PUTTING THE COMMUNITY BACK IN HEALTHCARE

How state and local governments can improve communication and engagement with the populations they serve

INTRODUCTION

Meg Goorley, executive director of Catholic Charities of North Louisiana, had a mental health crisis on her hands. The man in her office was desperate. He had lost access to his medication and was depressed and threatening suicide.

"We didn't know who to call," she said. "We called three suicide hotlines, but had to leave a message at all of them. We didn't want to call the police because that would exacerbate the problem — the man had just been discharged from the penal system without his medicine. One of our volunteers took him to the emergency room."

It's a familiar refrain — a lack of communication and coordination among health and human services organizations results in a patient falling through the safety net. And it was one of many such stories that were told during two roundtables hosted by *Governing* — which provides news, insight and analysis on policy issues facing state and local leaders — in collaboration with AmeriHealth Caritas Louisiana at its community wellness centers in 2018.

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>
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Roundtable attendees repeatedly said the multiple stakeholder groups involved in delivering critical community health and human services — nonprofits, government health agencies, public safety and social services officials, and healthcare providers and insurers — fail to work together effectively. In addition, these stakeholder groups often don't engage meaningfully with the communities they serve, and therefore lack a deep understanding of client needs.

Participants in the *Governing* roundtables — who represented a cross-section of these stakeholder groups — pointed to a range of challenges. Communication and coordination among organizations is ad hoc at best. Different entities, isolated from each other, view the situation from their own perspectives. And all of this is compounded by a lack of common definitions for even frequently used terms like "integrated care." Dr. Peggy Honore, AmeriHealth Caritas-General Russel Honoré Endowed Professor at the LSU Health Sciences Center School of Public Health and School of Medicine, noted that the World Health Organization cites 174 different models for integrated care.

Addressing these barriers is key to delivering holistic care and ultimately improving community health outcomes. This paper highlights some of the important conversations that took place at the Louisiana roundtables and spotlights examples of success that emerged from the events themselves, as well as from follow-up conversations *Governing* conducted with experts throughout the country.

THE PROBLEM AND POTENTIAL OF MULTI-STAKEHOLDER PARTNERSHIPS

The issues identified at the roundtables are not unique to Louisiana. National experts on multi-stakeholder partnerships say they are quite common.

"We see this kind of disconnect in many settings," said Matt Leighninger, vice president of public engagement and director of the Yankelovich Center for Public Judgment for Public Agenda.

Part of the problem stems from reliance on top-down communication methods.

"We have these official processes for engagement, like public hearings or city council meetings that are often sparsely attended by citizens. It's an outdated infrastructure for engagement and it can isolate experts and decision-makers," Leighninger said.

In addition, partnerships that want to "engage the community" often approach the task with their own agenda, said Pedja Stojicic, a project director with ReThink Health — an initiative funded by the Ripple Foundation that has done research on effective community engagement. Stojicic said partnerships typically are driven by internal priorities — increasing awareness of their services, driving up participation in programs, etc. — instead of community priorities.

"This is how partnerships structure their engagement initiatives, and this is how they measure the success of their work with residents," Stojicic said in a blog post he wrote with his researchers.

Instead, partnerships need to broaden their definition of engagement, and its goals, to include the perspectives of others.

"For many multi-stakeholder partnerships, this will require a deep re-examination of how they approach their work with communities and residents," Stojicic wrote.

Better community engagement is not only important for the success of multi-stakeholder partnerships, it's critical to improving health itself. Research in the last decade shows how important social connections among people — in families, neighborhoods, etc. — are to health. In that sense, community engagement in itself makes people healthier.[1]

BEST PRACTICES TO ENHANCE MULTI-STAKEHOLDER PARTNERSHIPS

Several best practices emerged from the Louisiana roundtables. These practices also are recommended by experts and borne out by successful multi-stakeholder partnerships.

Partners should create a shared vision for community health. It's important to establish a common vision among partners so everyone is working toward the same measurable goals. One way to do this is to forge more shared experiences and create more opportunities to hear and understand different views.

Roundtable participant Rochelle Head-Dunham, executive/medical director of the Metropolitan Human Services District of the Louisiana Department of Health, said her department brings together community health stakeholders by having clinicians ride along with emergency medical services (EMS) crews.

"I have doctors, nurses and other staff volunteers riding with EMS so that they can experience some of the problems up close," she said. "The main point is to re-sensitize them to the urgency of need and to think about what else we can do to help people."

Another roundtable attendee, Robyn Burchfield, a paramedic who serves in patient advocacy and community health for the city of New Orleans, pointed out that paramedics can provide a "boots on the ground" perspective.

"New Orleans EMS responds to over 67,000 911 calls for service per year, increasing every year," she said. "We are the sentinel for how our healthcare systems are functioning overall; we see all the disconnections between systems."

