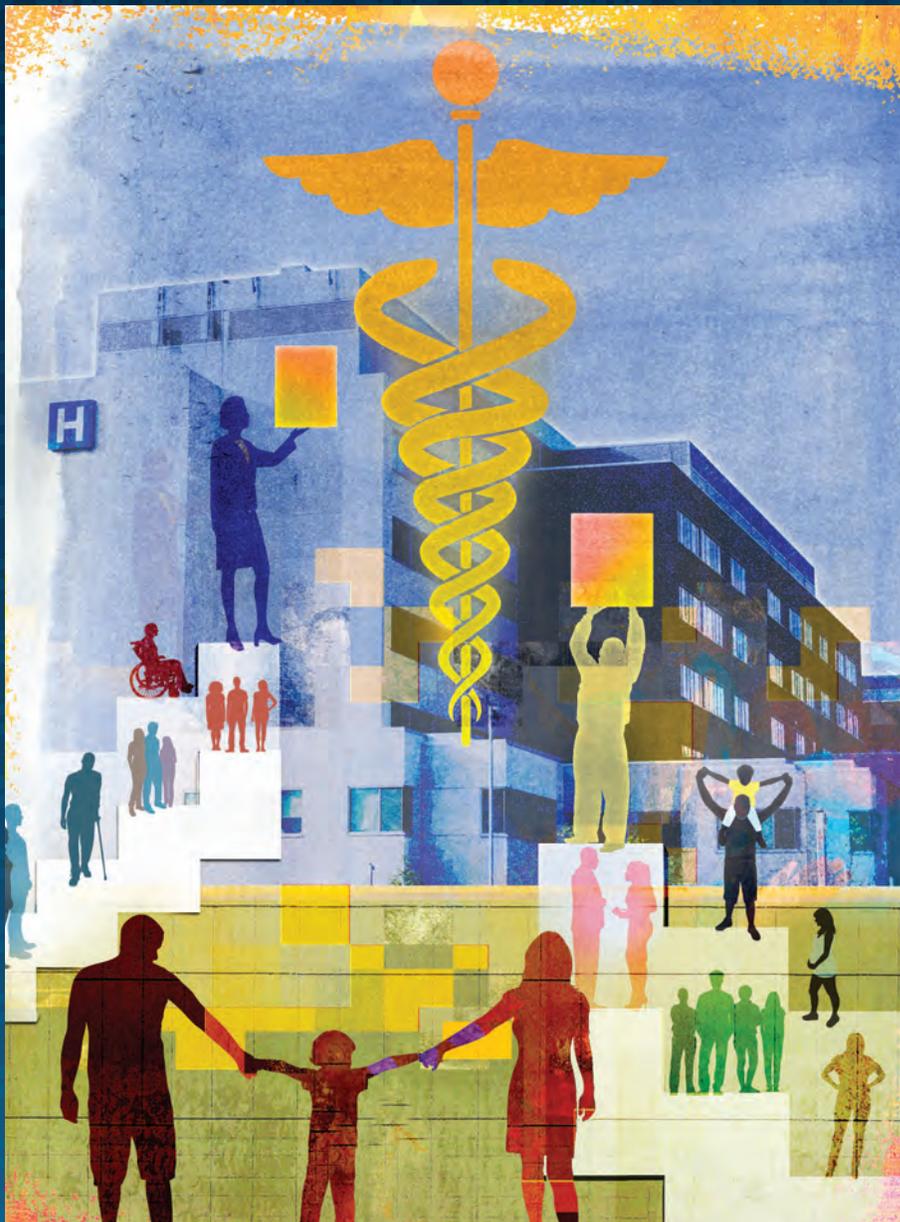


From Collaboration to Collective Impact

BATON ROUGE'S STORY



A Guide
for Group
or Personal
Reflection



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This *Health Progress* reflection guide provides a deeper dive into the article, “From Collaboration to Collective Impact: Baton Rouge’s Story,” by Coletta C. Barrett, which details a widespread community movement called HealthyBR. Initiated by the mayor of Baton Rouge and led by the CEOs of the area’s five competing hospitals—including Our Lady of the Lake Regional Medical Center—public, private, government and nonprofit organizations committed to collaborate on community health initiatives to make Louisiana’s East Baton Rouge Parish healthier, despite having no public health department. How has it worked? What are challenges? Could your community come together for such a task?

