



Social Impact Consultants

Discovering better ways  
to solve social problems

## Collective Impact in Health

A conversation with:

- *John Kania, Managing Director, FSG*
- *Karen Ordinans, Executive Director, Children's Health Alliance of Wisconsin*
- *Christy Reeves, Director, Blue Cross and Blue Shield of Louisiana Foundation*
- *Dr. Victoria Rogers, Director, Let's Go! (Maine)*

December 11, 2013

## Agenda for Today's Webinar



### **Opening Remarks and Overview of Collective Impact in Health**

- John Kania, FSG

### **Panel Discussion**

- Karen Ordinans, Executive Director, Children's Health Alliance of Wisconsin
- Christy Reeves, Director, Blue Cross and Blue Shield of Louisiana Foundation
- Dr. Victoria Rogers, Director, Let's Go! (Maine)

### **Audience Q&A**

### **Closing Comments**

- John Kania, FSG

***Tweet along using the hashtags #collectiveimpact and #health***

# Collective Impact Has Gained Momentum in the Social Sector as a Disciplined Approach to Solving Large-Scale Social Problems

## Field-Wide Interest in Collective Impact

- **FSG articles** have paved the way for CI:
  - Original CI article is **#1 most downloaded** on SSIR, even 1.5 years after publication
  - Subsequent CI articles downloaded **thousands of times**



- **Conferences:**
  - 2012: 300 attendees + **800 live-stream** participants from **35 countries**
  - Two **National backbone workshops** in 2013 with a total of **220 participants**

- **Social Media:**
  - More than **20,000 CI Blog** views in 2012
  - **Twitter:** Significant usage of CI hashtag

- **Webinars:**
  - Up to **500 practitioners** joining recent webinars on funder role, opportunity youth & emergence
- **Media Coverage:** 360+ references (print, blogs, online articles)
- **CI Initiatives:** FSG has been engaged to help **launch more than 25 CI initiatives** around the world
- **Speaking Engagements:** Hundreds around the world, including:



## Five Conditions for Collective Impact



**Common Agenda**



**Shared Measurement**



**Mutually Reinforcing Activities**



**Continuous Communication**



**Backbone Organization**

# The Healthcare Landscape is Changing Nationwide, Creating New Opportunities for Collective Impact to Improve Health

## Shifting Market Conditions for Providers and Payers

### Rewards for Producing Health, not Healthcare

- Increase in **value-based payment models**
- Hospitals will need to work with **new groups** as they are held accountable for health beyond the hospital

### Financial Pressures from Shifting Payer Mix

- **Decrease in commercially-insured patients** and increase in patients covered by Medicaid, Medicare, and exchanges
- Providers will need to deliver better care to support **decreased reimbursement**

### Changing Role of Community Benefit

- Decrease in the size of the uninsured population, making **charity care a less substantial component**
- Opportunities for non-profit hospitals to **demonstrate a new approaches**