Partners must collaborate with each other in deeper and more meaningful ways. A recent Health Affairs report, co-authored by ReThink Health, found that even mature partnerships often lack an overall strategy and integration among partners' efforts.[2]

"There is often no forum in which groups working in parallel might spot connections, pool resources, reinforce

BUILDING COMMUNITY RELATIONSHIPS:

MINNEAPOLIS, MINN.

A team at the Minneapolis Health Department designed a resident engagement effort to create an urban health development strategy. The team invited members from different cultural communities to participate.

"We had meals together. We asked questions, and we listened to the answers," said Gretchen Musicant, commissioner of the department.

There were cultural differences but also a surprising amount of commonality among the different communities.

"Connection to one's culture is a source of great strength for our residents," she added.

The residents' engagement influenced the department's vision, she said, "most importantly the way we think about the definition of health and the way we do things. [There was] also a deep richness that comes from not just bringing your idea forward in a 'focus group' kind of way, where you tell people 'we are going to do this' and see if they like it or not. It was just us stepping in this wide open way of engaging residents that was changing [how we do things]."

common narrative or drive a comprehensive action agenda," the paper noted.

Discussion during the Louisiana roundtables uncovered this lack of integration. Tap Bui, vice president of community impact at United Way of Southeast Louisiana, noted that while her organization was collecting data for a community health needs assessment, she discovered that local hospitals had hired a consulting firm to conduct a similar assessment.

"So there was this huge overlap and disconnect," she said. "It's not a good system for leveraging resources with the hospitals."

Closer collaboration means each organization must be upfront and honest about its agenda. The Health Affairs paper noted that competing interests among participants generally go unacknowledged to help maintain harmony, which undercuts effective action. Financing is a particularly difficult issue. Individual partners often receive grants for their specific projects, but they can be more reluctant to commit their own resources to advance the work of the partnership overall, noted Stojicic. For that reason, ReThink Health recently published a new financing workbook — www.rethinkhealth.org/financingworkbook — to inspire and support multi-stakeholder partnerships to think beyond just grants.

Roundtable participants acknowledged the financial issue. Part of the problem is the savings created by one partner in the health system don't necessarily go back to that partner, said Alexander Billioux, assistant secretary of the Louisiana Office of Public Health. Spending on social services, for example, may save healthcare money down the road that the social services agencies don't directly see. To address this issue, Dr. Honore said stakeholders should re-evaluate financing models and participate in more joint funding and planning.

Partners need to make communication with their communities a two-way street. Effective engagement requires both increasing the community's trust in the partners and increasing the partners' trust in the community. Trust and effective communication build upon each other.

One approach is to identify and foster relationships with "social connectors" in local neighborhoods. This term is used to describe people either living in or accepted as familiar and trusted in neighborhoods, but that also have other relationships of influence such as peer mentors/coaches or community health navigators. Because they understand the problems of their neighbors, they can help organizations better understand what's needed and how best to meet those needs.

BUILDING COMMUNITY RELATIONSHIPS:

CHICAGO COMMUNITY TRUST

In preparation for its centennial, the Chicago Community Trust held an event in 2014 called "*On the Table*." The goal was to provide an opportunity for residents to learn about the Trust while also discussing their own ideas to improve their communities. What was intended as a one-time event has turned into a series.

"People were really using this as a chance to connect with neighbors in ways that

they don't normally do," said Westrick. "It was an opportunity to bring those diverse groups together and address challenges."

The program is driven by the community. The Trust recruits hosts — they can be local institutions like libraries or churches — or just interested community members. The hosts set up the table; it doesn't have to be a meal but many do provide a meal or even invite everyone to bring a dish.

"That doesn't really matter so much," she said. "The idea is that when we break bread and we share, we learn from one another and that creates empathy and it builds the opportunity for future collaboration that can improve the community. People just need to be invited to the table to connect with one another and share what matters to them."

At one event, for example, a group of healthcare providers met with healthcare insurers and academics and focused on barriers to healthcare for women with disabilities.

"They ended up pooling their resources to create a healthcare fair that provided approximately 100 mammograms to women with disabilities, many of whom had never received a mammogram before," said Westrick. "And so there was this great energy that was created by this opportunity that people just needed to be invited to the table to be able to share what mattered to them and connect with one another."

"By delivering preventive services, health education and resources to remove barriers to care, community health navigators help activate patients to take responsibility for their own health," said Dr. Honore.

"The education that these lay persons receive in order to become navigators also plays a part in improving overall community health."

A program created by the Chicago Community Trust provides a model for this. Launched in 2014, *"On the Table"* brings neighbors, colleagues and strangers together for a meal, or sometimes just coffee (see sidebar on pages 4 and 5). Over the years, the Trust has learned some key lessons about community engagement, said Jean Westrick, the organization's director of civic engagement and partnerships. Among them is to listen. *On the Table* is designed to let the attendees set the agenda.

"We are not facilitating a conversation in which we're trying to get to a particular outcome," she explained. "The outcome is coming from the table itself. And so that's a different way of looking at engagement which may be hard for groups that are trying to get something very specific out of a meeting."

