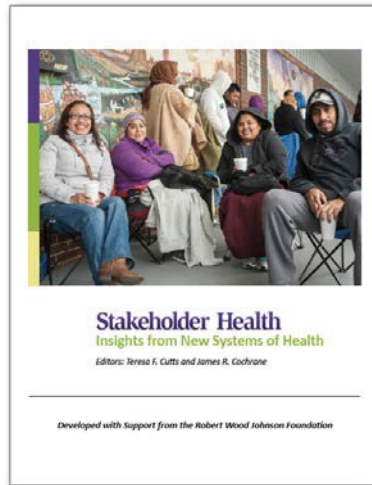## Appendix 1
Stakeholder Health: Our Story

From

Stakeholder Health: Insights from New Systems of Health

Editors: Teresa F. Cutts and James R. Cochrane

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Stakeholder Health: Our Story

Gary Gunderson, Teresa Cutts, Heidi Christensen and Tom Peterson

Stakeholder Health (SH) is a learning group of hospitals (with the benefits of other private and public partners along the way) distinguished by what we are trying to learn and who is doing the learning. The focus is simple and profound: can faith-based and mission oriented institutions deliver what we were created to do? Most of our institutions were founded several generations ago by people of faith or with deep community vision who thought a hospital would advance the general health and well-being of some place they loved, whether in Detroit, Winston-Salem or the wilds of West Baltimore or Tacoma.

Fast forward to the 21st century, and the technology of these hospitals would be almost unrecognizable to those founders. The public health field has come almost full circle in the era of the Affordable Care Act and as a result of advances in health science for prevention, early detection and long-term management of so many conditions that were once death sentences. But what about the mission? How does that go forward? Maybe now we can do what we were created to do a century ago: learn the things that make not just for good *hospitals* but for the full *health* of all.

The Stakeholder Health learning collaborative is also distinctive in who is asking and answering that profound question. Many of us work at fairly high levels in the hospitals, often for most of our careers. We know health systems from investing our time, energy and mind in them at all hours on the clock, year after year. We hope for them as we hope for the communities they—we—serve. So we know the traps, complicities, perversities and inertia involved as these massive institutions—usually the largest in their communities—refocus, remember their purpose, and try to align themselves with the noble work of health at large scale. We, the learners writing here, are far removed from naiveté—but not from hope. At any gathering and in every collaborative chapter in the path of SH you'll see intellectual generosity and courage born of that hope that can only be nurtured and made real by working with others who themselves are moved by it.

This appendix gathers the remarkable bundle of threads of the learning journey of SH to date. We are early on that journey in many ways, so the previous chapters look down the road and around the world for clues to where we must go next. Here we sum up what we have come to learn so far.

The learning group that became SH emerged when a White House delegation came to Memphis to see how an African model of "religious health assets mapping" was being adapted into the US context. As was true in Africa, the Memphis assessment unveiled about six times as many generative partners as the prevailing official maps showed. In the case of Memphis, that meant hundreds of faith-forming things (congregations), while elsewhere, such as in North Carolina, the surprise is the number of faith-based community organizations at work (details of the African mapping model and others are in Chapter 6 in this work). How to see, align, animate and release these assets, especially in troubled neighborhoods, lies beneath everything Stakeholder Health tries to learn. Given that these key resources are needed worldwide, this makes Stakeholder Health part of a global learning community. The motherland for this kind of learning is post-colonial Africa, which knows that the health of its people rests on their own energy, intelligence and, yes, liberation. That's true for South Memphis, San Bernardino, the left-behind urban areas of Detroit and West Baltimore, too. Stakeholder Health learns the most in, from and with those working in tough places—a very global kind of thing to do.

It wasn't just the huge connectional network of Memphis that caught the attention of HHS, but creative data gathering that showed powerful effect where you wouldn't expect it. The community partnerships were moving hospital data. That's the other consistent Stakeholder Health focus—a constant search for real-time evaluation so that all of the stakeholders in and around the healing enterprises called hospitals could test their best intentions against actual results as quickly as possible. We know that health is mostly the result of long trajectory "determinants" (which we consider variables), so we know our efforts will take decades. This puts additional intellectual pressure on us to find the earliest reliable indicators to steer our partnerships so they might, as Martin Luther King would want, "bend the arc of history toward justice." That's what we want to learn. We want our lives as professionals and that of our institutions, professing mercy and justice, to learn the things that will bend the long arc of what we care the most about. The learning this book outlines was done on the way with little patience for our own pace. We know we will need to know more and learn faster as we go further toward accomplishing our original goals. The rest of this document, far from complacent then, is even less patient.

