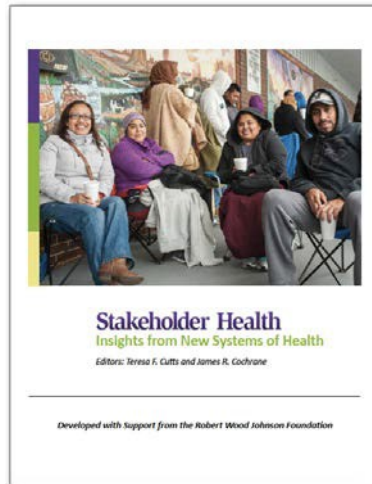


Stakeholder Health

Chapter 1 Introduction



From

Stakeholder Health: Insights from New Systems of Health

Editors: Teresa F. Cutts and James R. Cochrane

Developed with Support from the Robert Wood Johnson Foundation

[Order the book Click Here](#)

www.stakeholderhealth.org

© Stakeholder Health, 2016

Introduction

*Teresa Cutts, Gerald Winslow, Gary Gunderson,
Kirsten Peachey and Marice Ashe*

Welcome to the second generation of learning from Stakeholder Health! Stakeholder Health is a voluntary movement of people working within health care systems who see an opportunity to address the underlying causes of poor health in our communities. We are committed to **open source learning** and a **shared mission which we initially** articulated in an 80-page monograph, presented to senior leadership at the Dept. of Health and Human Services in April 2013. In it, we outlined a framework for the health outcomes of the broader population, including its most vulnerable citizens, by strategically shifting existing resources and partnering with diverse stakeholders. We believe in:

Addressing the social complexity of the most challenging patients by engaging them at the “neighborhood” level, working **with large-scale community partnerships**, and **proactively using existing resources** such as charity care or community health assets.

(For more details on our over 50 health system and other partners and scope/scale of our work, see Appendix 1: Stakeholder Health: Our Story.)

This second book is intended to serve as a guidebook for those of us working inside health systems. We wrote it to raise awareness of the power of the “social determinants of health” as predictors of health outcomes, and to foster aspirations for how health systems can better address these determinants (the focus of Chapter Two). However, while we continue to use the expression “social determinants of health” in this learning document, we also wonder if this language best serves our vision. By calling the



*White House Partners in Health Meeting,
April 2015, Washington, DC.*

many external factors that impact health, “determinants” do we foster an attitude of inevitability? The settled conviction of the members of Stakeholder Health is that social variables that often have devastating effects on health, can be and should be understood, addressed, and ameliorated. One of the signature characteristics of the movement represented by Stakeholder Health is a willingness to challenge conventional language and the conceptual frameworks that hinder rather than facilitate the health of whole communities. Stakeholder Health focuses on introducing new language intentionally; we want to expand and challenge the consciousness of health system audiences, governing bodies, public health and community practitioners and even faith communities, to see that they are all part of a broader system of health.

Stakeholder Health seeks to push the edge of innovation, always moving beyond “what is” current, standard practice and thinking in health systems and public health. We intend to be change agents. Many of our systems are faith-based (whether in name or tradition) and all are “mission-driven.” We are committed to caring for the poor, marginalized and vulnerable: “the least of these.” Therefore, in this

*Chawumba Gathering, July
2014, Winston Salem, NC*



book, you will find great detail about many promising practices that often receive cursory mention in other publications. We boldly claim the moral ground of social justice and a desire to achieve equity in the health of our nation’s diverse communities.

In all these dimensions, Stakeholder Health and this book reflect a dynamic world of learning and practicing in healthcare and other realms. Forty-four contributors, often with very different voices, crafted the following chapters. As you read, you will encounter different and, at times, divergent voices, often from those operating on the margins of their named guilds and disciplines. Through a rich array of different lenses these authors have brought new clarity to the issues and topics addressed here. For example, while most chapters focus inside the boundaries of the U.S. health systems, Chapter Six, on community health asset mapping, brings in voices from our colleagues in Africa who trained many Stakeholder Health partners in their foundational process that was endorsed by the World Health Organization. So, too, you will note that Chapter Ten pushes explicitly to the outer edges of global health, broadly defined, to signal again that we are already beyond U.S. boundaries and limits in our learning about changing how health is fostered and healthcare is delivered.

