Dialogue4Health Web Forum

Partnering to Catalyze Comprehensive Community Wellness
Tuesday, November 27, 2018

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>> Laura Burr: Welcome to today's Dialogue4Health web forum Partnering to Catalyze Comprehensive Community Wellness. We thank RESOLVE, the Health Care Transformation Task Force and the Roberta wood Johnson Foundation for sponsoring this event. My name is Laura Burr. I will be running today's web forum with my colleague, Kathy Piazza.
And now it is my pleasure to introduce the moderator for today, Abby Dilley. Abby is a Senior Mediator and Vice-president of Program Development at RESOLVE. She has over 22 years of experience in facilitation and mediation, scientifically complex and highly controversial public policy issues in the areas of public health, natural resources, conservation, agriculture, and biotechnology.
She is the lead facilitator of the Public Health Leadership Forum, a platform which in addition to this framework has produced frameworks on Foundational Public Health Services and Capabilities, Visions for High Achieving Health Departments, and the role of DHHS as our nation's Chief Health Strategist.
Welcome to Dialogue4Health, Abby. Thanks so much for joining.
>> Abby Dilley: Laura, thank you. This is Abby Dilley. I want to say thanks to all of you who joined us on this web forum today. I'm going to just speak briefly about how this effort was launched an introduce the panelists today. All of whom participated in this effort to create the framework we will discuss today partnering to catalyze comprehensive community wellness.
This effort was launched as a result of growing recognition among health professionals in many sectors that to improve health outcomes for all people, interdisciplinary and cross sector approach was needed. No one sector or system could make the biggest strides in health improvements, healthcare, public health or social services independently.
What started as an effort to bring together healthcare and public health leaders and practitioners to develop a common language and principles of collaboration became a more ambitious proactive effort able to draw upon efforts already happening across the country and to propose a framework to catalyze and support collaborative efforts and call to action which we'll talk about today.
The framework itself was developed through a partnership between the healthcare transformation task force and the Public Health Leadership Forum. The healthcare transformation trust fund is a nonprofit industry Consortium bringing together patients, providers, payers and purchasers to align public and private sector efforts on value. They foster shared learning and shaping operational and public policies that support that effort.

The Public Health Leadership Forum, directed by RESOLVE, which is my organization, is a cross-section of practitioners and leaders along with other stakeholders developing frameworks and tools and visions for public health leadership in an ever-transforming health system.
Our panelists today as I mentioned all participated in this effort. We have John Wiesman, Dr. John Wiesman, Secretary of Health for Washington State and also the recent Past President of AASTO. We have Georgia Heise, Director of Three-Rivers Health Department in Kentucky. We also have Bellinda Schoof, Director of Health of the American Academy of Family Physicians.
I'm going to now turn to John to get us started and digging more deeply into this report and the framework itself. John?
>> John Wiesman: Great, Abby. Thank you so much for that introduction. Good day, everyone. Thank you for joining us today. I'm John Wiesman. I want to start with a confession. For much of my career I believed that public health and healthcare could operate in separate worlds, that really our missions were fundamentally different and our work didn't have much in common. One of us was treating the sick and the other one was preventing disease.
When I came to better understand what creates health and the conditions for all people to achieve their highest possible level of health I understood that it requires things like access to safe housing, food, a good education, a home environment that lets kids know that they are loved and cared for with people who can actually provide that, jobs that provide stable living wages, access to preventive and illness care, safe neighborhoods where we can live, learn, work, play, and worship, and so on.
Really, basically I came to understand that we in the U.S. have too heavy a distinction and lack of coordination between organizations and agencies that have critical roles in promoting and protecting people's health including healthcare, public health, human services, social services and community-based organizations. Really that public health, healthcare, social and human service organizations and other community-based organizations have complementary skill sets and capacities that can be and frankly must be coordinated to improve the quality and accessibility of health services, programs, and interventions to truly allow all people to achieve their highest possible level of health.
The first thing that we did as part of this project was articulate a vision of a high functioning, inclusive approach to promoting health. And we called it comprehensive community wellness. As this slide says, it is an approach that values an supports all people achieving their highest possible levels of health by simultaneously addressing all determinants of health. Those things that I learned as I said in my confession were so important. So healthcare professionals, public health, social services and community-based organizations must partner to address acute and chronic injury and illness in the upstream environmental factors, community than cans and barriers to care that contribute to poor health outcomes in the first place.
Really the only way to achieve this vision is by transforming our way, which is often siloed as our health systems interact.
Next slide, please. Now we recognize that this really isn't a novel idea and that there are already a great number of forces including organizational and governmental policy shifts, the proliferation of new models and payment systems, evolving public health paradigms, public pressure, national spending on healthcare that really are driving change and highlighting the need for enhanced coordination between our healthcare systems.