The pages that follow provide a reflection process to engage leaders around the central point the article makes. The process is designed to be used flexibly by individuals or groups as a reflection, as part of personal formation and as an exercise between in-person sessions for participants in senior leader formation programs. We hope that it will be useful to executives, managers, clinical and non-clinical associates, board members, sponsors, ethics committee members and others.

Suggested Reflection Process

1. Begin your reflection with prayer – one is provided.
2. Read the Executive Summary of the article.
3. Review the Questions for Reflection, noting their concepts, but not answering them yet.
4. Read the full article.
5. Return to the Questions for Reflection:
 - A. Review the questions after reading the entire article.
 - B. Take time to consider each question, jotting down any responses, considerations or questions that come to you.
 - C. If you are completing this as an individual, you might consider taking time to discuss your responses with a colleague – get her or his thoughts on the questions; see if the person agrees with your thoughts or has different viewpoints to offer. If you are discussing as part of a group, take your written notes with you to the meeting. For group use, it could be helpful to assign the reading and then convene either by phone or in person for group discussion.
6. Close with prayer – a concluding reflection is provided.

As you use this guide, please let CHA know if it is useful in your ongoing formation, as well as any changes, suggestions or insights that you would like to share. It is a resource for the ministry, and we want it to best suit your needs. To share comments, please contact Mary Ann Steiner, editor, *Health Progress*, at masteiner@chausa.org.

Opening Prayer

Call to Prayer

Scripture speaks to us of a God who goes out, a God who sends, a God who tears down walls and endlessly pours love over the world. Made in this image and likeness, we are sent to heal, sent to serve and sent to love.

Reading 1: Fall of Jericho, *Joshua 6:15-16, 20*

On the seventh day, beginning at daybreak, they marched around the city seven times in the same manner; on that day only did they march around the city seven times. The seventh time around, the priests blew the horns and Joshua said to the people, "Now shout, for the Lord has given you the city. As the horns blew, the people began to shout. When they heard the signal horn, they raised a tremendous shout. The wall collapsed, and the people stormed the city in a frontal attack and took it.

Reading 2: Field Hospital, *Pope Francis*

The thing the church needs most today is the ability to heal wounds and to warm the hearts of the faithful; it needs nearness, proximity. I see the church as a field hospital after battle. It is useless to ask a seriously injured person if he has high cholesterol and about the level of his blood sugars! You have to heal his wounds. Then we can talk about everything else. Heal the wounds, heal the wounds.

Reflection: Fortress or Field Hospital?

Jericho was a fortress. A city with not one, but two, fortified walls protecting it from outsiders. Four stories tall with residences built within them, the walls of Jericho were known for their strength. The walls, all built by human hand, spoke of security and power and privilege. Yet the blast of a trumpet, shouts from nomadic raiders and the power of God felled the walls in an instant.

Have we built ourselves a Jericho? Have we built a fortress of our health systems, witnesses to our own knowledge, skill, power and prestige? High in our medical towers are we able to hear the trumpet blasts and shouts of those who need us? Pope Francis speaks of the church as a field hospital to minister to the wounded with nearness and proximity. As a ministry of the church, we are sent beyond the walls to tend the wounds we find on the margins.

In the company of those who have gone before us, let us pray for the courage and innovation to tear down the walls that keep so many from health care.

Litany (Feel free to include your own wisdom figures, founders and foundresses.)

Please respond, *Pray for us*.

