Office Hours for Complex Care: A discussion of multi-sector partnerships for population health improvement

June 26, 2019
3:00-4:00 PM

www.camdenhealth.org
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www.nationalcomplex.care
@natlcomplexcare
Housekeeping

- This event will be recorded
- Please keep yourself on mute (on phone or Zoom platform)
- To submit a question:
  - Click the Q&A icon located at the bottom of your screen
  - You will be unmuted have the opportunity to ask your question aloud
Agenda

- **Introduction** – Shelby Kehoe, Camden Coalition of Healthcare Providers
- **Multi-sector Partnerships for Population Health Improvement** - Jane Erickson & Katherine Wright, ReThink Health
- **Case Study: Trenton Health Team** – Gregory Paulson, Trenton Health Team
- **Open Office Hour**
- **Wrap-up & Next Steps**
Speakers

Jane Erickson  
Project Director,  
*ReThink Health*

Katherine Wright  
Senior Program Associate,  
*ReThink Health*

Gregory Paulson  
Executive Director,  
*Trenton Health Team*
Multi-sector Partnerships for Population Health Improvement

Transforming health and well-being through regional stewardship

Jane Erickson, Project Director
Katherine Wright, Senior Program Associate

Join the conversation! @ReThinkHealth | #ThinkWithUs
What will we cover today?

• What are multi-sector partnerships for health doing across the country?

• What key challenges do partnerships face?

• How can partnerships build momentum?

• How can I finance my collaborative efforts?

• What ReThink Health resources can help me in my work?

Chat questions throughout, Q&A at the end
ReThink Health works with national and regional stewards (people and organizations) to help them facilitate the cross-sector collaboration and alignment that creates the conditions for lasting change. This includes partnering with them to learn what it takes to practice and develop stewardship together, as part of their quest to create equitable opportunities for everyone to reach their potential for health and well-being.
Our challenge

“The solutions to today’s complex problems can only be solved by multiple organizations working together across traditional boundaries.

The management structures for such organizations do not now exist.”

- Peter Senge
What are multi-sector partnerships for health?

“Multi-sector partnership for health” are regional efforts to transform health and create resilient communities.

These partnerships span health, health care, and other sectors, and are also known as: alliances, collaboratives, coalitions, coordinating committees, hubs, stewardship groups, etc.
How have we learned about the promise of partnerships for health?

- Nation-wide research efforts
  - 2016 Pulse Check survey received responses from 237 partnerships
  - 2018 *Health Affairs* article sharing findings from an assessment of 145 partnerships
  - Extensive interviews about financing perceptions and needs
- 10 + years of field work
  - ReThink Health Ventures supported six partnerships across the country
  - Multiple convenings with local leaders about pitfalls and momentum-builders
  - And many other place-based engagements
What practices are most essential for effective partnering?

Stewards pursue BROAD STEWARDSHIP
Stewards work together across boundaries to create the conditions for equitable health and well-being. This involves efforts to negotiate shared values, establish and enforce norms, resolve conflict, and adapt to circumstances in a constantly changing world.

Broad Stewardship

Regional stewards anchor their work in a Shared Vision
Together, they create an image of what they want to build; a public declaration of the aspirations they hold in their heads and their hearts.

Stewards pursue SUSTAINABLE FINANCING
Stewards develop a long-term financial plan and secure dedicated funds to accomplish the portfolio of interventions.

Stewards pursue SOUND STRATEGY
Stewards navigate changing conditions to pursue an interdependent portfolio of interventions for the region that will best achieve equitable health and well-being.
Multi-sector partnerships are on the rise

ReThink Health Pulse Check: Number and timing of partnerships formed (n=234)
And many are in earlier stages of development

ReThink Health Pulse Check: Proportions across three developmental stages (n=180)
Many different sectors are engaged

Public health
Health care delivery
Government and elected officials
Social services
Childhood and education
Community or neighborhood organization
Mental and behavioral health
Academia and research
Community planning and transportation
Philanthropy (including United Way)
Housing and economic development
Business
Health insurance
Faith-based institutions
Law and law enforcement
Media
Union