Brief History

The site visit to Memphis from Feb. 6-8, 2011 that led to Stakeholder Health was an exploratory consultation led by the White House Office and HHS Center for Faith-based and Neighborhood Partnerships. They brought leaders from other governmental agencies too: Administration on Aging, Agency for Healthcare Research and Quality, Health Resources Services Administration, Office of Minority Health, Regional Health Administrator, Office of the Assistant Secretary for Health Substance Abuse and Mental Health Services Administration. These leaders arrived in Memphis just as the first data from the Congregational Health Network became available and this shifted the energy to exploring practices of innovative health systems interested in partnering more intentionally with vulnerable populations.

To tap into that innovative partnership energy the February meeting was followed by a national gathering in Sept. 2011 at the White House co-hosted by its Office of Faith Based and Neighborhood Partnerships and the HHS Partnership Center, attended by senior representatives of 22 different health systems. Besides the Memphis Model's Congregational Health Network, the Camden Coalition's hotspotting and South Central Foundation (NUKA) integrated health systems approaches were highlighted. Since then, the HHS Partnership Center has coordinated and walked alongside this voluntary, peer-led learning collaborative of hospital health professionals motivated by the ACA to accelerate their institution's progress in transforming the health of their communities. Initially called the Health Systems Learning Group (HSLG), it shifted its name to Stakeholder Health in 2013.

Stakeholder Health Partners

To date Stakeholder Health has enjoyed the participation of over 90 organizations across diverse sectors (53 are hospital health systems), including governmental and community partners, denominational partners, other initiatives or coalitions (e.g. , 100 Million Lives), as well as policy, research institute and think tank partners (e.g. IOM Roundtable on Population Health, ReThink Health, and RWJF). With past or current contributing partners bolded, they include:

- **Adventist Health Central Valley Network, CA**
- **Adventist HealthCare, MD/NJ**
- **Adventist Health System, Orlando, FL**
- **Advocate HealthCare, Chicago, IL**
- Allen Temple Baptist Church, Oakland, CA
- American Muslim Health Professionals (AMHP)
- **Ascension Health, St. Louis, MO**
- Aurora Health System, Milwaukee, WI
- Baptist Health (Northeast Florida & Southeast Georgia)
- Baptist State Convention of North Carolina
- **Baylor, Scott & White Health System, Central Dallas, TX**
- **Bon Secours Health System, Inc.**
- Bon Secours Baltimore Health System, Baltimore, MD
- Bon Secours Richmond Health System, VA
- Bread for the World
- California Endowment (The)
- Camden Coalition of Health Care Providers
- Catholic Charities, USA
- Catholic Health Association
- **Catholic Health Initiatives, Franciscan Health & MultiCare Health System (joined SH together), Tacoma, WA**
- Carter Center (The)
- Centers for Disease Control and Prevention
- Centers for Medicaid and Medicare, DC
- Central Dallas Ministries
- Centura, Englewood, CO
- ChangeLab Solutions, Oakland, CA
- CHE/Trinity Health System, Livonia, MI
- CHRISTUS Health, Irving, TX
- CitySquare, Dallas, TX
- Clark University, MA
- Community Catalyst
- Dept. of Health and Human Services
- Democracy Collaborative, (The)
- **Dignity Health, San Francisco, CA**
- Duke University Hospital, Raleigh, NC
- EMORY Interfaith Health Program
- Fairview Health Services, Minneapolis, MN
- George Washington Department of Health Policy, School of Public Health and Health Services, DC
- Gordon-Conwell Seminary, Charlotte, NC
- **Henry Ford Health System, Detroit, MI**