- St. Damien of Molokai, who lived among, cared for and died with the lepers of Hawaii, *pray for us*.
- St. Martin de Porres, who cared for all regardless of race or class, *pray for us*.
- St. Teresa of Calcutta, who tended to the dying poor, *pray for us*.
- St. Elizabeth of Hungary, who shared her wealth with the sick and suffering, *pray for us*.

Closing Prayer [All]

Loving God, send us as you sent your Son, as you send holy men and women in every age. Inspire and sustain us to tear down the walls that keep health care a privilege of the few and not a right of the many. As Jesus healed in homes, on street corners and in the field, send us to the sick, suffering and brokenhearted wherever we find them. Amen.

Executive Summary

East Baton Rouge Parish in Louisiana has no public health department. In 2008, the mayor commissioned a group of local organizations and others to identify ways to make the community healthier. The result was a widespread community movement called HealthyBR, led by CEOs of the area's five competing hospitals, public, private, government and nonprofit organizations committed to collaboration on community health initiatives.

By 2014, HealthyBR undertook the task to jointly produce the community health needs assessments and implementation plan, which the Internal Revenue Service requires the five local hospitals to file. By working together on the CHNAs, the HealthyBR team reasoned, the hospitals would get best use of their resources and create an efficient plan for addressing four of the community's health needs as priorities: HIV/AIDS, obesity, mental health and overuse of the emergency department. Now in its second CHNA and implementation plan cycle, the group will additionally focus on measures of success related to social determinants and ZIP code disparities.

Having the Baton Rouge mayor's office as the convener brought all five hospitals to the table, insuring that no one institution dominated the work — critical for establishing trust. Shared accountability resulted in shared ownership and collective commitment to continue the work.

Questions for Reflection

Coletta Barrett describes the participants and process in a citywide initiative to improve the health of the community of Baton Rouge, Louisiana. Originated by the city government, the Mayor's Healthy City Initiative included participation of public, private and nonprofit organizations, in addition to the five competing hospitals in the area.

1. What collaborative efforts – for example, Community Health Needs Assessments and impact plan, addressing social determinants of health and disparity of care – does your ministry engage in with other, perhaps competing, health systems in the area? Do you think there is a credible and objective person, agency or organization that could organize such an effort as the mayor's office in Baton Rouge did?
2. What are the successes and/or barriers of these collaborative efforts when it comes to their impact on community health?
3. What advantages and disadvantages do you see in collaboration among competing hospitals and health care systems?
4. Barrett writes that an attitude of collaboration should lead to a commitment to improved outcomes. She lists the key elements for achieving those outcomes as common agenda, common measures of progress, mutually reinforcing activities, frequent and direct communication, and a backbone organization. Do you think these key elements are realistic? Do you think they are sufficient?

From Collaboration to Collective Impact

Baton Rouge's Story

COLETTA C. BARRETT, RN, FACHE

East Baton Rouge Parish, home of Louisiana's state capital, has more than 440,000 citizens, two universities and a robust community college system.¹ There are five acute care hospitals located in the parish, but no local public health department.

In 2008, the mayor of Baton Rouge commissioned a group to identify ways of making the community healthier. More than 70 local organizations and others got together in the Mayor's Healthy City Initiative to work toward addressing four specific community health challenges: obesity, overuse of hospital emergency departments, mental and behavioral health, and HIV/sexually transmitted infections. "HealthyBR" became the name of a widespread community movement.

In 2010, HealthyBR became a 501(c)(3) not-for-profit under the direction of the Mayor's Healthy City Initiative. This structural change solidified broad-based leadership for HealthyBR that included the CEOs of the area's five competing hospitals, as well as the CEOs of public, private, government and nonprofit organizations committed to collaboration on community health initiatives.²

With the passage that year of the Affordable Care Act, attention turned to the five local competing hospitals — Baton Rouge General Medical Center, Lane Regional Medical Center, Ochsner Medical Center-Baton Rouge, Our Lady of the Lake Regional Medical Center and Woman's Hospital. The new law required them to conduct community health needs assessments and formulate plans to address those health needs. The process repeats at least every three years, and each new cycle also calls for a progress report on meeting previous goals.