## Shifting Funder Priorities

**Community Health**

**Preventing Unnecessary Acute Care**

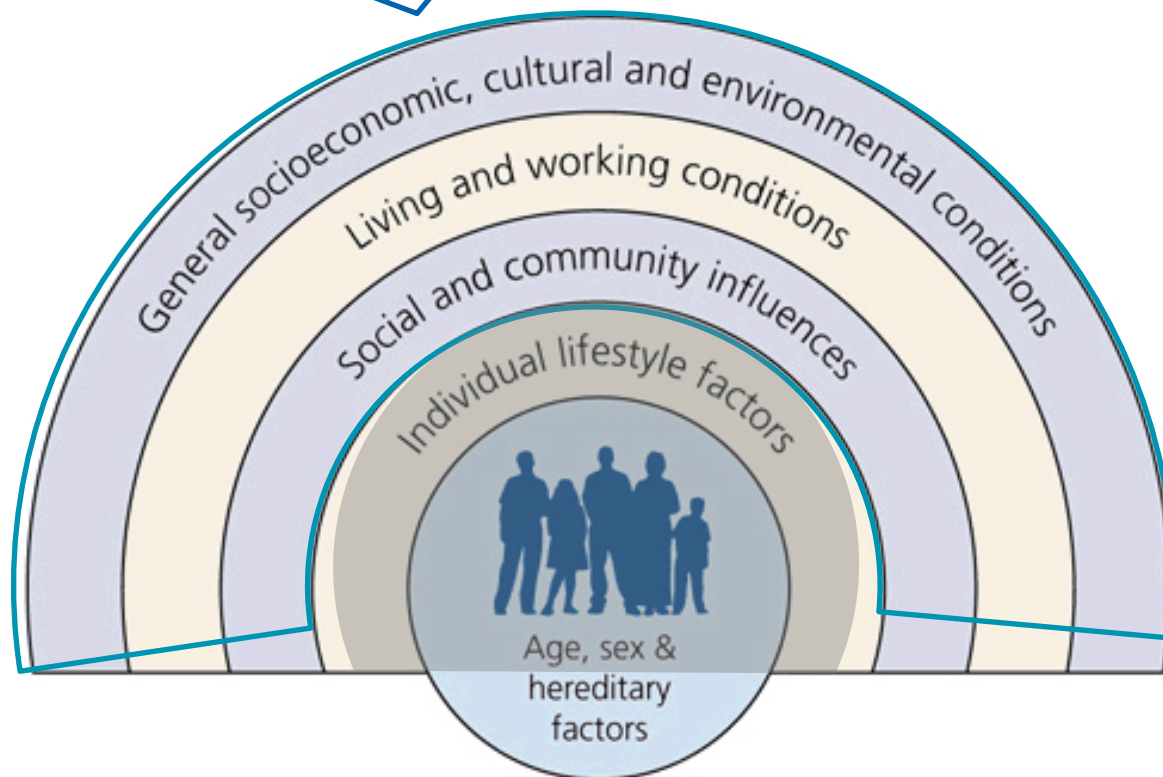
**Strengthening the Safety Net**

**Improving Accountable / Coordinated Care**

**Patient Engagement**

# Addressing Social Determinants of Health Upstream Requires Collaboration Between Diverse Actors

Collective Impact is a way that communities can organize themselves to improve system-level factors that influence social determinants of health



## Example Partners

- Public health departments
- Governments
- Doctors and hospitals
- Payers
- Non-profit organizations
- Pharmaceutical or medical device companies
- Employers
- Primary and secondary schools
- Medical professional associations
- Medical education providers
- Faith-based organizations
- Universities and researchers

# Collective Impact in Health: Unique Challenges

## Competition

Payers, providers, and others often compete for patients and funding. These are the same groups needed to create a common agenda.

→ *Partners can come together to define a problem and set a goal to solve that problem based on mutual benefits.*

## Sharing the Savings

Improved health leads to financial savings. Who accrues these savings, and how they are distributed, can be a source of tension among groups needed to align activities to achieve the common agenda.

→ *These issues can be addressed up front by inclusion of various players (e.g., payers, providers, government, pharmaceutical companies) in creating a common agenda that speaks to individual interests.*

## Patient Privacy

Patient privacy laws (i.e., HIPPA) can prevent partners from sharing data. This data is necessary to track progress, set strategies, and learn.

→ *Partners can share de-identified data, potentially via hospital councils or other data sharing entities*

## Panel Discussion



**Karen Ordinans,**  
Children's Health  
Alliance of  
Wisconsin



**Christy Reeves,**  
BCBS of  
Louisiana  
Foundation



**Dr. Victoria  
Rogers,**  
Let's Go! (Maine)





# Children's Health Alliance of Wisconsin



WISCONSIN  
**ASTHMA**  
COALITION

★ Children's Health  
Alliance of Wisconsin



**EMSC**  
Emergency Medical  
Services for Children

★ Children's Health  
Alliance of Wisconsin



Infant  
Death  
Center

★ Children's Health  
Alliance of Wisconsin



Keeping  
Kids Alive  
IN WISCONSIN

★ Children's Health  
Alliance of Wisconsin



WISCONSIN  
**Oral Health**  
COALITION

★ Children's Health  
Alliance of Wisconsin

Reach  
Out  
& Read®



WISCONSIN

★ Children's Health  
Alliance of Wisconsin

# Building collective impact

- WI Department of Health Services
- Local public health departments
- FQHC and free clinics
- Professional dental associations
- Private dental organization-Delta Dental
- School administrators