ReThink Health Pulse Check: Participation levels by sector (n=213)
Multi-sector partnerships focus on many different spheres of work…

- Physical environments
- Social, economic, and educational conditions
- Health behaviors and risk factors
- Health care access, quality, or cost

ReThink Health Pulse Check: Three patterns of portfolio allocation (n=177)

- **Comprehensive**
  - n=52 (29%)
  - Time balanced across all 4 areas

- **Dominant**
  - n=61 (34%)
  - Majority of time on 1 area

- **Mixed**
  - n=64 (36%)
  - Time mixed among 2-3 areas
Most work at a county or cross-county level

- Multi-state: 8%
- State: 16%
- Multi-county: 23%
- County: 26%
- Multi-city: 2%
- City: 9%
- Neighborhood/community: 8%
- Hospital service area/region: 3%
- Other: 7%

ReThink Health Pulse Check: Distribution of responding partnerships (n=195)
Partnership characteristics: Quick summary

- Partnerships work in all corners of the country
- Many are relatively new
- Most operate at a county or multi-county level
- A wide range of sectors tend to participate
- Their work spans four major areas
  - healthcare access, quality, and/or cost; health behaviors and risk factors; social, economic, and educational conditions; and physical environments
Insights for building effective partnerships

Common ways that progress can be derailed

1. Inadequate infrastructure
2. Insufficient funding
3. The right leaders aren’t involved
4. Don’t have enough authority to act
5. Political resistance to strategies
6. “Low hanging fruit” strategies have been exhausted
Key momentum-builder: Build a shared vision anchored in *regional transformation*

- Creating a shared vision for regional change can…
  - Drive alignment and focus
  - Help many stakeholders see how they fit into that vision
  - Allow for future expansion of strategy

- Where to start?
  - Develop a value proposition that articulates…
    1. A *shared vision for regional change* (where you want to go)
    2. Where your community is now
    3. And the key issues that must be addressed to close the gap
Key momentum-builder: Build authority to lead

How partnerships build authority to lead

- Champions of a widely shared vision: 79%
- Recognition from leaders in other institutions: 78%
- Trusted source of information: 76%
- Viewed as a neutral convener for issues: 63%
- Leverage and influence the use of resources: 62%
- Recognition from elected officials or gov't leaders: 61%
- Have resources to address pressing needs: 60%
- History of bringing diverse groups together: 60%
- Broad-based grassroots support: 47%

ReThink Health Pulse Check: Common sources of authority for partnerships (n=187)
Key momentum-builder: Engage a broad network of stakeholders for the long-term

• Involving a broad range of sectors and organizations early-on can build relational muscle for long-term collaboration

• Where to start?
  • Ensure the right organizations—and people—are present
    • Map actors across your community
    • Engage c-suite and middle-management
    • Conduct a listening and engagement campaign
  • Identify shared values among key leaders
  • Surface dissatisfaction with the status quo
  • Build capacity to discuss tough issues
  • Focus on distributing leadership
Key momentum-builder: Get beyond the grant

Look, a matrix of funding sources!
You mean we could think about something other than a grant?!

<table>
<thead>
<tr>
<th>Dominant Mindset</th>
<th>Financing Mindset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central challenge is acquiring scarce resources for individual interventions</td>
<td>Central challenge is repurposing abundant resources to create new flows of funding for health and well-being</td>
</tr>
<tr>
<td>Deference to Status Quo</td>
<td>Proactive Action</td>
</tr>
<tr>
<td>Technical</td>
<td>Values-based</td>
</tr>
<tr>
<td>Transactional</td>
<td>Systemic</td>
</tr>
<tr>
<td>Assembly</td>
<td>Creativity</td>
</tr>
<tr>
<td>Task</td>
<td>Journey</td>
</tr>
</tbody>
</table>
### Short-term

1. Grants, contracts, donations
   - Grants/contracts: Academic centers
   - Grants/contracts: Business, banks
   - Grants/contracts: Government
   - Grants/contracts: Health care sector
   - Grants/contracts: Individuals or other
   - Grants/contracts: Philanthropy/United Way
   - Other: Anything related to competitions or prizes