We also know that effective public health and healthcare partnerships and collaborative programs already exist in many communities across the country, indeed the framework really draws on examples from them and are informed by those.
The framework aims to capitalize on this momentum and help turn cross sector collaboration, currently the case example, into the norm for achieving comprehensive communities wellness.
We know that comprehensive community wellness must include a full complement of actors working to improve community health, including community-based organizations, human and social services, other community partners like schools, employers, housing authorities and transportation.
However, in this framework and the associated paper we focus primarily on partnerships between public health and healthcare, partly because that's where we have the expertise, but also because as major pillars in the universe of health-related actors we believe strong partnerships between public health and healthcare can serve as a foundation and catalyst for building that larger or bit of other players.
But we are very clear that such partnerships are an important step but by no means the last or only step. This is really just a part of a puzzle, a much larger puzzle. Indeed in some communities public health and healthcare may not even necessarily be best poised to lead.
Though not the angle of this paper we believe many of the elements of collaboration described in this framework can apply to forming partnerships across other sectors as well.
So the framework that you see in this slide is meant to be a practical reference to facilitate the building of partnerships between governmental public health and healthcare systems. It outlines essential elements of collaboration and key questions to address when beginning or reshaping such relationships. It draws on lessons from those already working to achieve such partnerships and including communities across the U.S. from Washington, Idaho, Iowa, Maryland, Oregon and Michigan.
The framework provides a base approach for successful partnership building and is meant to be adapted to community circumstances and contexts. It assumes that partnerships will be actualized differently depending on unique aspects of locality. For example, rural, urban, existing coalitions, existing partnerships or demonstrations, and so forth.
It is broken down as you can see into core elements with specific strategies under each element. It looks like a lot here, I know. We are going to go through each piece. In a moment each of my fellow presenters are going to do that.
Next I would like to turn it over to my colleague, Dr. Georgia Heise to talk about a poll and move into the framework.
> Georgia Heise: Do you currently support or are you part of across sector collaboration focused on improving health? The choices are yes or no. It should pop up on the right side of your screen so that you can answer the question and submit your answer.
(Pause.)
>> Kathy Piazza: I am going to close the poll in about ten seconds. Please continue to answer the poll and hit the submit button as soon as you are done. That looks great. I'm going to go ahead and close the poll now. I'll share the results with you, Georgia. There you go.
> Georgia Heise: It looks like 88 percent are involved in this work and 9 percent of you are looking to learn more about it. I hope we are able to help you with that.
Let me apologize for having an upper respiratory problem. I might sound even odder than I usually do with my Appalachian accent.
I want to talk about the first three elements of the framework if we can go to that slide.

