Better Together: Employer’s and Community’s Journey to Health Partnerships

February 11, 2013
Webinar Agenda

• Importance
  – Andrew Webber, BA

• Benefit
  – Monica Vinluan, JD

• Starting a Community Partnership
  – Dawn Robbins, BA

• Q & A

Disclaimer: The findings and conclusions in this presentation are those of the author and do not necessarily represent the official position of the Centers for Disease Control and Prevention
Section Overview

• Introduction to the National Business Coalition on Health

• The Employer Journey in Health and Health Care

• Building the Business Case for Community Level Engagement

• Employer Engagement Recommendations
• **Identity:** National, non-profit membership association of 54 business and health coalitions.

• **Vision:** Better health, better care, lower cost, community by community

• **Mission:** Helping member coalitions be leaders in their communities
54 business and health coalitions. Network of 7,000 employers and 30 million covered lives
Influencers of all the major determinants of health:

- Socio-economic
- Individual behaviors
- Environmental
- Health care delivery system
The Employer Journey

- **1970s and 1980s**
  - Focus on employee health insurance **benefit costs** as a **business expense** to be managed

- **1990s and 2000s**
  - Focus expanded to recognizing **workforce health** as a **business asset** needing investment

- **Today**
  - An integrated approach
Employer Goals and Strategies

• **Two Goals:**
  – Improved *workforce health* and productivity
  – Greater *value* for each dollar spent on health care services

• **Two Employer Strategies:**
  – *Population health improvement* - maximize vitality, maintain health, reduce risk factors, manage illness
  – *Value-based purchasing* - measure, report and reward health care delivery performance

• **Two Strategy Applications:**
  – At the Worksite/In the Organization
  – In the Community
Focusing on improving the health and quality of people’s lives will improve the productivity and competitiveness of our workers and business enterprises.

A growing body of scientific literature suggests that well-designed, evidence-based, worksite health promotion and disease prevention programs can:

- Improve the health of workers and lower their risk for disease;
- Save businesses money by reducing health-related medical losses and limiting absence and disability;
- Heighten worker morale and work relations;
- Improve worker productivity; and
- Improve the financial performance of organizations instituting these programs.

Source:
In the Community

• A leap to be sure from worksite focus

• Not the same level of employer control and direct impact

• Requiring teamwork with other stakeholders

• Yet a case can be made

• And evidence of growing interest
A Compelling Argument:

“Employer, you can do everything right in terms of building a worksite culture of health but if your employees leave work and go home to unhealthy communities and a broken health care delivery system, your investment will be compromised.”
With Distinct Business Advantage

Recruiting and Retention

• Easier to recruit a capable workforce in areas with:
  – good schools
  – clean, safe neighborhoods
  – low crime rates
  – cultural diversity

• Easier to retain a capable workforce that is:
  – invested and established in their local communities
  – has access to quality products, services, amenities
Coalitions held community health summits and identified work groups to develop community action plans addressing several population health topics:

- **Employers Coalition on Health**: Access to care; basic needs; behavioral health; chronic disease; crime & violence/public safety; dental care; education/employment; health equity; and maternal/prenatal/early childhood
- **Indiana Employers Quality Health Alliance**: Obesity and diabetes
- **Memphis Business Group on Health**: Obesity
- **Midwest Business Group on Health**: Early elective deliveries
- **Savannah Business Group**: Childhood obesity
- **St. Louis Area Business Health Coalition**: Obesity

**Spotlight: Midwest Business Group on Health**
- Convened summit to assess existing activities, gaps, and value of a statewide collaborative
- Identified key areas for a community action plan
- Formed a statewide steering committee to lead activities
- Statewide group, along with other partners, applied for a CMS Innovation Grant
Partnerships led to implementation of several population health improvement programs:

- **Employers Coalition on Health**: After school activities program to prevent childhood obesity
- **Memphis Business Coalition on Health**: worksite health promotion program at four pilot sites; the Move More, Eat Better campaign
- **Michigan Purchasers Health Alliance**: Development of employer toolkits and workshops to assess health policies and practices and provide a roadmap of evidence-based strategies/resources to support improvement
- **New Jersey Health Care Quality Institute**: Tools to equip mayors to develop and implement active-living initiatives in their communities; the Mayors Wellness Campaign for weight loss
- **Northeast Business Group on Health**: Pilot to implement collaborative depression care model in NYC and test reimbursement models
- **Tri-State Health Care Coalition**: Patient self-management program for employer members to maintain control over diabetes & cardiovascular disease
- **Wichita Business Coalition on Health**: Leadership by example approach that focuses CEO support of healthy behavior, based on the Partnership for Prevention model; Healthy Wichita
Recommendations for Building Employer Partnerships

• View employer community as part of the solution; employers share mission of population health improvement

• Speak language of employers, e.g. “workforce health and productivity,” “ROI,” “human capital investment,” “direct and indirect costs.”