- Hood Theological Seminary, Salisbury, NC
- Hope *worldwide*
- Howard University and University Hospital, Washington, DC
- **Indiana University Health, Indianapolis**
- Inova Health System, Fairfax, VA
- Institute for Healthcare Improvement, 100 Million Lives, Boston, MA
- Institute of Medicine, DC
- Islamic Society of North America;
- Jewish Community Center Association of North America (JCCA), NY
- Johns Hopkins University School of Medicine
- Intermountain Healthcare, Salt Lake City, Utah
- Kaiser Permanente, Oakland, CA
- **Kettering Health Network, Dayton, OH**
- Kresge Foundation
- Leadership Foundation, Knoxville, TN
- **Loma Linda University Health, CA**
- Lutheran Healthcare, Brooklyn, NY
- Lutheran Services of America, DC
- Lutheran Services of Florida
- **Lutheran Social Services, Illinois**
- Medical Network Devoted to Service (MiNDS)
- MedStar Health, MD, DC
- Memorial Hospital of South Bend, IN
- **Methodist Le Bonheur Healthcare, Memphis, TN**
- NAD Seventh-day Adventists, Adventist Health Ministries
- National Association of Hispanic Nurses
- National Baptist Convention
- **Nemours, DEL, Fl**
- OhioHealth, Columbus, OH
- Penrose-St. Francis Health Services, Colorado Springs, CO
- People Improving Community by Organizing Network (PICO)
- Pinnacle Health Systems, Harrisburg, PA
- **ProMedica Health, Toledo, OH**
- Providence Hospital, Washington, DC
- **Providence Health & Services, Tacoma, WA**
- Prevention Institute, Oakland, CA
- Public Health Institute, Oakland, CA
- ReThink Health, The Fannie E. Rippel Foundation
- **Robert Wood Johnson Foundation**
- Serve West Dallas, TX

- Shawnee Mission Medical Center, Kansas
- Sibley Hospital, Washington DC
- St. Joseph Health System, Sonoma County, CA
- Southcentral Foundation, Alaska
- **Summa Health System, Akron, OH**
- **Texas Health Resources, Dallas/Ft Worth**
- The Bridgespan Group
- The California Endowment
- Trinity Health System, Livonia, MI
- Trust for America's Health, Washington, DC
- Union Theological Seminary, Dayton, OH
- United Methodist Committee on Relief (UMCOR)
- United Way Worldwide
- United Way Santa Cruz
- **University Health, Cleveland, OH**
- UMASS Memorial Health System, Worcester
- University of Illinois Health and Hospital System, Chicago, IL
- Urban Strategies, DC
- **Wake Forest Baptist Health, Winston-Salem, NC**
- Wesley Theological Seminary, Washington DC
- YMCA of the USA

Stakeholder Health Structure and Function

SH was initially funded by a few contributing hospital systems per their CEOs' discretion: Methodist Le Bonheur Healthcare, Texas Health Resources, Henry Ford Health System, Advocate Healthcare, Indiana University, Loma Linda University Health, Adventist Florida, Dignity Health and Summa Health System. Funding from CEOs started in December 2011 and continues currently with these partners: Methodist Le Bonheur Healthcare, Wake Forest Baptist Medical Center, Henry Ford Health System, Advocate Healthcare, Bon Secours System, Baltimore and Richmond, Adventist West, Adventist Maryland, Adventist West, Loma Linda University Health, Adventist Florida, Dignity Health, Ascension Health, University Health in Cleveland, ProMedica, Nemours and Providence Health & Services. Recently Catholic Health Initiative (CHI) Franciscan Health & MultiCare Health System from Tacoma (WA) joined SH together in an unprecedented model of two competing health systems joining as one.

Stakeholder Health is now administered by a Secretariat housed at Wake Forest Baptist Medical Center in partnership with the HHS Partnership Center, with Gary Gunderson serving as the Secretary of the group and Teresa Cutts as staff liaison, along with Tom Peterson (Communications Director), Fred Smith (Faith Community Liaison) and Heidi Christensen (HHS Partnership Center Liaison). Jerry Winslow serves as Chair of the Stakeholder Health Advisory Council (SHAC).

Formed in 2014, the SHAC serves as an informal council without by-laws or regulations, though members serve as the decision-making body of SH. The contributing health systems (bolded in the participant grid above) have representatives on the SHAC. SH prides itself on keeping a lean and nimble infrastructure and not being grant or philanthropy dependent. Funds beyond grant monies are used to subsidize regional meetings and travel, as well as to support communication efforts.

Stakeholder Health Mission and Focus

Stakeholder Health is a voluntary movement of people working within hospital health systems who see in the current policy environment the opportunity to address the underlying causes of poor health in their communities by strategically shifting existing resources and partnering with diverse stakeholders.