We have five elements total but I am going to talk about the first three. The governance structure is very important because it determines what it is that you are going to do and who is going to be accountable for that.
You also have to determine who your stakeholders are going to be, what your mission is going to be, who is going to do what things, what the different objectives are going to be, who has roles an responsibilities.
Our paper speaks of work that is done in each of these elements. And this particular governance structure example was from Idaho. I'm going to talk about one that is ongoing in Kentucky, just that's not in the paper but it is near and dear to my heart. I'm going to talk about that. I'll also direct you to the paper to learn more about the examples that are happening that we did a little research on. So for example, in Idaho with one of the SIM grants, state innovation, they use that money to form regional collaboratives. They had a different governance structure. That is how they addressed that.
Let's go to the next slide, please. Okay. So the financing plan is the second element. It is very important to know what you are going to do, but it is hard to do it without the money. Initial case must be made to secure funding. So you have to be able to sell your plan to those with the money that will help you pay for it. Also the initial startup has to be accounted for, but long-term sustainability, we've all been part of programs where we had initial startup funding and then it wept away because we lost the money. In addition to the long-term sustainability, we also have to have a way to reinvest. Ideally we would want to get savings from what we were doing to be able to put back into the program. We all know that preventing our issues is much more economical than trying to fix them after we let them happen.
The case study in the paper for the finance plan is in Jackson County, Michigan, where the public health system there, the local healthcare system and other community organizes went together to form a health improvement organization.
Let's go to the next slide, please. So cross-sector prevention moles. Here is where we talk about what it is we are going to do after we determine who is going to oversee it and hold us accountable, where we are going to get the money with the financing. Then we are going to look at, what is it that we are going to do? I would like to point out, of these five elements, they may happen or come about in any order. Maybe some of them are already in place. So you don't have to go one, two, three. They could just materialize in a different pattern than that. But the cross-sector prevention model, this is probably the most important thing of all in terms of what is it we are going to do. Who is going to be accountable for it, what are we going to do differently than what is already being done already and why are we going to do something differently? Example in our paper is a North Carolina, their nonprofit that was physician-led, caring for Medicaid recipients, partnered with the North Carolina Department of Health and Human Services to improve birth outcomes and basically be stewards of the public funds and work on that particular outcome. That was their cross-sector prevention model. I mentioned that I wanted to talk about something that is going on in Kentucky related to these three elements. And it was driven by Kentucky's poor health status initially. Then we got a real catalyst by a retirement liability that all entities, whether local government or state government, are going to have to rebuild our retirement system. It is going to be a very costly endeavor. We have to find a different way to finance all of our governmental entities that pay into that system. So the health departments are a huge element. That's going to cost us a lot of money.
So with that staring us down, we had to figure out a different way to finance public health. So we had to come up with the finance plan. That's our financing element, which we did based on a

lot of work on how much it costs to do the foundational capabilities that play into a comprehensive public health system, which is what we want here. A wellness, a community wellness system. So we did a lot of work incoming up with that and how much it would be. Now we have to determine who is going to be the governance body for that. And we are still working on that. It will be either a state, centralized system or a local decentralized system or a shared model. We are still working on that. It is leaning towards it is going to be state government.

The cross-sector prevention that is going to work in there is between the health departments and the federally qualified health centers. The health centers will be providing the clinical services and taking over some of the federal grants that Kentucky currently runs through the health departments. They will be doing the clinical aspect of care and opening the health departments up to being the conveners of the other community entities that can be a part of our wellness model.

And that partnership is moving along really, really well. We have spent a lot of time talking about how we are going to do things differently as the model helps us figure out here who is going to do what and how we are going to get it done, how it is different from what we are currently doing. We are much farther along with the financing and the cross sec tomorrow model than we are with the government piece. I don't know how it always plays, but in Kentucky that's how it is working for us.

The other two, I'm going to turn it over to Bellinda in a minute but the elements she is going to talk about, we are working on those as well. This framework came about at a time that was perfect for Kentucky statewide for us to address our health status and our financial issues by applying this framework. So I'm very grateful for it. And it is working. So I'm happy to pass that along too.

So with that I will turn it over to Bellinda.

>> Bellinda Schoof: Thank you, Georgia. I am going to be sharing some information about data-sharing strategies as well as performance measures and evaluation. So the overarching aim of this comprehensive community wellness framework is to catalyze and facilitate working relationships between the public health and healthcare centers, these plus community organizations intentionally build partnerships to address the health needs in their communities. Hhaving additional concrete examples might help. I think these can either be small or huge system changes. And two examples that I can think of that really bring public health and healthcare together, if you think about many community health assessments, there may be challenges with asthma in our communities. Kids in school who are missing many school days due to that. Healthcare providers, clinic providers who are really frustrated with sending kids home from either the emergency room or their own practice and feeling like their asthma is not well managed.

In many communities they put together these partnerships, collaborations between healthcare and public health around a healthy homes approach to addressing asthma, where folks bring together healthcare, public health, looking at the data to understand how big of an issue asthma is and where it is not well managed, maybe which communities or sectors might have a bigger problem. Hotspotting, for example, in communities that might have low income and poorer housing stock. Coming together really and following these elements of collaboration, putting together a structure of how they see this working in terms of what their goals are, formalizing it, what the roles are, figuring out how they are going to finance that, maybe with some community benefit funding from the hospitals and the health department may be putting in some funding for initial