• Commit to employer outreach and bring useful resources – e.g. population health data, worksite toolkits, evaluation expertise

• Always work with employer-led health coalition if one exists

• Publicly recognize employer community for best practices in workforce health improvement

• Ask first for leadership commitment and engagement rather than financial commitment in community-based efforts
• Effective Coalitions and Partnerships
  – Y-USA’s Healthier Communities Initiatives
  – Why Collaborate?
  – Y-USA’s Leading Practices
  – Elements of Effective Teams
Y-USA’S Portfolio of Health Innovation

TO PROMOTE WELL-BEING (primary)
- Press Play
- Salsa Sabor y Salud
- YMCA’s Diabetes Prevention Program
- Childhood Obesity
- Falls Prevention
- Diabetes Control
- Arthritis Treatment
- LIVESTRONG® at the Y

TO REDUCE RISK (secondary)

TO RECLAIM HEALTH (tertiary)
- Childcare Standards: Y’s Commitment To First Lady
- Pioneering Healthier Communities
- Community Transformation
- Statewide Pioneering Healthier Communities

BUILD CAPACITY
- Listen First
- Innovate Programs
- Change Your Environment
- Understand Healthseekers
- Food and Fun Afterschool Curriculum
- Measurement in Activate America
- Support Change
- Build Community
- Transform Your Staffing Practices
- Inspired Facilities
- Send It Home
- Engage Your Community

PROGRAMS FOR INDIVIDUALS
PROGRAMS FOR FAMILIES
CHANGES IN ORGANIZATIONS
CHANGES IN COMMUNITIES
CHANGES IN SOCIETY
Healthier Communities Initiatives

• Five Initiatives
  – Pioneering Healthier Communities (PHC) – Centers for Disease Control and Prevention (2004)
  – Action Communities for Health, Innovation, and EnVironmental ChangE (ACHIEVE) CDC (2008)
  – Community Transformation Grants (CTG) CDC (2012)
  – Racial and Ethnic Approaches to Community Health (REACH) CDC (2012)

• 9 years of building healthier communities
• Now in more than 220 communities
# Healthier Communities Initiatives

## THE RECIPE

**Ingredients**

1 cup *Leadership model* that utilizes multiple sectors and diverse organizations

2 cups *Systems & Environmental Change*

4 tbsp “Special Sauce” - *Organically grown* with strategies that meet local and state needs

**Baking Directions**

1. Understand the leading practices
2. Use the Healthier Communities Initiative process map
3. Make it your own
4. Learn from each other
5. Leverage $
Healthier Communities Initiatives Team

Make-Up Often Includes:

- Faith Org. Leader
- Leader in Academia
- Corporate Leader
- Chamber of Commerce
- Foundation Exec.
- Elected Official
- School Official
- Health Insurer
- Hospital Admin.
- Public Health Official
- Parks & Rec. Dir.
- Media Rep.

YMCA as Convener

National Healthy Worksite
Why Collaborate?

• Better Together

• Compliment each other’s assets

• Bigger Impact

• Build Capacity and Readiness for Change
Collaborative Advocacy

- **Trust and Motivation**
  (building relationships - one-to-one/person-to-person)

- **Humility - Empathy - Inclusion**
  (one-to-one relationships grow and expand to organizational relationships)

- **Coordinate/Network**
  Exchange Information + Harmonize Activities

- **Partnerships/Coordinate**
  Exchange Information + Harmonize Activities + Share Resources

- **Cause-Driven Collaboration**
  Exchange Information + Harmonize Activities + Share Resources + Enhance Partner’s Capacity (and your own)*

*One-to-one relationships grow and expand to organizational relationships*
Collaborative Advocacy

Starts with individuals

Moves to one-on-one relationships between people expanding to an organization-to-organization relationship.

Organizational relationships build into networks. Coordination and coalescence around similar themes, ideas, issues begin to emerge. No formal/informal partnership exists, rather, this is a dialogue-building phase.

These relationships have the ability to morph into more formal partnerships/collaborations.

CAUSE-DRIVEN COLLABORATION

High-impact alliances with other organizations around an issue, challenge, or opportunity a community is facing.