### In-kind or barter agreements
- All types

### Health system payments
- Medicaid waivers
- Per capita payments from health plans
- Hospital community benefit

### Loans
- Community development financing
- Impact investment, venture capital, or pay-for-success
- Program-related investments
- Debt financing, loan guarantees, or line of credit

### Dues, earnings, legal settlements
- Dues or membership fees
- Earned income, service or management fees
- Legal settlements

### Gain sharing or shared savings agreements

### Health and wellness trusts

### Taxes, waivers, levies, assessments, credits, etc.
- All types

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**Check: Financing Sources**

ReThink Health Pulse

[Graph showing financial sources with percentages for have used, have not used, and priority for next year]
Bottom line challenge…

…multi-sector partnerships need money!

• No silver bullets
  • No dedicated source of funding (yet!)
  • In the meantime…
What is financing?

- Financing is a process of developing & balancing sources & uses.

- Financing is a practice
  - Doesn’t happen in a spreadsheet
  - It comes together when you explore and wrestle with (sometimes difficult) questions and relationships

- Financing is multi-faceted
  - Intersection of stewardship & strategy
  - Be open to that integration
What is financing?

• Financing happens at the intervention level
  • Strategies vs. interventions

• You don’t finance a strategy
  • Get into the details--what, how, how much, what it’ll cost
  • Keep an eye on the broader strategy work, but also wrestle with specifics
Long-term, sustainable financing is a major challenge for the majority of multisector partnerships, and the organizations aligned with them, in regions across the country. Many depend overwhelmingly on short-term sources of funding—namely, grants. It’s time to explore new financing frontiers!

BEYOND
THE
Grant

A Sustainable Financing Workbook

by Lindsey Alexander and Stacy Becker
with Katherine Wright and Kim Farris-Berg
Workbook
Includes
Multiple Stars

*Module 3:* Revenue Typology

*Module 5:* Value Sequence

*Module 7:* Integrative Activities

Looking for a specific worksheet or resource, perhaps to print or copy to share with colleagues?

**Here’s a handy list!**

**INTRODUCTION**
RESOURCE | What are Integrative Activities?

**MODULE 1**
WORKSHEET | Influencing Financial Flows

**MODULE 2**
WORKSHEET | Exploring Your System
WORKSHEET | Considering Costs and Benefits
• Worksheet Instructions
• Sheets (print on 11" x 17" paper)

**MODULE 3**
RESOURCE | Exploring Financing Structures
RESOURCE | A Typology of Potential Financing Structures for Population Health
(print on 11" x 17" paper)

**MODULE 4**
WORKSHEET | Financial Planning Template (Basic)
RESOURCE | The Financing Wizard
(a digital only, and on the web at:
https://www.rethinkhealth.org/finance-workbook/financing-wizard

**MODULE 5**
WORKSHEET | Value Analysis
RESOURCE | Value Sequence Template
(print on 11" x 17" paper)

**MODULE 7**
WORKSHEET | What Integrative Activities Could You Get Paid For?

**APPENDICES**
APPENDIX 1 | Integrative Activities
APPENDIX 2 | Integrative Activities Evidence
APPENDIX 3 | Financing Structures for Population Health
# Module 3: Revenue Typology