capital to get things up and running and put together this community clinical linkages approach of looking at asthma triggers in a home, helping people identify what those triggers are and get things like vacuum cleaners and dust mite protective pillow covers, that kind of thing.
You can make it really concrete based on a particular issue that you are having in your community and fairly, I'll call that fairly small, to then the whole sort of systems change piece. Here necessity Washington state we have been lucky enough to have one of the state innovation models grant and Medicaid demonstration project. We are really transforming our whole health system and have developed accountable communities of health which are regional partnerships with healthcare, public health, and it goes beyond that with education and social service folks who are looking at how they improve health in their communities and bringing together these structures in a way, in a transformed health system that is paying for services differently and trying to address things like opioids, for example, and integrating behavioral health and primary care as required elements. So that's a really large system change with a lot of dollars going into this. It gives you an example of how you can use, I think, this model for really different sort of levels of project, I guess I would say. I'm happy to talk about anything more about that as we go along. But to start some of the thinking, I wanted to give some examples of how this might be used as well.
> Georgia Heise: Kentucky, what Kentucky is endeavoring to do is what you are talking about, John, in terms of an overall systems change. I could while we are waiting on Bellinda, touch on the other two elements of the framework and apply it to the Kentucky transformation, which Washington State has already made many, lots and lots of progress on. All of us are looking to you for guidance.
The data sharing strategy, that is another piece of this. We are working on, obviously, the more partners we have, it is imperative that we have a platform that works with everybody's technology and that we have all the agreements in place that we are allowed to share data and that we are doing everything that needs to be done under HIPAA.
Also those patient information that we have, we have to make sure those folks know who all is going to have access to their data. There has to be interoperability so that we have access to that data when we need it. We are working on that. That's a pretty costly -- very important but a big element of our finance plan.
That's the data sharing piece just with what is going on in Kentucky. The performance measure and evaluation piece, we have chosen most importantly our health status. Are we making a difference as our performance measurement. But we are using accreditation standards as holding our health departments and our systems accountable for the things that are happening in the community, whereas before we did a lot of widget counting in Kentucky in terms of are the health departments doing thus and such. And we would count how many services they did or that kind of thing but not necessarily the quality of the things that were happening or the impact they were having on the health status. So our new performance measurement and evaluation piece is directly related to the quality of our partnerships and are we making a difference.
So I can't emphasize enough how wealth framework -- it's very flexible, but it works really well if you follow the guidelines under each of the elements. It is working really well for Kentucky. Not to say that any of this is easy to do, but it is very important work. I'm happy that we have a framework that can help us through it.
>> Bellinda Schoof: Hi, Georgia. This is Bellinda. I'm back on. For some reason I got bumped off. Thank you to you and John. On the data sharing agreements I wanted to ensure that everyone understands the importance as was indicated by Georgia, of having the agreements in

place and being able to share measurement information back and forth between the two systems of healthcare and public health. So I think the main issue is due to the current HIPAA rules and regulations there are challenges for sharing that type of information between the healthcare community and community partners, but I think working together and making sure that those are addressed up front is going to help to ensure that you've got a successful way to share that type of information.

Don't forget that you also have the patient to involve in this process as well. They can authorize sharing some of that information back and forth.

An example that is highlighted in the framework is some of the work that the Oklahoma accountable health community, their route 66 program has done. You can go online and see some of the work that they are doing in developing some efforts regarding the work between the Oklahoma City, county and Tulsa Health Departments. They are engaging more than 200 services and organizations across Oklahoma. And what they've done in the data sharing, they are screening, they've highlighted five key areas to screen patients for, including housing insecurity, food insecurity, utility, interpersonal violence and transportation and they are utilizing navigators who are at the health departments to help connect patients to those services.

They developed a network called a My Health Access Network which is the Blue Jean organization that bridges some of the social community needs data through the screenings with some of the health data. I encourage you to look at some of the thing that they've done. They just got a grant that they have and they just started a lot of their work in May of 2018. So they are early on in the process. They are seeing some good success.

On the performance measurements and the evaluation piece, that's if you don't have a plan, you really don't know if you are going to succeed. The overall impact of your efforts and the interventions you identified need to be evaluated. In order to do that you have to understand what are those indicators. Georgia and John highlighted some of the best practices that they use, but in essence you want to look at whether they have a mutual understanding between the healthcare sector, the public health organizations and any of the community organizations. What types of indicators you want to look at. That is going to help to form your evaluation plan.

And as with any evaluation plan you want to try to look at data that can serve dual purposes that could help with those measures. I know some of the work that is being done at the Delaware County, they look at specifically smoking cessation. They can get the data easily out of the different data banks. We might want to start with something that is easier before trying something that is hard.