National Healthy Worksite
Collaborating with Worksites

• Innovate Programs
• Initiate Organizational Change
• Deepen Community Benefit
• Build Social Capital
Leading Practices

• Start With a Shared Vision & Spirit of Inquiry
  – Vision Builds Energy and Alignment
  – Realize Bold Visions through Systems & Environmental Change
  – Move Forward With a Spirit of Inquiry
  – Communications lens needs to be included from the beginning

• Adapt to Emerging Opportunities
  – The Right Starting Point Will Emerge
  – Get Behind Existing Assets
  – Produce Results to Create Opportunities

• Borrow from Others and Build Your Own
  – Success Stories Sell
  – This is Not a Cookbook
  – Think Like a Social Entrepreneur
Leading Practices

• Engage Cross Boundary Leaders Who Care
  – Bring the “Right” People to the Table
  – Turn the Group Into a Team
  – It’s Personal!

• Serve in Multiple Roles
  – Discover the Best Role for Every Situation
  – Discover the Art of Collaborative Advocacy
  – Maintain a Flexible but Insistent Focus on Results

• Use Data to Guide Not Drive the Effort
  – Data Can Be Powerful
  – Avoid Focusing on Getting All of the Data Before Moving Forward
  – Be Strategic and Utilization-Focused

• Develop Leadership Structures That Distribute Ownership & Action
  – Create Just Enough Structure
  – Utilize Good Facilitative Processes
  – Share the Load (and Credit)
What would your coalition members say?

• We have articulated a vision and direction for our effort that is clear and compelling for our full team.
• If asked to state our vision, all of our leadership team members have a compatible response.
• Our team is clear on why focusing on systems and/or environmental change is critical for having long-term sustained impact.
• We continually ask the right questions and maintain a spirit of curiosity and open-mindedness
Adapt to Emerging Opportunities

What would your coalition members say?

• Our team has been opportunistic in its decision making and actions.
• We have made a concerted effort to “scan” for assets and opportunities, and to better understand and take advantage of these (including existing initiatives and programs as well as upcoming media outreach efforts).
• We had some “early successes” and were we able to build upon these (e.g., attracting additional support, taking advantage of new opportunities, tapping into existing communications outlets).
What would your coalition members say?

• We collected and learned from stories or examples from other communities, and they have had a demonstrable impact on our team’s thinking.

• We have grown our own solutions and/or creatively adapted other models.

• We have our own stories to share about both successful efforts as well as “useful failures”, including how we have learned and adapted our efforts.
Engage In Cross-Boundary Leaders Who Care

What would your coalition members say?

• We have been successful at recruiting and retaining diverse leaders from different sectors.
• We have dedicated time to building and improving our performance as a team, and with positive effects (i.e., we feel and perform like an effective team).
• Leadership team members demonstrate a personal commitment to the goals and overall success of the effort (i.e., it is more than a professional/organizational obligation).
Become Multiple Role Players

What would your coalition members say?

• Leadership team members have sought to understand the most appropriate and useful role(s) they – individually and collectively – can play to advance the overall effort.

• We are advocating in ways that build trust and understanding across community groups and decision makers.

• We have been able to strike a balance between being flexible and insistent about the importance of particular outcomes and strategies in our education/promotion efforts.
Develop Leadership Structures That Distribute Ownership & Action

What would your coalition members say?

• Our team has an effective structure – with clear roles and expectation of partners and action teams – that has been adaptable to changing conditions and sustained over time.

• We have effective processes to make consensus-based decisions that keep action moving and everyone feeling respected. Our time together is well spent.

• We share the load, distribute responsibility and credit across partners
Elements of Effective Teams

- Inclusive
- Collaborative
- Effective
- Clarity of expectations and goals
- Results - oriented

How would your coalition measure up?
Elements of effective teams

Inclusive

• Engagement of traditionally disenfranchised
• Key decision makers from different sectors
• Diverse perspectives, demographics, and geographies
• Grassroots, grasstops
Elements of effective teams

Collaborative

- Authentic dialogue
- Interest based negotiation
- Collaborative problem solving
- Reflective and analytical
- Driven by vision
- Informed by data, research, and trends
Effective

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Elements of effective teams

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Results – oriented

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Section Overview

• **Starting Community Partnerships**
  – Collective Impact Model
  – Assess Readiness, Move Ahead
  – Feet on the ground: wellness@work
Collective Impact Model

• Simple structure to solve complex problems; similar to Performance Partnership Model
• Underlying belief: “No single organization, however innovative or powerful, could accomplish this alone.”
• Examples: improve student achievement, reduce teen pregnancy, slash smoking, build a culture of health
• Effective in lean economic times to leverage creative solutions between unconventional partners

Source:

Smoking Cessation Leadership Center: http://smokingcessationleadership.ucsf.edu/performancepartner.htm
Key Elements