ReThink Health researchers highlight Alameda County, Calif., as another example of an effective way to engage communities. The county's public health department established "resident action councils," led by people from the neighborhood. The department awards small grants to provide leadership training for the organizers. The arrangement "allows them to work with residents when tackling some of the most pressing and challenging issues affecting health in their community," according to ReThink Health.

Partners should ensure engagement is relevant and convenient. That means meeting people where they are, not just geographically but also in other ways. If someone starts speaking in bureaucratic language and cites statistics on, for example, the social determinants of health, that's likely to dampen community participation.

"You can't just invite people to a meeting and then hit them with all this data," said the Yankelovich Center's Leighninger.

Be flexible, said Westrick. "Understand that you're going to have to design something that fits into people's lives and not the other way around."

Look to leverage common gathering places in the neighborhood. "Where are the natural connections — whether it be a school, a house of worship or a workplace?" Westrick added.

Even though the range of stakeholders it takes to improve a community's health is broad and varied, partners can work together to increase communication and engagement among themselves and local residents and forge effective and productive relationships.

Stojicic gave an example of a health clinic that opened its space up for residents to use however they wanted.

"Guess what? In a year there was a poetry class and an exercise class — things just emerged out of the fact that people had the space together," he said.

The health clinic didn't invest much except providing the space, and found they were serving as a center of democratic activity and discussion about real things that people cared about.

CONCLUSION

Many of the people who sat around those tables in Louisiana left with renewed energy to tackle the challenges described in this paper.

"I learned so much at that meeting," said Bruce Wilson, president and CEO of the United Way of Northwest Louisiana. "I had my horizons broadened and some preconceptions destroyed. I even met with others in the group to further discuss some of the issues."

Indeed, Dr. Rodney Wise, chief medical officer for AmeriHealth Caritas Louisiana, encouraged attendees to collaborate. "We need to build on the beginnings made here. The challenge is to continue the conversation," he said.

The enthusiasm that came from the roundtables signals the potential for a significant move toward more effective collaboration among community health stakeholders.

"Just by sitting around a table, people are already making progress because they are learning about other resources they didn't even know existed in their community," said Stojicic.

To maintain this momentum, there are some steps stakeholders can take. Organizing more regular roundtables — like the ones held in Louisiana — to bring various healthcare organizations together is an important start.

Stakeholders can reach out to experts like the Deliberative Democracy Consortium to develop a broader engagement strategy and bring together all community members, particularly citizens. Often, local facilities like the AmeriHealth Caritas Community Wellness Centers in New Orleans and Shreveport can serve as hubs for important community health activities and outreach efforts.

"In addition to serving as a place for health navigators to interact with and aid the community, these centers can be a bridge where community leaders and residents engage in dialogue regarding the social and commercial determinants of health that are often barriers to achieving a healthy life," said Dr. Honore. "It truly is a model for integrating healthcare with public and population health concepts."

Continuing the dialogue with residents is critical to raise awareness about the services available to overcome the common barriers to better health. That is a primary goal of the new AmeriHealth Caritas Wellness Centers.

"We want these places to be hubs of activity and sources of trusted information," said Wise.

Closer collaboration could mean less duplication and better coordination of services, added Wise. He encouraged participants to work together to co-design strategies and programs. For example, perhaps public health professionals could work with high schools or community colleges to create a certificate program for community health navigators.

Finally, to ensure the input of nonprofits and other advocacy groups, stakeholders can establish a process for sending out frequent recurring surveys.

Even though the range of stakeholders it takes to improve a community's health is broad and varied, partners can work together to increase communication and engagement among themselves and local residents and forge effective and productive relationships. It requires open minds willing to see the view from others' perches, and diligence in creating a common vision and language. But it can be done, and together they can build better community health.

RESOURCES:

Rethink Health: https://www.rethinkhealth.org/

Rethink Health's blog series on increasing community engagement:

- **Blog 1:** https://www.rethinkhealth.org/the-rethinkers-blog/exploring-resident-engagement-for-health-system-transformation/
- **Blog 2:** https://www.rethinkhealth.org/the-rethinkers-blog/keep-three-approaches-in-balance-for-successful-resident-engagement/
- **Blog 3:** https://www.rethinkhealth.org/the-rethinkers-blog/the-importance-of-residents-sense-of-belonging-trust-and-power/
- **Blog 4:** https://www.rethinkhealth.org/the-rethinkers-blog/when-designing-resident-engagement-practices-local-context-matters/

On the Table: http://onthetable.com/about/

Deliberative Democracy Consortium: https://deliberative-democracy.net/

Endnotes

1. Stanford Medicine, The Center for Compassion and Altruism Research and Education, "Connectedness and Health: The Science of Social Connection," http://ccare.stanford.edu/uncategorized/connectedness-health-the-science-of-social-connection-infographic/

2. Multisector Partnerships Need Further Development to Fulfill Aspirations for Transforming Regional Health and Well-Being, Health Affairs 37, 2018, 30-37

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