I think getting as close to possible to get realtime feedback to support the implementers. Those people who are implementing your program at the front lines, they need to know what is working, what is not working so that you can make some changes fairly rapidly instead of waiting for six months or a year when you get an evaluation done.

So as example that is highlighted in the framework is some of the work with the Medicare health tracker. And what they've done is they've developed community dashboards where you can go online and you can put in your zip code and you can identify different types of health and wellness indicators in your community against state averages or county values. It can give you some target goals.

What is really interesting about what they've done, they also look at it from a disparities lens. You can have a disparities dashboard. You can have the comparison dashboard that compares what you are doing against some of the other benchmarks.

So I would highly encourage you to look at the Delaware health tracker and see what they've done related to some of the performance measurements and evaluations. I think that will really help.
The feedback loops is important. Not only from the front line implementers, but it is also important to get feedback from the people that you serve. So the patients and others in the communities to find out are your interventions working and is it making a difference with the outcomes that you've identified.
That was highlighted. The data strategy, performance measurement and evaluation. I want to give a call-out to all of you on the phone to join us. We are committing to forging the partnerships necessary for people to realize their healthiest possible lives. In order to do that it takes a lot of stakeholders at the table. Everyone from the healthcare sector, public health, community resources and the patients themselves.
So getting that lens together, it really makes a difference. That's where we can realize the greatest potential for better health outcomes.
With that I'm going to hand this back to Abby for any questions.
>> Abby Dilley: Thanks, Bellinda. I'm glad you persevered and were able to overcome technological challenges and join us again and give an excellent presentation, for all the panelists, thank you so much.
We have a couple of questions. We encourage people to use that feature on your screen. You can submit some questions to the panelists. One of the questions that we have is whether anyone, any of the panelists are aware of an example where the Chamber of Commerce was engaged. I think they asked particularly about being a lead agency for a cross-sector role. If anyone is aware of working with the Chamber in any of the communities as part of this collaboration.
I don't know if any of our panelists are. If others on the phone are aware of examples along those lines where the Chamber was involved, you can also enter that into the question box. We can convey that.
Personally I'm not aware of any example specifically with the Chamber of Commerce, but others may be.
Another question is what strategies are being used to involve individuals with lived experience in this framework. And I think, I can imagine having this part of that in all elements of the framework. I think possibly starting with governance and identifying who the stakeholders are is one way. And Bellinda also referenced involvement of individuals at the patient level, but I think also others with lived experience in the framework, if any of the panelists wanted to comment on some examples, excellent examples that you already identified or other ones where strategies to engage individuals with lived experience is prominent.
> Georgia Heise: I can speak to the Chamber a little bit Kentucky State Chamber of Commerce has been an excellent partner in doing a lot of research or having it done, paying to have it done related to the costs of some of the health issues in Kentucky and what they have cost us.
And in terms of bringing new businesses to Kentucky and just down time for businesses related to employees, whether it is due to things related to smoking or the opioid issues that we are having, that kind of thing.
They also host our legislators every year in a statewide -- well, there's probably 5,000 people that attend, where they have an interaction with their legislators speaking to the bills that are coming out that year, the ones that speak specifically to changes that would help with the costs of our health status related to our economy in Kentucky. So they are a really good partner.