Stakeholder Health participants are committed to **open source learning** and **a shared mission** articulated initially in a co-created 80-page monograph that was presented to their senior leadership at HHS in April 2013. In it, they outlined a framework for the health outcomes of the broader population, including its most vulnerable citizens. Stakeholder Health members are promoting three foundational strategies that will achieve greater health, particularly in the most vulnerable neighborhoods:

- **Address the social complexity of the most challenging patients** by engaging them at **the "neighborhood" level,**

- Work with **large-scale community partnerships**, and

- Proactively use **existing resources such** as charity care or community health assets.

(See 2016 updates from select case studies presented in the HSLG Monograph in Appendix 3.)

HHS Partnership Center and Stakeholder Health Convenings and Site Visits

SH and the HHS Partnership Center have coordinated national and regional convenings and site visits to health systems demonstrating exemplary practices advancing population health efforts since 2011. To date, these convenings and site visits have included:

NATIONAL:

- **Improving Health Outcomes through Faith-Based and Community Partnerships,** White House, September 20, 2011 **(65 participants)**

- **Improving Health Outcomes through Faith-Based and Community: Best Practices from the Field,** Dept. of Health and Human Services (HHS), DC, February 16-17, 2012 **(61 participants)**

- **Strategic Investment in Shared Outcomes: Transformative Partnerships between Health Systems and Communities, HHS,** April 4, 2013 **(40 participants)**

- **Mission, Purpose and Power, Loma Linda University Health,** Feb. 17-18, 2014 **(29 participants)**

- **Chawumba (informal gathering of the SH "tribe"),** July 2015, Winston Salem, NC **(38 participants)**

- **Stakeholder Health Advisory Council Retreat,** Institute of Medicine, October 21, 22, 2014 **(12 participants)**

- **Health IT— Accounting for Social and Behavioral Factors,** Dept. of Health and Human Services, September 18, 2014 **(57 participants)**

- **Listening sessions with CDC and CMMI,** HHS, September 18, 2014 **(25 participants)**

- **Partners in Health: Aligning Clinical Systems and Community Health Assets,** White House, April 15, 16, 2015 **(70 participants)**

(See 2016 updates from select case studies presented in the HSLG Monograph in Appendix 3.)

REGIONAL:

- **Memphis System of Health: Mapping and Aligning the Health Assets,** Feb. 6-8, 2011, Methodist Le Bonheur Healthcare, Memphis, TN **(30 participants)**

- **Health Systems Learning Group Regional Meeting,** Henry Ford Health System, Detroit, MI. October 9-11, 2012 **(65 participants)**

- **Expanded Models of Community Partnership: Securing a Return on Investment,** Loma Linda University Medical Center, San Bernardino, CA. June 28, 29, 2013 **(36 participants)**

- **Leadership through Partnership**, Advocate Healthcare, Chicago, IL, Sept. 24-25, 2015 **(43 participants)**

For all convenings held before 2013, the agendas and PowerPoint presentations can be found at the Center of Excellence in Faith and Health website, Methodist Le Bonheur Healthcare http://www.methodisthealth.org/about-us/faith-and-health/research/learning-collaborative/

Group field site visits encourage deeper "cross-pollination" or learning and sharing best practices from site to site, as well as expansion of SH membership. These visits are usually initiated by Secretariat staff or our SH members. Visits to date, attended by one or more of the Secretariat, include:

Adventist Health, Orlando Florida (December 2013)

Bon Secours Richmond, VA (November 2013)

Bon Secours Baltimore, MD (March 2014)

UMass Memorial Health, Worcester, MA (September 2014)

Henry Ford Health System, Detroit (April 2015)

Loma Linda University Medical Center, San Bernardino (December 2014)

MultiCare Health & Catholic Health Initiatives, Franciscan, Tacoma, WA (May 2015)

Mt. Sinai, Icahn School of Medicine (November 2015)

NYU Brooklyn Lutheran (November 2015)

Providence Health & Services, Tacoma, WA (January 2016)

Stakeholder Health Forum Series

Led and managed by The HHS Partnership Center, SH produced and co-hosted a monthly web-based Stakeholder Health Forum from Fall 2013 through 2014. Presentations by participants focused on sharing concrete, granular intelligence on their efforts to reform systems from within their institutions. An impressive 800 persons in total participated, ranging from 30 to a high of 90 per Forum. The Forum formally ended in December 2014. Its topics included:

