Perspectives and Next Steps
in Creating a Healthier Healthcare System

On September 17, 2013, nearly 200 leaders from Minnesota organizations working in healthcare delivery, public health, hospital administration, and community services convened for a conference organized by the Institute for a Sustainable Future (ISF) to explore how the Affordable Care Act (ACA)’s requirements of deeper community engagement by hospitals can be leveraged to improve the public’s health, decrease costs, and support community vitality.

The Public Health Law Center, in partnership with the ISF, has prepared these observations of some of the key lessons of the day as a tool for leaders across sectors to better understand opportunities afforded by the ACA and to consider local strategies that leverage these policy changes to promote better health across communities. This document is a companion piece to Conference Report: A Collaborative, Cross-Sectoral, and Local Approach to Health.

Emerging Ideas and “Ah-Ha” Moments

Some of the ideas that resonated strongly with participants included the following:

- **The continuum of health is expanding beyond clinical care to community prevention.** For the past half-century, the healthcare system — with its continuum from preventative clinical visits to hospitalization — has been the predominant focus of health policy discussions. However, the conversation is shifting to a focus on the full continuum of health — from environments that support health, to individuals’ diet and exercise choices, as well as treatment in the healthcare system. This broader view begs for new approaches and new partnerships to promote health.

  - **Collaboration is legitimate work; and it takes work.** Many appreciated the presenters’ candor and validation that bringing together lasting partnerships does take significant work. Too often, these relational efforts fall into “other duties as assigned” rather than standing out as an important, recognized and budgeted part of the work.

  - **Discomfort, trust and shared language are important parts of getting to shared vision.** As groups work to build new partnerships and envision a future of shared health, discomfort is to
be expected. After all, this work occurs outside the traditional boundaries of existing institutions and often requires bridging multiple perspectives and professional cultures. Taking the time needed to build trust and facilitate relationships among the collaborative partners is essential to moving groups past the discomfort of uncertain futures and into the possibility of collective impact.

- **Reframing questions can unlock opportunities.**
  The experiences of the Healthy! Capital Counties collective impact effort in Michigan provided important lessons of how reframing the questions led to unexpected and fruitful strategies that are having real impacts on increasing health equity in their region.

### Challenges in the System Today

Moving from the current healthcare system to a new system structured to prioritize health will be an important but long process. New relationships, structures and operating cultures take time to develop. Some challenges that can be anticipated include:

- **Exploring different strategies to engage satellite hospitals.** Participants from small communities across Minnesota noted that towns serviced by hospitals that are not the headquarters for a delivery system often do not get the same attention and community involvement found in “home town” hospitals. In these communities, the strategies suggested will need to be adjusted to reflect the administrative structure of their anchor institutions.

- **Securing investment to support the work.** As noted above, presentations that acknowledged the long, hard work and dedication needed to build successful collaborations were well received by leaders from hospitals, health systems, public health, community-based organizations, and others. On the other hand, concerns were also voiced about the time and effort needed to leverage the opportunities of the ACA and other changes without dedicated funding to support staff for coordinating the work.

- **Managing the transition from incentives of quantity to incentives of quality.** Participants recognized that creating a new “system of health,” in contrast with the current “system of care,” will require a different operating culture for everyone working in healthcare delivery, public health, community development, social services and other sectors. Past “command and control” systems that rewarded volume and efficiency will give way to new approaches that prioritize communication, coordination, trust and quality. Helping leaders across sectors appreciate and embrace these changes will be an important but time-intensive effort for many.

- **Embracing our shared health.** The notion that we share in each other’s health, as well as in the health of our community, is a novel concept for many. Our system of insurance providers, competing health systems, uninsured populations, and public health operating largely within their own silos has contributed to the notion that individual and community health is someone else’s problem, rather than a shared local concern. For some participants, the idea that social determinants such as safe and affordable housing or food access

### “Ah-Ha” Moments

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might be seen through the lens of health policy as a shared community responsibility presented a new way of thinking about health.

