

Transforming Health Through Multisector Partnerships

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Communities across the state are working to develop systems of health that will improve population health and reduce costs. A number of models are being explored. Regardless of the model, efforts will be most effective if they include multisector partnerships, focus on socioeconomic issues, and explore ways to reframe the system.

Many models and initiatives are being researched and implemented in attempts to find the magic bullet that will transform the health system. Health care systems, hospitals, public health departments, clinical practices, and community-based organizations are actively exploring strategies for change. However, all of these new models will require a shift in how we think about what the health system should be.

Key Components of System Transformation

Several components will be necessary in any attempt to transform the health system in a community: the development of multisector partnerships, a focus on social determinants of health, and a fundamental change in our mental models of what creates good health in a community. Implementation of these components should be approached in an integrated fashion; however, considering them separately is helpful for this discussion.

Complicated social issues require a multisector partnership approach. The United Nations defines the multisector model as, “holistic inter-organizational and inter-agency efforts that promote participation of people of concern, interdisciplinary and inter-organizational cooperation, and collaboration and coordination across key sectors” [1]. When implemented with fidelity, the collective impact model provides a structure for these partnerships that can yield successful results [2].

For transformation of health systems to occur, it is necessary for clinical care, governmental entities (including public health departments), and community-based organizations to come together in true partnership to change the status quo in their communities. Regardless of the model used to develop these partnerships, several core elements are necessary: a shared vision, mission, and goals to provide focus; an integrator/backbone/anchor organization to shepherd the process; a governance structure for joint decision mak-

ing; a process for measuring success; effective communication; and sustainable funding.

To improve population health, we must invest more in the modifiable social determinants of health, which collectively have a greater impact on the health of a community than do access to and quality of health care [3]. Focusing on health care and access to care is important, but without a broader emphasis on social determinants, the root causes and issues that prevent communities from becoming and staying healthy will not be addressed.

Everyone has beliefs, ideas, images, and verbal descriptions that help us explain the world. These mental models form consciously and unconsciously from our experiences, and they guide our thoughts and actions within a narrow channel. These representations of reality help us explain cause and effect, lead us to expect certain results, give meaning to events, and predispose us to behave in certain ways. Although mental models provide internal stability in a world of continuous change, they also blind us to facts and ideas that challenge or defy our deeply held beliefs [4].

Mental models can have powerful impacts on a community's work together, as we see in discussions of primary prevention efforts, often called upstream efforts. Almost everyone believes prevention is a good thing, but when we consider what we would need to do to focus on prevention, we often get caught in a debate of what we would need to stop doing in order to fund prevention. Our mental model of health care assumes that we have to provide care the way it has always been provided, and this perception prevents us from thinking creatively about the present system of health and the creation of a broader system. Although it is hard work, we must be clear about our current mental models if we are going to change to more collective, effective models for community health improvement.

Considering Several Models

The various approaches being implemented to improve community health include alliances, coalitions, hubs,

Electronically published July 6, 2016.

