciences-health-care/us-lshc-addressing-social-determinants-of-health.pdf>.
10. “Social Determinants of Health: How are Hospitals and Health Systems Investing in and Addressing Social Needs?” Deloitte, <https://www2.deloitte.com/content/dam/Deloitte/us/Documents/life-sciences-health-care/us-lshc-addressing-social-determinants-of-health.pdf>.