# Results: Wisconsin Seal-A-Smile

	2002	2012
SAS Funding	\$60,000	\$608,000
# of kids screened/sealed	3,919 / 2,918	34,157 / 21,640
# of sealants placed	10,701	79,792
# of schools served	102	613
% of Wisconsin 3 <sup>rd</sup> graders with untreated decay	31%	18%

## Our Response to Louisiana's Declining Health:



### *Challenge for a Healthier Louisiana*

- Innovative projects that address the **root causes of obesity** through integrated changes in policies, norms, practices, social supports, and the physical environment.
- Projects should
  - have **multiple-collaborators**,
  - address the **specific needs and settings of the community**
  - incorporate a variety of **obesity prevention efforts** across **multiple levels**
- Comprehensive **evaluation**

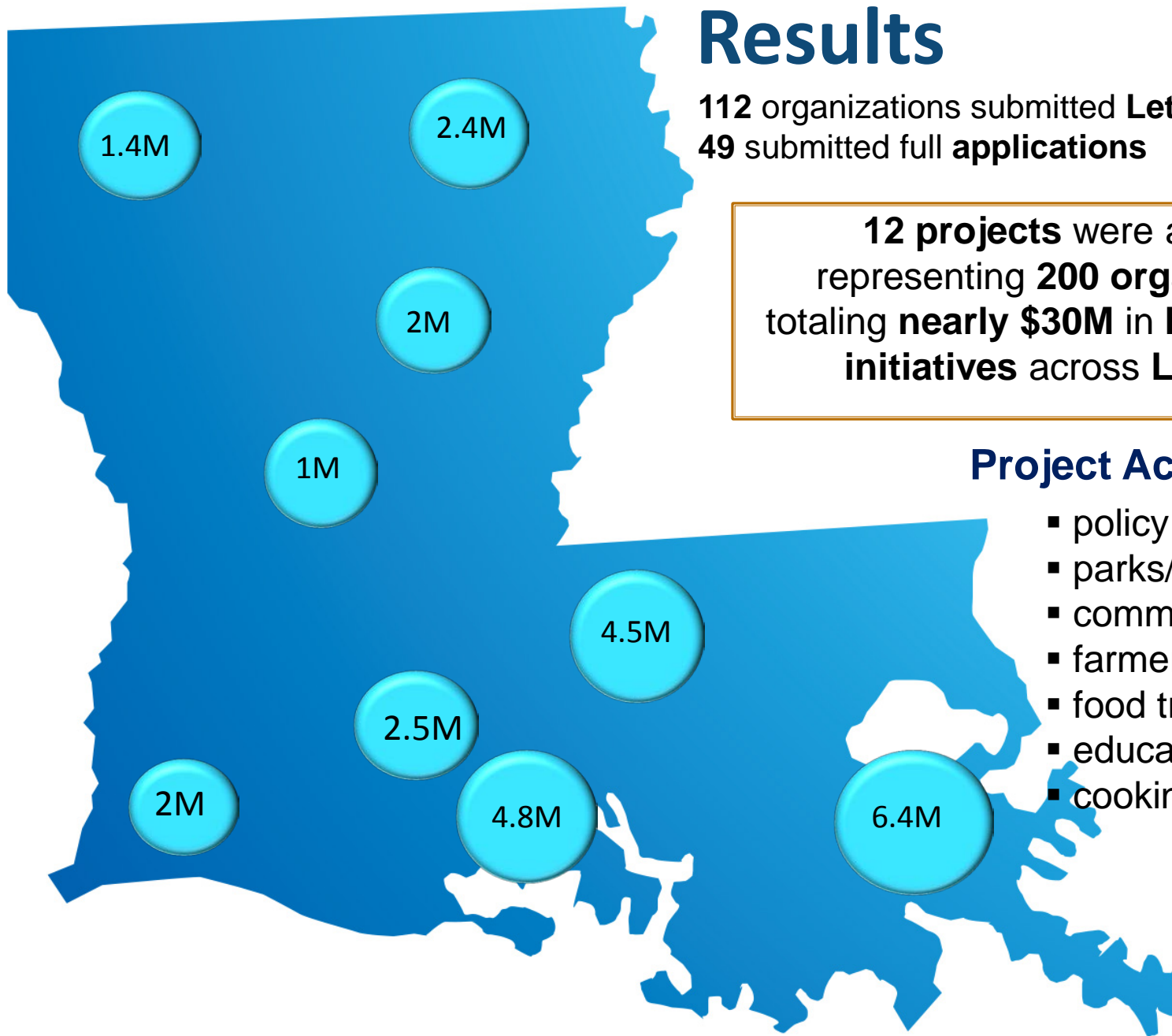
# Results

**112** organizations submitted **Letters of Intent**  
**49** submitted full **applications**

**12 projects** were awarded  
representing **200 organizations**  
totaling **nearly \$30M** in **healthy living**  
**initiatives** across **Louisiana**

## Project Activities:

- policy councils
- parks/recreational units
- community gardens
- farmers markets
- food trucks
- educational programs
- cooking classes



BLUE CROSS AND BLUE SHIELD OF  
**LOUISIANA**  
FOUNDATION  
AN INDEPENDENT LICENSEE OF THE BLUE CROSS AND BLUE SHIELD ASSOCIATION

# Let's Go! Collective Impact in Action



**Victoria W. Rogers, MD**

Barbara Bush Children's Hospital at Maine Medical Center

(207) 662-4982



# What has worked?



## Strategies for Success

1. Provide healthy choices for snacks and celebrations
2. Provide water and low fat milk, limit sugary drinks
3. Provide Non-food rewards
4. Provide opportunities for physical activity every day
5. Limit screen time

**5 2 1 0**  
Every Day!

- 5** or more fruits & vegetables
- 2** hours or less recreational screen time\*
- 1** hour or more of physical activity