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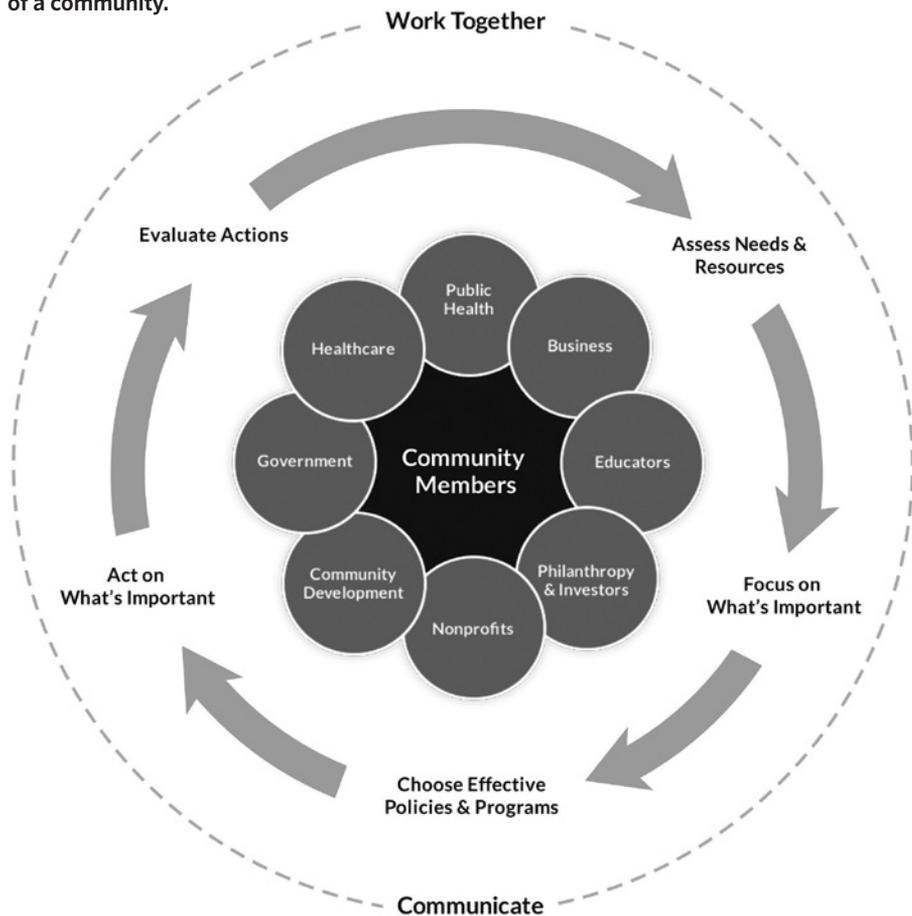
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accountable health communities (AHCs), and collaboratives. The evidence base for these models is being discovered as they are being implemented, and many communities are struggling to determine what will work for them. Two models that are being explored are the County Health Rankings & Roadmaps program and the AHC model.

The County Health Rankings & Roadmaps program brings actionable data and strategies to communities [5]. Rankings are based on county-level data collected across the country, and the roadmaps move communities to action. The roadmaps program focuses on helping communities move from awareness about their county's ranking to actions designed to improve health. Roadmaps to Health is one model that can help communities bring people together to look at the many factors that influence health and the opportunities to reduce health gaps, to select strategies that can improve health, and to make changes that will have a lasting impact. The Action Wheel (see Figure 1) demonstrates the cyclical nature of this work in a community as well as the numerous partners and multisector partnerships required to change community health outcomes.

Another model that is receiving much attention is the AHC model. Some believe that this model represents a major paradigm shift for health care institutions, as they are now investing in collaborative efforts in a systemic way to improve conditions in the surrounding community [6]. The Center for Medicare and Medicaid Innovation (CMMI) will work with communities to test whether systematically identifying and addressing the health-related social needs of beneficiaries affects total health care costs, improves health, and enhances quality of care. Over a 5-year period, the Centers for Medicare & Medicaid Services (CMS) will implement and test a 3-track model based on promising service delivery approaches. Each track features interventions of varying intensities that link beneficiaries with community services. In the first track, the focus is on awareness, with the goal being to increase beneficiary awareness of available community services through information dissemination and referral. The second track will provide assistance in the form of community service navigation to help high-risk beneficiaries access services. In the third track, the goal is to encourage partner alignment to ensure that community

FIGURE 1. The Action Wheel demonstrates the cyclical nature of this work in a community as well as the numerous, multisector partnerships that are required to change the health outcomes of a community.



Source: University of Wisconsin Population Health Institute [5].

services are available and responsive to the needs of beneficiaries [7].

Through these grants, communities will move beyond thinking about one patient at a time in a health care setting to addressing multiple patients' needs by harnessing a community's assets. Population health will be addressed through a combination of health care services; public health; community policy, systems, and environmental change; and individual provision of social services.

Communities across the country are developing AHCs using variations on this model and differing strategies. Whether this model is implemented as described by CMMI or with variations, the AHC model is unique in that it integrates individual-level activities with community-wide efforts. It provides a framework for health care to better contribute to community-based work. Multisector partnerships are obviously critical to the success of this model, as well.