## Financing Structure

<table>
<thead>
<tr>
<th>Financing Structure</th>
<th>Description</th>
<th>Examples/Mechanisms</th>
<th>Who Decides on Availability and Conditions</th>
<th>Most Suitable Applications</th>
<th>Decision Making Complexity</th>
<th>Level</th>
<th>Primary Influencing on Supply</th>
<th>Why Important</th>
<th>Key Challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants</td>
<td>Arrangements that provide funds for a specific purpose and do not need to be repaid.</td>
<td>CMS Innovation grants (e.g., Community Benefit, hospital, public health projects).</td>
<td>Foundation’s*, government agencies, hospitals.</td>
<td>Up-front costs, with potential for reimbursement on one-time projects or grants.</td>
<td>Grants’ internal policies and practices.</td>
<td>Federal, State, Local.</td>
<td>Legal requirements for foundations and community benefit, acronyms of government, corporate policies.</td>
<td>Can spur innovation by providing funds at lower risk for smaller initiatives.</td>
<td>Short-term, grant based, often inconsistent with strategic long-term payers.</td>
</tr>
<tr>
<td>Bonds</td>
<td>Debt issued as bonds, investors purchase bonds with expectation they will be repaid over a specified period of time.</td>
<td>General obligation bonds, commercial paper, revenue bonds, mortgage revenue bonds, etc.</td>
<td>Tax-exempt municipal bonds.</td>
<td>Typically issued by a government agency, public authority, or private institution.</td>
<td>Incentives and market analysis of potential funding sources.</td>
<td>State, Local.</td>
<td>Investors’ appetites, market conditions, investment policies, sufficiency of revenue for repayment.</td>
<td>Provides capital for infrastructure projects.</td>
<td>Requires timely access to capital.</td>
</tr>
<tr>
<td>Loans</td>
<td>Through loan agreements, investors fund specific initiatives expecting to be repaid over a period of time.</td>
<td>Program-related loan and revolving fund agreements.</td>
<td>Institutions making loans—typically foundations, government agencies, and others.</td>
<td>Projects with long-term revenue sources (e.g., rent, property, lease, fee, health care fees, etc.).</td>
<td>Contractual loan agreements, which may vary by lender.</td>
<td>State, Local.</td>
<td>Incentives and market analysis for potential lenders.</td>
<td>Provides capital for projects not yet ready for financing.</td>
<td>Requires careful evaluation of structure.</td>
</tr>
<tr>
<td>Pay-for-Success</td>
<td>Investors fund specific interventions with expectations that the project will be repaid at a target rate.</td>
<td>Social impact bonds, Community Benefit Bonds.</td>
<td>Individuals and institutional investors, suppliers, and customers.</td>
<td>Projects with clear, measurable outcomes.</td>
<td>Negotiated contracts.</td>
<td>All government levels, as well as private sector.</td>
<td>Requires an entity in control of risk and value of funding.</td>
<td>Provides capital for projects with high-risk potential.</td>
<td>Requires clear, measurable outcomes.</td>
</tr>
<tr>
<td>Dedicated Revenues</td>
<td>Dedicated funds, such as sales, property taxes, fees, fines, etc.</td>
<td>Sugar-sweetened beverage taxes, property taxes, etc.</td>
<td>Individual and institutional investors, suppliers, and customers.</td>
<td>Legislative references.</td>
<td>Attributes towards public health and safety.</td>
<td>Local.</td>
<td>Broad-based revenue sources helping to fund health initiatives.</td>
<td>Provides capital for scalable growth.</td>
<td>Unavailability of taxes.</td>
</tr>
<tr>
<td>Earned Income</td>
<td>Money generated from paid work, fees, fines, etc.</td>
<td>Health information exchange fees, membership fees, contracts.</td>
<td>Organizations, individuals, and communities.</td>
<td>Establishing a fair price for the goods and services is crucial.</td>
<td>State, Local.</td>
<td>Supply and demand, available funding.</td>
<td>Provides capital for scalable growth.</td>
<td>Establishing a fair price can be difficult.</td>
<td>Unavailability of taxes.</td>
</tr>
<tr>
<td>Health Care Payment Model</td>
<td>Value-based payments, capitated payments, etc.</td>
<td>Medicare, Medicaid and State Health Care Administration.</td>
<td>CMS, state Medicaid agencies, providers, hospitals.</td>
<td>Projects that directly impact health care, health care costs, etc.</td>
<td>CMS and/or state Medicaid rates and reimbursement policies.</td>
<td>Federal, State, Local.</td>
<td>CMS requirements, rules, regulations, business models, etc.</td>
<td>Provides capital for scalable growth.</td>
<td>Requires strategic planning.</td>
</tr>
</tbody>
</table>