>> John Wiesman: I would just again reinforce the lived experience. I think that's really important and adds a whole lot of value. Like the example I shared around asthma, having some families who have experienced asthma as a challenge and who come from different socioeconomic statuses is a helpful thing. And really, it gets key, as Abby was saying, to the governance piece. You have to involve folks from the very beginning and part of that is bringing them in at the beginning around goals, around what the project is trying to achieve, and how it is governed. I want to reinforce sort of the, I think underlying piece of that question which is how important the lived experience is.
>> Abby Dilley: Thanks. Another question to the panelists. If there are any, in some of the examples you've highlighted or other examples you could elaborate more on interest immediate yacht and long-term outcome measures that have either established or looking at some of the SIM funding and efforts that have been underway and what measures that they have been using.
>> John Wiesman: So using the asthma example again, some kind of measures can be looking at lost school days, admissions to hospitals for asthma episodes or the need for the use of rescue inhalers.
I think this is the piece where folks have to come down together and say what is most important and what is it we are really trying to change.
If you look at things like accountable communities of health across the country, many of those projects have large core measurements that are being examined for things like immunization rates or smoking cessation. So searching for, I think, some of those SIM funded projects can give you an example of some of the measure sets people are looking at.
>> Bellinda Schoof: I think another idea is, as you start thinking of indicators and measures, if you take smoking cessation, you cannot only look at how many patients have quit smoking but you can look at lines and also look the at it more from a community-based approach, where looking at how are you able to pass ...
(Audio breaking up.)
>> Bellinda Schoof: So that's why having different people at the table is going to inform some of those measurements and indicators that would be important to your specific project.
>> Abby Dilley: Thanks. Another question that people have submitted is just talking a little bit more about key financing sources in addition to the healthcare side, whether that is hospitals, et cetera.
But other ways that others have made investment in this kind of collaboration and for improved health outcomes, whether those have come driven by economic development or tourism or faith interests and other sources of contributing to the financial stability.
>> John Wiesman: Again I think the range here and this is certainly some of the challenges. Often times that initial performance demonstration part and capital part is either coming from large federal grants that are opportunities to show a demonstration, but then there are those -- if you have a local issue, what are the funds from the hospital community efforts, local philanthropic organizations who are often interested in funding local community efforts, is a place that I know people are tapping into. And really, this is where the leadership, and I think the network and relationships people have are incredibly important. As you are talking about what issues you want to focus on as a community, using those relationships and networks is incredibly important to tap into funds that people might not always think of.
Then there's always, what we have our own control over and how can you redirect some of the existing funding you have that if you had another partner at the table like the healthcare

providers who could add some funding to or redirect funding to focus on a particular topic, you know, kind of the collective impact approach, that can work as well.
This is where I think you have to be really innovative and creative and think about what your opportunities and resources are through your networks, through scouring exist can grant and other sort of resources.
> Georgia Heise: Some partners that we are finding very helpful are those that are interested in their workforce. We have an issue with folks that can pass a drug test, actually in Kentucky. That's getting the attention of a lot of people. Some of our bigger employers are very vested in making this project work in that we raise our health status. That's very broad, but we have individual measures in that. For example, a local partner with some of our health departments is NASCAR in Kentucky. Because they are an employer and then we also have Toyota is a huge employer in Kentucky. And quite the controversial one. The bourbon industry in Kentucky is very interested in a healthy workforce as well. Then some others that we are trying to attract. We make sure whenever we get, be it positive or negative input from somebody who might want to locate here, that we put that information out to our partners about, these are things that we need to improve if we want to bring in our, some more employment to Kentucky. We are looking a lot at the economics of the poor health status. Trying to use that as a motivator to make quality of life better for everybody. If we have to go at it from the economic standpoint to get people to put forth their money to make it happen, that's what we are doing. It does seem to get a lot of attention.
>> Abby Dilley: Thanks. Another question posed to the panelists is whether any of you could speak to the local/state policies that can help or hinder this kind of approach, just in terms of helping to support or create more of a challenge.
> Georgia Heise: The siloed federal grants are a huge challenge. And some of the culture in our state government entity, even some of the local culture is very difficult to move towards a different way of looking at things. I said earlier that we have been used to counting widgets or counting services, that kind of thing. Getting away from that to looking at the long-term outcomes of our quality partnerships. And everybody kind of investing in our people. Moving forward. That is, the culture of the I need to have it instantly generation that we have, or several generations, give me a pill, make it better, I want it to happen instantly, that kind of thing is a huge barrier in terms of we have to make people see that we are going to have to invest for a longer period of time in a broader structure than what we have currently, what we are currently in the middle of, which is a lot of siloed funds that come from the state and the federal government. And everybody is kind of comfortable with that, but it has not produced the outcomes that we need. We are having to move away from that and get used to get comfortable with a different way of looking at things. That's definitely a challenge.
>> Abby Dilley: One other question along the lines of measures of success is a question about any examples to highlight where measuring the success of the partnerships themselves are part of that suite of measures.
>> Bellinda Schoof: I think that's really an important piece to measure because if you are going to bring together a partnership, then everybody has got to be able to feel like they've got something out of it. So at the beginning of creating the partnership, you need to have a clear, mutual understanding of what that is. So what is success for each of those partners? And then have that feed ultimately then into what the goal is.