Overall, our chapters seek to address these critical questions:

- 1) How should we think differently about and help improve social conditions in which our most vulnerable neighbors live?
- 2) How do we move toward establishing essential healthcare as a basic human right?
- 3) How do we help achieve health and other types of equity in our communities?
- 4) How do we use our positional authority and work in health systems to engage hearts and spirits of our local communities, as well as of our own employees?
- 5) How do we creatively and sustainably move health outcomes and the delivery of healthcare upstream in an environment with constrained resources?

The original Stakeholder Health monograph went about as far as one could in addressing these questions before the Affordable Care Act was firmly in place. As workers and leaders in the institutions most affected by that legislation, we were quite aware of the highly negotiated—most would say “compromised”—nature of those thousands of pages of small print. Many in the field did not even think it would survive review by the Supreme Court. But once it did and as enrollments proceeded on a remarkable scale, we now focus on the terrain on which the Affordable Care Act must not only take root, but flourish. Of course, the terrain differs quite radically depending on whether one lives in a “Medicaid expansion state” or a state pushing far into the land of creative “waivers,” so our tactics must be varied

and nuanced to be relevant to local conditions. We wrote this book to outline a vision of what is possible now, here, and with the institutions and array of assets at hand with which we can weave a new future for all people across our oft divided nation.

Therefore, we offer you a treasure trove of both practice and vision for innovative ideas and work from our very own health systems and other partners. Chapter Two sets the stage for the integrative thread of social determinants of health, laying a foundation for what follows. Chapter Three is on leadership, offering a blueprint of unique ways of both thinking and doing that are required in these dynamic times in the healthcare landscape. Chapter Four offers a comprehensive overview of relational information technology; it follows a person's journey of health, rather than suggesting an IT system devoted to supporting billing or service delivery alone. Chapter Five delves into a variety of community health navigation programs and systems, with a very deep dive into the work and everyday lives of community health workers.

Chapter Six gives a granular review of community asset mapping models, the theory driving why such mapping is important, as well as implications for work with health systems and building communities with a focus on achieving health, equity and justice. Chapter Seven offers new community-based and community-driven resiliency models to help with the "healing of our land," reviewing why integrated behavioral health, both inside and outside of health systems, is essential. Chapter Eight expands beyond "return on investment" or even "social return on investment" to not only highlight even more robust and integrated financial accounting systems that enhance community health, but also illuminate the financial impact of community-based work within our health systems.

Chapter Nine brings an overview of philanthropic practices to help build a more systemic and integrated practice to funding and building community health improvement. Chapter Ten looks forward to the global health implications of our work and sets the stage for how the boundaries of Stakeholder Health expand beyond U.S. borders. Lastly, and perhaps most importantly, Chapter Eleven reminds us of our mission, purpose and power as health systems, invoking the heart of healthy communities.

This book is not likely to be our last, for the edge of our learning will continue to be revisited as we pass other key landmarks on the path to what science and faith can imagine. Even as we look to the future, we are compelled to be deeply accountable for what is possible now and here. Thus, the collaborative learning captured in these chapters is meant to be both immediately applicable to our current practice and turn on a bright light to guide our future vision. Our deepest hope is that this book will spur more authentic dialogue and productive action to promote mercy, grace and justice in our very chaotic and, often, unjust world.

Thanks in advance for reading with us. We hope you enjoy the journey and, if you aren't already part of our work, will become part of the kinship of Stakeholder Health.

FULL AUTHORSHIP LISTING

Teresa Cutts, PhD, Asst. Research Professor, Wake Forest School of Medicine, Div. of Public Health Science, Dept. of Social Sciences and Health Policy, Winston Salem, NC

Gerald Winslow, PhD, Vice President of Mission and Culture, Loma Linda University Health, Loma Linda, CA

Gary R. Gunderson, MDiv, DMin, DTh (Hon), Vice President of FaithHealth, Wake Forest Baptist Medical Center, Professor, Faith and Health of the Public, Wake Divinity School and Wake Forest School of Medicine, Winston Salem, NC

Kirsten Peachey, MDiv, MSW, DMin, Director, Congregational Health Partnerships and Co-Director, The Center for Faith and Community Health Transformation, Advocate Health Care, Chicago, IL

Marice Ashe, JD, MPH, Founder and CEO, ChangeLab Solutions, Oakland, CA

Suggested Citation: Cutts, T., Winslow, G., Gunderson, G., Peachey, K., & Ashe, M. (2016). Introduction. In Cutts, T. & Cochrane, J. R. (Eds.), *Stakeholder Health: Insights from New Systems of Health* (pp. 1-3). USA: Stakeholder Health.

For more information about this chapter, please contact **Teresa Cutts** at e-mail, cutts02@gmail.com or phone, (901) 643-8104.