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*Foundation’s* refers to community foundations, not for profit organizations that provide financial resources to support community health and development projects. This category includes organizations such as the Community Foundation of Greater Jackson, which provides grants for community projects.
# Module 5: Value Sequence

## Value Sequence

**How do we create value?**

<table>
<thead>
<tr>
<th>Activities</th>
<th>Results</th>
<th>Impacts</th>
<th>Value Financial</th>
<th>Value Social/Economic</th>
<th>Value Organizational</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reminders to pick up prescribed blood pressure medication</td>
<td>Reduced hypertension</td>
<td>Fewer heart attacks and strokes</td>
<td>Avoided medical costs</td>
<td>Longer lives; less suffering; reduced health inequities</td>
<td>Higher quality and patient satisfaction ratings</td>
</tr>
</tbody>
</table>

**Activities:**
- The actions we take; the work we perform.

**Results:**
- The direct consequences of activities.

**Impacts:**
- Lasting or significant changes brought about in people’s lives or societal/environmental conditions.

**Value Financial:**
- How did your intervention or integrative activity impact revenues or costs?

**Value Social/Economic:**
- How did the results improve the quality of people’s lives?

**Value Organizational:**
- What results might carry organizational value (e.g., enhanced ability to meet regulations, improved ratings, etc.)?
## Module 7: Integrative Activities

### Integrative Activities

<table>
<thead>
<tr>
<th>Module</th>
<th>Description</th>
<th>Specific Roles and Leadership Functions</th>
</tr>
</thead>
</table>
| 1      | Convening Stakeholders for Cross-sector Collaboration and Information Sharing | 1. Engage stakeholders or multisector partnerships  
2. Build public will  
3. Enroll others in advocacy via convening/organizing  
4. Determine agenda  
5. Facilitate networking among key leaders  
6. Provide communications support; including partnering with conveners to build public will (e.g., website, newsletters, outreach)  
7. Manage meeting logistics  
8. Create detailed meeting design, including preparation and follow-up |
| 2      | Analyzing and Planning for Regional Health Improvement | 1. Lead the setting of collective vision and goals; ensure resident involvement in the process  
2. Develop shared strategy among stakeholders  
3. Identify critical strategic questions, including differences in interests of stakeholders  
4. Secure commitments to implement strategy  
5. Advocate daily for goals and strategy (internal and external)  
6. Facilitate strategy development process, including conducting of needs assessment  
7. Serve as a neutral data synthesizer |
| 3      | Designing Ongoing Infrastructure and Governance | 1. Design and notify shared governance structure as well as composition and decision-making rules  
2. Provide strategic oversight of infrastructure and governance  
3. Build relationships with other oversight groups  
4. Provide facilitation for interim governance bodies to design governance changes over time  
5. Manage recruitment, elections, and transitions in membership of governance bodies  
6. Facilitate communications among oversight groups |
| 4      | Implementing Strategy; Managing Performance of Region-wide Efforts | 1. Strategic oversight of actual implementation; ensure accountability and effectiveness  
2. Celebrate successes, share learnings  
3. Direct and/or manage projects, which might be about supporting work groups or alignment of activities  
4. Support stakeholders’ abilities to work within the partnership (e.g., use the partnership’s systems for sharing data) |
| 5      | Catalyzing Innovation and Redesign | 1. Set ambitious goals  
2. Lead learning activities  
3. Create conditions for innovation  
4. Provide seed capital  
5. Build human capacity to generate and test innovations  
6. Conduct and synthesize research  
7. Facilitate networking  
8. Manage process of identifying innovations to pursue |
| 6      | Designing Financing Structure and Strategy | 1. Determine financing vision and strategic priorities  
2. Create governance structure for funding decisions and accountability management  
3. Determine financing structure for integrative activities  
4. Mobilize funding to implement priorities and initiatives  
5. Research possible financing structures and provide design support  
   a. Develop charitable giving strategy  
   b. Write grants  
6. Administrator grants, which might include acting as fiscal agent  
7. Host innovation fund  
   a. Receive and review applications  
   b. Provide recommendations to governance body  
   c. Act as fiscal agent for funds to be redistributed  
8. Provide staff support for governance of financing |
| 7      | Advocating for Public Policy | 1. Set policy priorities  
2. Build relationships with thought leaders and policymakers  
3. Communicate impact of policies  
4. Implement outreach influence campaigns and more |
| 8      | Monitoring, Measuring, and Evaluating Region-wide Efforts | 1. Provide strategic guidance and oversight of overall information system  
2. Review results and modify action plans  
3. Envision and develop process for sharing results with residents  
4. Design and facilitate learning and improvement process  
5. Monitor progress toward shared goals  
6. Design and facilitate forums for accountability to residents |