- **IT Working Group report-out/ Propeller Health** (Loma Linda, Wake Forest, Dignity, 9/25/2013). Presenters: Dora Barilla and Eileen Barsi

- **Institutionalizing Strategies for Population Health: How ProMedica Achieved Consensus for a Hunger-Free Community** (ProMedica, 10/2/2013). Presenters: Barb Petee and Randy Oostra

- **Exploring Stakeholder Health website** (12/4/2103). Presenter: Tom Peterson

- **"It's about Geography": Place and Person-centered Community Health Development** (Loma Linda, Adventist Health System, 1/8/2014). Presenters: Dora Barilla and Maureen Kersmarki, Tim McKinney

- **Community Health Asset Mapping: Moving from CHNA to Sustainable Networks of Community Health Assets** (Wake Forest, Advocate Health Care, 2/5/2014). Presenters: Teresa Cutts and Kirsten Peachey

- **Prioritizing Equity and Wellness: Reducing Infant Mortality by Meeting Women's Needs** (Henry Ford Health System, 3/5/2014). Presenters: Kimberlydawn Wisdom and Jaye Clement

- **Connecting Performance Incentives to Community Health Outcomes** (Nemours, 4/2/2014). Presenters: Debbie Chang and David Bailey

- **Proactive Mercy: Community Investment Grants that Promote Population Health and Expand Access To Care** (Dignity, 5/7/2014). Presenters: Eileen Barsi and Pablo Bravo

- **Financing Population Health Improvement** (Public Health Institute, Wake Forest, Loma Linda,6/04/2014). Presenters: Kevin Barnett, Gary Gunderson, and Jerry Winslow

- **Community Rx: Connecting People to Community Health Resources** (Univ. of Chicago Medicine, 9/3/2014). Presenter: Stacy Lindau

- **Trauma's Toll on Health: A Community-wide Response** (Memorial Hospital South Bend, 10/1/2014). Presenter: Margo DeMont

- **Designing "Outside-In" Health IT Measurement Frameworks** (Dignity Health , Loma Linda, 11/5/2014). Presenters: Dora Barilla and Eileen Barsi

- **CDC Community Health Improvement (CHI) Technical Package** (Centers for Disease Control and Prevention, 12/3/2014). Presenter: Denise Koo

All Forum presentations are available on the SH website. In addition to acting as a convener and coordinator, The HHS Partnership Center took a key role in SH. It supported existing network of participants and recruited new health system members and other relevant stakeholders. Additionally, the HHS Partnership Center contributes to the ongoing content for the website, Stakeholderhealth.org, which acts as a disseminating platform for exemplary practices and models.

Several exemplars were featured on RWJF's New Public Health daily blog that records and showcases innovative and noteworthy practice in the population health movement. These include:

- Health Systems Learning Group: New Public Health Q&A with Gary Gunderson (Sept. 16, 2013)

- Stakeholder Health: Q&A with Kimberlydawn Wisdom (Nov. 6, 2013)

- How Do You Transform a Community After a Century of Neglect? (Nov. 20, 2013)

- A Hospital Helps Revitalize the Community Outside Its Walls: Q & A with George Kleb and Christine Madigan (March 25, 2014)

- A Trauma Informed Community, Margo De Mont (Oct. 1, 2014)

Website, E-Zine and Communication Strategy

As a learning collective, Stakeholder Health is a forum for sharing and questioning together. Our website (www.stakeholderhealth.org) is where the face-to-face meetings are captured and reflections posted. For most convenings, agendas and presentations are posted along with notes. In November 2013, SH launched a website to host an online conversation. Through stories, blog posts, and Q&A's with thought leaders, the site shares struggles of the community with a focus on what's working, challenges and questions. The site also serves as the main avenue to alert the learning community about upcoming webinars, workshops, trainings and other kinds of meetings. Since it was set up, the site has had around 20,000 user sessions, more than 160 posts and filled 110 pages. In addition, a monthly online newsletter goes to subscribers. As this has evolved, it has taken on particular themes such as navigation networks, aligning community assets, overcoming the transportation barrier, and community health workers.

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Women-Inspired Neighborhood Network-Detroit Project SNAP Mural facilitated by Henry Ford Health System