- Community leaders committed to a specific issue (e.g., creating a healthy workforce in a community)
- Data to establish baseline, set target, and measure success
- Action plan with multiple strategies
- Backbone support organization to catalyze action: “the glue”
Assess Readiness, Move Ahead

• Form a team to plan a one-day summit. Allow three to four months for planning.
• Identify and recruit leaders interested in tackling the problem.
• Collect data to inform the work.
• Hold a summit to set a common goal and action plan.
Potential Partners

- Businesses, associations, small, large, minority-owned
- Labor, union trusts
- Schools, hospitals, universities, government
- State and local public health
- Health care and workers’ compensation providers, insurers, consultants and brokers
- Parks, YMCAs, transportation planners
- Non-profits, e.g. American Heart Association, American Cancer Society, public health institutes

Include members of select groups on planning team
Data to Inform the Work

• Chronic disease rates and costs
• Tobacco use, physical inactivity, poor nutrition rates and costs
• Population interest in adopting healthy behaviors
• Percentage of employers with culture of health (leadership support, a wellness committee, data, planning, policies, programs)
• Impacts of building a culture of health
• Data that is as local as possible (i.e., regional is better than national)
Work of Planning Group

• Choose summit date.
• Hone invitee list (20-30 people).
• Craft and strategically deliver invitations.
• Gather baseline data.
• Create agenda and materials.
• Plan meeting.
Four-Question Summit Agenda

- Where are we now? (Baseline and personal connection)
- Where do we want to be? (Measurable target)
- How will we get there? (Multiple strategies)
- How will we know we are getting there? (Evaluation)
Where are we now?

How does your county obesity rate compare to the state average?
Where do we want to be?

Increase the number or percentage of worksites:
• With key wellness elements...
• Demonstrating a culture of wellness...
• With employee wellness programs/policies...

Increase employee participation in wellness programs...

...By (date).
How will we get there?

Key strategy areas:

• Data
• Programs and Policies
• Resources, Tools
• Education, Promotion, Marketing
• Partnerships/Steering Committee
How do we know we’re getting there?

• **Process:** action plan accomplishments; number of people reached; website hits

• **Mid-Term Measures:** policies passed, programs started (including leadership support, committee formed, data-driven plan developed)

• **Results:** Reduced tobacco use, increased physical activity, improved nutrition, improved attendance, fewer workers’ compensation claims, lower health care costs

• **Data sources:** BRFSS for School Employees, School Health Profiles Supplement, Employer Survey, health care cost/absenteeism data, workers’ compensation rates/claims
Lessons Learned

• Soaring health care costs drive a growing interest in worksite wellness
• Worksite wellness, properly framed, can unify
• Most “wellness programs” focus on activities
• Developing a comprehensive wellness program takes time and commitment
• Timely, reliable worksite wellness data are not always readily available
Resources and Tools
Create a healthy worksite

Health care costs continue to soar in Oregon, driven largely by ongoing conditions, like heart disease, diabetes, arthritis and cancer. By building a culture of wellness, employers can prevent costly disease, boost employee health and productivity, and improve the bottom line.

Employers of all sizes and types can use resources on this site to:

- **Assess your support for the health of employees**, from...
Showcase Partner Successes
# Contact Information

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CDC Worksite Health Promotion Resources

www.cdc.gov/WorkplaceHealthPromotion

www.cdc.gov/NationalHealthyWorksite/
Upcoming Events

• National Participant Program Implementation Webinar Training (4 of 5)
  – Topic: “Implementation”
  – Date/Time: April 15, 2013, 1:00 PM - 2:30 PM EDT
  – Speakers: Jessica Davies – Panhandle Public Health District
    Bob Hardison – Henderson Behavioral Health
    Kirstie Settas-Jones, MBA – Seitlin
  – Registration Link:
    https://www3.gotomeeting.com/register/897990086
Continuing Education Credit Redemption

- **IACET CEU**: The CDC has been approved as an Authorized Provider by the International Association for Continuing Education and Training (IACET), 1760 Old Meadow Road, Suite 500, McLean, VA 22102. The CDC is authorized by IACET to offer 0.1 ANSI/IACET CEU's for this program.

- **CECH**: Sponsored by the Centers for Disease Control and Prevention, a designated provider of continuing education contact hours (CECH) in health education by the National Commission for Health Education Credentialing, Inc. This program is designed for Certified Health Education Specialists (CHES) and/or Master Certified Health Education Specialists (MCHES) to receive up to 1 total Category I continuing education contact hours. Maximum advanced level continuing education contact hours available are 0. CDC provider number GA0082.