ReThink Health is maintaining a comprehensive list of integrative activities and how multisector partnerships and other organizations are getting paid for conducting them. Please email They@RethinkHealth.org with any suggested additions. ©2018 The Rennie Foundation
Keep in mind...

• Financing requires practice
  • Don’t let the perfect be the enemy of the good
  • Be open to an approach that might be different than what you anticipated or you prefer

• There is a lot of mystery around sustainable financing
  • If tools already existed, we’d be sharing them widely
  • You have the capabilities to do this
Download or Order a Free Copy of the *Beyond the Grant: A Sustainable Financing Workbook*

ReThinkHealth.org/FinancingWorkbook
Want more? Check out rethinkhealth.org for…

• **Guiding framework:**
  ✓ A Pathway for Transforming Health
  ✓ Essential Practices for Transforming Health

• **Select ReThink Health tools:**
  ✓ Value Proposition Narrative Toolkit
  ✓ Public Narrative Toolkit
  ✓ Well-being Portfolio Exercise
  ✓ Distributed Leadership Assessment
  ✓ Integrative Activities Assessment
  ✓ Beyond the Grant Workbook

• **Reports:**
  ✓ ReThink Health Pulse Check
Office Hours for Complex Care

Multi-Sector Partnerships for Population Health Improvement

Gregory Paulson – Executive Director

June 26, 2019
Our Beginning (2006)

The Community:
- 84,034 population (~110,000 in six zip codes)
- 52% African-American, 34% Hispanic (underrepresented, from Census data)
- 26% living in poverty (200% FPL) with average household income of $36,662 (contrasted with NJ poverty rate of 11% and average income of $71,629)
- Violence rates 4-5 times NJ average
- Disease prevalence:
  - Hypertension 31%, Diabetes 16%, Obesity 39%

The Healthcare System:
- Pending closure of an acute-care hospital (Capital Health – Mercer Campus)
- Declining public health indicators
- Lack of primary care access; little collaboration among providers
Where we started...

Katz Report 2006:
- Create an integrated health care structure
- Provide specialty care through improved funding and access
- Develop consumer engagement strategies and plan
- Establish a health database and information system linking Trenton providers
- Expand primary care access
- Improve public health indicators
Early Successes: ER High-Utilizers

Community-wide Clinical Care Coordination Team: “C4T”

Focus: “The Top 50”:
- “Lady B” 2010-2011
  - 465 ED visits
- “Clifton” 2010-2011
  - 64 unplanned encounters
  - 6 Inpatient stays

<table>
<thead>
<tr>
<th>Top 50 ED</th>
<th>July- Dec 2010</th>
<th>Jan-June 2011</th>
<th>July-Dec 2011</th>
<th>Jan-June 2012</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td># ED Visits</td>
<td>2,398</td>
<td>1,633</td>
<td>1,501</td>
<td>1,321</td>
<td>45% Reduction</td>
</tr>
<tr>
<td># IP Stays</td>
<td>181</td>
<td>98</td>
<td>78</td>
<td>88</td>
<td>51% Reduction</td>
</tr>
<tr>
<td>Charges</td>
<td>$10.8 million</td>
<td>$6.6 million</td>
<td></td>
<td></td>
<td>39% Reduction</td>
</tr>
</tbody>
</table>
Where We Are Today