The Role of Anchor Institutions: The Example of Buncombe County

Over the past 5 years, the community of Buncombe County has focused on building our capacity to address issues that affect the health of all residents. This work has been supported by 2 anchor institutions, Buncombe County Health and Human Services (BCHHS) and Mission Health, in collaboration with many other community and clinical partners. The leadership of these organizations—including county commissioners, health system board members, and their respective administrative leaders—has taken a system-wide approach to the priorities that have arisen from the last 2 collaborative community health/community health needs assessments. This work led to the selection of Buncombe County as a Robert Wood Johnson Foundation Culture of Health Prize Community in 2014.

Both nonprofit hospitals and public health departments are required to complete regular assessments of the health of their communities, to develop priorities based on those assessments, to implement efforts to address identified priorities, and to evaluate the outcomes of those efforts. Although organizations in Buncombe County have worked together for many years, leaders of these organizations seized this opportunity to further develop existing partnerships, providing a forum for a collective impact approach to community health improvement.

This joint improvement effort resulted in broader engagement of organizations in the community (beyond traditional health partners), development of shared goals, and improvements in health outcomes. The collective work has also resulted in healthier behaviors, increased access to services, and new approaches to address social determinants. The synergy created by this multisector partnership with leadership from or participation of BCHHS and Mission Health has resulted in the development of the Family Justice Center and the Comprehensive Care Center.

As part of a broader, coordinated community response to

domestic and sexual violence, Buncombe County is opening a Family Justice Center in the summer of 2016. The Family Justice Center will be a one-stop, multidisciplinary service center that allows victims of domestic violence or sexual assault to access a range of services under one roof. Such a model not only provides a more supportive experience for victims, it also increases efficiency in service provision, reduces victim recantation, increases prosecution of offenders, and ultimately reduces crime. Located in a county-owned building, the center will be home to the domestic and sexual violence units of the Asheville Police Department and the Buncombe County Sheriff Office as well as Helpmate and Our VOICE, local domestic and sexual violence service providers. Additional services will be provided by BCHHS and Mission Hospital [8].

Similarly, the Comprehensive Care Center will fill a gap in mental health care and addiction facilities in Western North Carolina, serving Asheville and surrounding counties with around-the-clock care. A major goal of the center is to provide crisis prevention, early intervention, response and stabilization services, and an alternative to emergency department visits, resulting in reduction of inpatient treatment and recidivism. "This comprehensive care center will operate under a philosophy that recovery from addiction or mental illness is not only possible—it happens," said Brian Ingraham, chief executive of Smoky Mountain local management entity/managed care organization (LME/MCO) [9]. The collocation of multiple services at one site reflects the vision of community partners to provide whole-person care to people in need of medical, clinical, and pharmacy services. The new facility will provide treatment services including inpatient care, community and peer support, treatment teams, and pharmacy services. The center is a partnership involving Smoky Mountain LME/MCO, Mission Health, Asheville Buncombe Community Christian Ministry, Buncombe County, the National Alliance on Mental Illness, and the North Carolina Department of Health and Human Services. All partners have contributed funding and/or in-kind services, including nearly \$2 million in grants from the North Carolina Department of Health and Human Services for the new facility.

The impetus to address both of these initiatives was based on data that described the community's needs as well as input that confirmed these needs. Mission Health and BCHHS engaged in both processes, bringing their anchor institution status in this community to create a sense of urgency and a call to action. Both organizations also brought their significant leadership positions and resources to the table in creative ways to supplement the resources of their community partners to make these centers a reality.

Conclusion

Clearly, there is urgency to transform our current health care system into a system that can better improve the health of our communities and reduce the rising costs of our health

care system. Much of this effort is being driven by regulations, requirements, and funding streams; however, each community has the opportunity to explore how to fulfill those regulations and requirements while making sustainable changes for the betterment of their community. Our challenge is to stay focused on the goal of population health and community health improvement.

There are a number of models that can inform how a community chooses to attack these goals. The key is to support these models with engagement in multisector partnerships, increased focus on socioeconomic issues, and openness to innovative initiatives that help shift our mental models of the system that will improve health. The opportunity is before us. **NCMJ**

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Acknowledgments

Potential conflicts of interest. G.H. has no relevant conflicts of interest.

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