- 0** sugary drinks, more water & low fat milk

\*Keep TV/Computer out of the bedroom. No screen time under the age of 2.





# ***What has been challenging?***

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- Words and Frameworks
- Letting go our of own work
- Accountability and credit
- Real and perceived barriers from grants

## Audience Q&A with Our Panel



**Karen Ordinans,**  
Children's Health  
Alliance of  
Wisconsin



**Christy Reeves,**  
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Louisiana  
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**Dr. Victoria  
Rogers,**  
Let's Go! (Maine)



**John Kania, FSG**  
*Moderator*

## Goals of the Collective Impact Forum:

Create the **knowledge, networks and tools** that **accelerate the adoption** and **increase the rigor** of collective impact

### Activities

- Develop a **field-wide digital forum** to create and disseminate effective knowledge, tools and practices that support collective impact
- Support **communities of practice**, convenings and other events across the country that enable practitioners and funders of collective impact to increase their effectiveness
  - The first two communities of practice are for **funders** of collective impact, and collective impact **backbone organizations**

### Partners



### Co-Catalysts



***Go here ([www.collectiveimpactforum.org](http://www.collectiveimpactforum.org)) to sign up for updates!***

# Thank You for Joining Today's Conversation!



Please fill in the brief electronic survey that you'll receive after today's event to share your feedback with us.

For more information on **Collective Impact** visit:

<http://www.fsg.org/OurApproach/CollectiveImpact.aspx>

Sign up for **Collective Impact Forum** updates:

<http://collectiveimpactforum.org>

To access the **recording** and to **download the slides** from today's webinar, visit <http://www.fsg.org/CollectiveImpactinHealth>