- 10+ years of collaboration facilitated by THT
- 26 FTEs and 100+ community partner organizations
- $19+ million in cumulative funding
- Healthcare landscape continuing to evolve at local, state, and federal levels
- Multi-year grants have started to move us from opportunistic to sustainable funding and more earned revenue. Still largely (65%) grant-dependent
- Move from incremental to transformational system changes
The evolution of our “Theory of Change”

1. If we reduce **acute episodes**, we will increase health and reduce health care costs.

2. If we improve **health care practice**, we will reduce acute episodes, reduce costs and increase health.

3. If we make the **healthy choice the easy choice**, we will improve health (and reduce acute episodes).

4. If we actively collaborate to make Trenton a safe and **healthy place to live, grow, learn and earn**, we will improve health.
Where We Want to Be – A Vision for Trenton

A Strong, Vibrant, Proud Community – leveraging history and location

Healthy Environment and Housing - A city where people want to live, work, worship, learn, and play

Vibrant Public Spaces - Clean, green, and accessible spaces that invite recreation, including neighborhood parks and an active, developed waterfront

Growing Economy - Stable businesses, job growth, increased median income, equalized opportunity, and a growing middle class

Effective Education - Youth development pipeline, rising graduation rates, adult education opportunities supporting better jobs, and greater community engagement

Healthy Food - Available in schools, restaurants, and grocery stores, leveraging urban agriculture; a society with capacity for healthier eating habits

Improved Safety - Reductions in violent crime, gangs, interpersonal violence and trauma; safe maintained streets supporting all users (“complete streets”) and public spaces enabling community interaction

Equity and Social Cohesion - Leveraging peer connections and civic muscle to reduce disparities and meet community need; accessible support for families and caregivers

Quality Healthcare - People-centered, integrated, and holistic care; a focus on prevention, inclusivity, accessibility, and cultural competence for all populations
Our new mission and strategies

The Trenton Health Team (THT) is an innovative multi-sector partnership dedicated to the health and well-being of the greater Trenton community.

Strategies
1. Convene diverse partners in Trenton to improve health, well-being, and health equity.
   1. Actively collaborate with partners locally and nationally
   2. Align clinical and social service efforts to maximize effectiveness and efficiency
   3. Maintain a systems approach
   4. Grow the capacity of THT and partners
   5. Involve and be accountable to residents
2. Analyze and share data to improve clinical care, public health and well-being
3. Enact direct interventions with priority populations to fill gaps in care and services
   1. Include piloting and prototyping of novel interventions
4. Define and communicate our value to stakeholders to ensure long-term sustainability
   1. Include clinicians, Health Information Exchange (HIE) users, funders, policymakers, residents, and partner-organizations in target audiences
5. Advocate for policies that improve health and well-being and are supported by the community
Challenges

- The “urgent needs” are still urgent and can be easier to get funding for than vital conditions/social determinants work that improves all health and wellbeing.
- Even with a shared vision, each organization views problems and solutions through a different lens, each needs to worry about survival.
- THT’s Board is very healthcare-focused (and we need to effectively communicate that vital conditions/social determinants work is not necessarily mission creep).
- Population-wide health impact is hard to measure.
- Community organizations think “lobbying” is a dirty word.
How do we overcome these challenges?

We constantly remind ourselves and our partners that it’s all connected (and no one organization could effectively impact the whole system)
Specific cross-sector working groups to date

- Emergency Department High-Utilization
- Chronic Disease Management
- Type II Diabetes Care
- Maternal Health
- Social Service Referral Platform
- Food Access Stakeholders
- Lead Testing and Remediation
Our team
Keep in touch

www.trentonhealthteam.org
@TrentonHealth
gpaulson@trentonhealthteam.org
Questions?

Submit using the Q&A feature
We want your feedback!

An evaluation survey will be sent out after this office hour session.
Upcoming Virtual Learning Opportunities

Accessing housing: Overcoming the documentation barrier
July 29, 2019
1:00-2:00 PM ET

Register at nationalcomplex.care