The HealthyBR leadership saw that the five area hospitals could make better use of their resources and be more effective if they worked together on the CHNAs. Using collaboration as a framework, the hospitals met on a routine basis to report on progress.

Sharing the common goal of improving health in the community was a step in the right direction, but there was great variation in what the hospitals measured and reported, and each institution implemented its own plan to reach the goal.³

MORE FOCUS ON IMPACT

By 2014, it became evident that the collaborative model needed to adjust its focus more on impact. The Mayor's Healthy City Initiative board asked the hospitals to undertake a joint CHNA and implementation plan. To that end, HealthyBR adopted the Collective Impact framework — described in the *Stanford Social Innovation Review*⁴ — for the 2015 CHNA cycle. The jointly produced assessment and implementation plan spotlighted four of the community's health needs as priorities: obesity, HIV/AIDS, mental health and overuse of the emergency department.⁵

The Mayor's Healthy City Initiative board and the HealthyBR teams shared a vision of a healthier community, but just as the hospitals' collaborative model had to change, HealthyBR's structure needed adjustment, too. HealthyBR's mission



was to communicate, collaborate and coordinate efforts to impact the community's health, and everyone brought his or her own beliefs and ideas regarding the specific goals. Now, the HealthyBR members would agree as a group on mutually reinforcing activities, and they aligned their metrics for reporting progress — a crucial step. Also, the Mayor's office agreed to provide staffing for the Mayor's Healthy City Initiative, which was essential to the work's sustainability.

THE COLLECTIVE IMPACT FRAMEWORK

For the members of HealthyBR, making the mind shift from collaboration to collective impact was as challenging as it was rewarding. Achieving goals and making progress energized the team to continue the hard work of large-scale social change. The key elements were:

Common Agenda

Each HealthyBR member had a voice and vote in identifying top priorities and significant community health needs. This approach assured each institution of meeting its business case as well as community commitment aspirations. Meetings with the hospital CEOs prior to the launch of the 2018 CHNA process meant each organization would commit to looking at the issues through a social determinants of health lens as well as a ZIP code disparity lens. Securing commitment to strategies of local and inclusive hiring, purchasing and investment was critical to having further clarity around implementation strategies.

Common Progress Measures

The IRS rules for the CHNA require that progress toward goals set in the previous CHNA be addressed when producing the next community assessment. It is therefore important for participants in the CHNA process to align their community health improvement plan with the necessary steps to collect information they have agreed to measure for reporting purposes. Each organization collects data and reports that data on a quarterly basis. The community health improvement plan is updated and posted on the HealthyBR website for the community to see.⁸

Mutually Reinforcing Activities

In 2015, to address the issue of overuse of the emergency departments, a communitywide effort to support the Triple Aim's "right care, at the right place, at the right time" was adopted. All institutions communicated this message about appropriate access through their normal distribution channels. Others developed urgent care centers. Many expanded primary care offerings and expanded hours to augment access. Hospitals across the community initiated case management efforts. Their success inspired the team to celebrate the accomplishments of lowering avoidable hospital days from 46 to 33, decreasing uninsured population from 18 percent to 12 percent after Medicaid expansion and achieving the community standard primary care physician to patient ratio of 1 to 1,100.

In 2016, Our Lady of the Lake Regional Medical Center was chosen by the Catholic Health Association and the Public Health Foundation to participate in the development and implementa-

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tion of a population health driver diagram project focusing on early identification of patients with HIV in Baton Rouge.

A driver diagram is a method of showing community stakeholders where and how they can collaborate on interventions to solve a large-scale health problem. The early HIV identification project was such a success that the HealthyBR team voted to use the same approach for all of the 2018 community health improvement plans. The evidence-based approach to program planning and implementation assists the HealthyBR team with a repeatable, reliable process across the community that supports achieving social change.