Having some type of a measurement and sometimes that is basically through surveys of the partnerships and what specifically you are trying to address and what does that mean for that specific partner.
So it is critically important. I think it really is dependent on what the overall goal is.
>> Abby Dilley: Thanks. I also, to those who asked about the measures, I know there was a lot of work being done at the funders forum housed at the George Washington University school of public health and Milken institute. They have identified and evaluation framework to use across the accountable communities of health and other collaborative partnerships. You may want to go to their website to look at that evaluation because they are looking at the strength of the partnerships as part of the indicators or evaluation measures.
One last question. What would you all highlight as the best ways to communicate across sectors? To learn each other's different languages and processes to work better together. Do you have any insights along those lines?
>> Bellinda Schoof: One of the things that we've identified is because of the different disciplines between public health and primary care, they have different definitions, different terminologies and understandings of the same terms. As far as communicating, it is really making sure that when you communicate that you are real clear on identifying what that definition is. Because that may be -- it may not come across the way you want it to come across. I think the more that you communicate, the better because it just takes more iterations with different audiences.
>> Abby Dilley: John or Georgia, any insights you want to add to that question about how to work most effectively with one another?
>> John Wiesman: I think part of this is having the relationships and conversations up front. Clarifying what it is you are all interested in, what your own interests are. I totally agree about the lapping and coming from different sectors. Needing to understand more about each other's business and what that is. So there's a sort of self education piece as well. But then these pieces about agreeing about how is it you want to communicate. How is it you want to address conflict. That is certainly some of the things that can go into the guiding governance structure. And some of those principles would be a place to put some of that as well in terms of those agreements about how you best communicate.
> Georgia Heise: I agree. I think just our work group that worked on this project, that we talked about that a lot. Our group members, we had different language. Initially we talked about that a lot, how we were even going to work on this paper and share our different languages.
So it is definitely something that has to be addressed up front.
>> Abby Dilley: Up front and ongoing. We are going to shift to last poll question as we near the end of the web forum. And just a quick question on any insights for the panelists on data sharing platforms. Then we'll go to the poll question. I don't know if anybody wants to jump in briefly and we'll go to the poll question.
We can follow up on that one. I know we didn't get to all of your questions today. We hope to follow up on the other questions remaining. Why don't we go to the poll question, which is: We would love to hear what your thoughts are in terms of which of the five elements described in the framework do you think is the most difficult to achieve or poses the most challenges? The elements include: Governance, financing, designing the intervention or prevention model, data sharing, and performance measurement and evaluation.

So you have the poll open. If you could click on your selection in terms of what seems to be the most challenging or most difficult to achieve in the framework. And then hit submit. We'll find out your thoughts on the different elements of the framework.
(Pause.)
>> Abby Dilley: A few more seconds.
All right. The poll closed.
>> Kathy Piazza: The poll is closed, Abby, and the results are showing.
>> Abby Dilley: Great. Why is that not a surprise that financing has the most with 59 percent? So you can see governance at 12 percent, data sharing is 15 percent. Distant but important second. Then governance followed by designing the intervention and then performance measures.
Any thoughts, panelists, on just that feedback?
>> John Wiesman: Like you say, financing isn't surprising. And that can either be a hard one if you don't have these kinds of large initial infusions of cash in terms of a SIM grant or something else. I mean, if you have those that is not quite so much the challenge. But I agree, financing is not a surprise.
>> Bellinda Schoof: I would agree. I think financing and then data sharing as a second is also not a surprise because it is so difficult to just share data in and of itself between the systems.
> Georgia Heise: I agree, of course, that financing is very difficult. One of the thing that we really have to do is do a really good job with the other pieces so that we can sell, for lack of a better word, our product to those who have the big chunks of cash. And sometimes we have a hard time with that, but there is money out there. It's just difficult to get because we are not used to selling our product, which is wellness.
>> Abby Dilley: Well, as you can see on your screen for your information you can go to the Public Health Leadership Forum website for the report and more information. I'll turn it back to Laura to wrap up the web forum. Thank you to the audience and the panelists. Thank you for your great presentations.
>> Laura Burr: Thank you, Abby, John, Bellinda and Georgia for your presentation. That was wonderful. Many thanks to RESOLVE, the Health Care Transformation Task Force and the Robert Wood Johnson Foundation for sponsoring today's event.
And thank you to you, our audience. A recording of today's presentation along with slides and a transcript will be available to you by next week at Dialogue4Health.org. You will also receive an email from us with a link to a brief survey we hope you'll take. We would really like to hear from you. The survey includes instructions forgetting a certificate of completion for this event. Thanks so much for being with us. That concludes today's web forum. Have a great day.