Ideas for Next Steps

If you and your colleagues are inspired by the potential of a new approach to health and healthcare, take action! The following steps can help health supporters from any sector begin laying the groundwork needed to create effective cross-sector collaboration.

Convene a conversation. Consider bringing together local leaders in public health, healthcare (providers and administrators), community-based organizations, and other sectors to review the conference content and consider its relevance to your community. Bringing in new allies and different perspectives — including economically and culturally diverse viewpoints — is crucial to create a rich discussion that reflects the perspectives of people community-wide. Share the conference briefing and the lessons that stood out to you as a participant. Take time to listen to the actions and activities underway in other sectors, as well as the language used to describe this work, and offer prompting questions on how shared work might emerge.

Discuss internally. At a board or staff meeting, include the conference ideas as a part of focused conversation. If you are a community organization, have you considered the work you do as health related? How might this change how you consider and communicate your mission? Similarly, if you work in healthcare, how do you think about your work within the community? Is it a partnership or philanthropic? How might the ideas presented at the conference content change the nature of these relationships?

Assess local opportunities to improve health. Hospitals are already identifying their communities’ health needs. Either in connection with the Community Health Needs Assessment (CHNA) process or alongside it, consider producing an asset map of your community’s strengths and services that contribute to the continuum of health. The map could be produced through a collaborative, facilitated conversation — perhaps as a follow up review of the conference materials — and could help illuminate new opportunities for partnership in your own backyard. When assessing local opportunities to improve health, consider questions such as:

- Where is the community successful in coordinating across the continuum of health (rather than the continuum of care)? Where are opportunities for additional partnerships?
- How is the conference report resonating with stakeholders? What topics stood out as particularly relevant to the community?
- How might social determinants of health in your community impact individual health? What community policies and systems might you now consider to be related to health outcomes?
- Where are our community’s greatest opportunities to improve health? Are any groups within the community facing particularly difficult health challenges, barriers or circumstances? If they are not at the table, how can they be included?

Identify strategies for shared action. With a clear understanding of community assets in place, consider reaching out to more new and unlikely partners to build relationships, create a shared language of commitment, and foster potential for partnership. Consider bringing together a “steering committee” for a larger community convening about the continuum of health. The broader conversation could explore:

- Are there positive next steps stakeholders in your community can pursue — be it partnerships to foster or initiatives to consider?
- How does each organization represented describe
health, and how can we build a shared language that will engage others in taking a broader view of health?

- How do you hope to collaborate across communities to learn from others’ experiences?

And don’t forget to stay connected to this work happening in cities across Minnesota and nationwide. The conversation continues online at www.commonshealth.org.

**Additional Resources**

**Commons Health.** The Commons Health Network was established to grow and evolve shared knowledge, experience and communication around commons health, health beyond hospital walls. The Network recognizes that the health and resilience of individuals is intimately tied to the health and resilience of their communities and the ecosystems which support those communities. [www.commonshealth.org](http://www.commonshealth.org)

**CHNA.org.** This web-based platform was designed to help hospitals and other organizations better understand the needs and assets of their communities. The site includes health indicators commonly used, data visualization for common health indicators, and other tools for learning and comparison. [www.chna.org](http://www.chna.org)

**Healthy Healthcare.** The Public Health Law Center has developed a series of resources to support efforts to improve the nutritional environment in healthcare and other organizations. [www.publichealthlawcenter.org/resources/healthy-healthcare](http://www.publichealthlawcenter.org/resources/healthy-healthcare)

**National Association of City and County Health Officials (NACCHO).** NACCHO has developed an online tool box and resource center for community health assessments and community health improvement plans. [www.naccho.org/topics/infrastructure/CHAIP/chachip-online-resource-center.cfm](http://www.naccho.org/topics/infrastructure/CHAIP/chachip-online-resource-center.cfm)

**On the Commons.** The Commons Work webpage and online resource center showcases co-creative projects and innovative strategies for protecting the commons, such as water sources, food, farmland, and seeds. [onthecommons.org/work/commons-network](http://onthecommons.org/work/commons-network)

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