Communications

Each hospital's communications team engages with the CHNA in various ways: Our Lady of the

Lake Regional Medical Center provides guidance and alignment with the IRS regulations and reviews compliance; Woman's Hospital edits the document to give it one voice; Baton Rouge General's marketing team typesets the document, etc.

Communication arguably is the most significant element of social change, yet it is one of the most difficult to master. Continuous communication is vital to engaging the community as well as stakeholders in change initiatives.

For HealthyBR, using the project management "RACI" model (responsible, accountable, consulted and informed) to clarify roles helped identify the level of engagement needed and the areas of responsibility during multistakeholder communications planning. This process reduces confusion about expectations, increases efficiency and evenly distributes the workload. It also helps cut through the complexity of messaging and serves as a roadmap for large-scale social impact communications.

Backbone Organization

The mayor's office in Baton Rouge and the administrative staff assigned to the Mayor's Healthy City Initiative serve as the backbone organization re-

sponsible for the day-to-day management of the initiative. Having the mayor's office as the convener brought all five hospitals to the table, insuring that no one institution dominated the work. This was critical to establishing trust. Shared accountability resulted in shared ownership and collective commitment to continue the work.

For the 2018 CHNA and implementation plan, the Healthy City Initiative board identified the need to focus additionally on measures of success related to social determinants and ZIP code disparities. The work of addressing the top four health priorities lies with HealthyBR's MedBR Advisory Board, and the social determinants and disparity work will rest with the Mayor's Healthy City Initiative's board of directors. Having the authority to act, making decisions with respect to resources, convening other multisector stakeholders to address specific issues, and sharing information that may not necessarily be public are all expectations of the board.

PUTTING IT ALL TOGETHER

Building on the collaboration road map and driving toward collective impact, Baton Rouge's efforts through HealthyBR and the Mayor's Healthy

QUESTIONS FOR DISCUSSION

Coletta Barrett describes the participants and process in a citywide initiative to improve the health of the community of Baton Rouge, Louisiana. Originated by the city government, the Mayor's Healthy City Initiative included participation of public, private and nonprofit organizations, in addition to the five competing hospitals in the area.

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City Initiative are structured to achieve a healthier community.

Keeping volunteer leaders at the table can be a challenge, and it requires making and keeping the work meaningful and impactful. A quote from Henry Ford summarizes the journey of the Mayor’s Healthy City Initiative on the continuum from collaboration to collective impact: “Coming together is a beginning. Keeping together is progress. Working together is success.”

COLETTA C. BARRETT is vice president, mission, Our Lady of the Lake Regional Medical Center, Baton Rouge, Louisiana.

NOTES

1. United States Census Bureau, “QuickFacts: East Baton Rouge Parish,” website, www.census.gov/quickfacts/fact/table/eastbatonrougeparishlouisiana/PST045217.
2. HealthyBR, “Board of Directors,” website, www.healthybr.com/who-we-are/board-of-directors.
3. HealthyBR, “Community Health Needs Assessment,” website, www.healthybr.com/be-smart/community-health-needs-assessment.
4. John Kania and Mark Kramer, “Collective Impact,” *Stanford Social Innovation Review*, (Winter 2011) website, https://ssir.org/articles/entry/collective_impact.
5. *2015 Community Health Needs Assessment: East Baton Rouge Parish*, www.healthybr.com/assets/uploads/docs/CHNA.FINAL.6.24.16.pdf.
6. *Community Implementation Strategy*, download from link on www.healthybr.com/be-smart/community-health-needs-assessment/ www.healthybr.com.

Closing Prayer

Thank you, Lord, for your presence with us this day. As we depart from this space now, we ask you to bless us throughout the remainder of the day and guide us safely home. Do not let the learning and conversations of this gathering die, but, instead, may they continue to ruminate within us and bear fruit in our ministries throughout the year, until we find ourselves together again. We ask this in the name of Jesus and in the power of the Holy Spirit, Amen.



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