

Collective Impact as an Approach to Address Social Determinants of Health and Promote Health Equity

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About the presenter...

- Glen Este High School
- Athletic Training & Health Education
- Educational Policy and Administration
- High School Health
- Educational Research and Evaluation
- Professor of Leadership and Public Affairs
- Program Director – Partnership for Community Health, Prevention, and Promotion
- Hockey Mama, Marathon Mama, CrossFit Mama



Objective 1

Describe Ohio's Community Collective Impact Model for Change (CCIM4C) Initiative and how it is being used as a strategy to address the opioid epidemic and community trauma in Ohio communities.



collectiveimpact.mha.ohio.gov

21st Century CURES Act

- The 21st Century CURES Act was enacted by Congress in December 2016.
- The Act allocated \$1B in funding for the opioid epidemic.
- Ohio secured \$26M/year for two years through the State Targeted Response to the Opioid Crisis Grants program.
- CURES Act money in Ohio is administered by the Ohio Department of Mental Health & Addiction Services.



OhioMHAS Funding:

3HB0-2018 Cures Opioid STR (336503)

4222D-Opiate Prevention

Ohio University Awards:

Statewide Collective Impact Model for Change

(Grant #1800552 & #1900584)

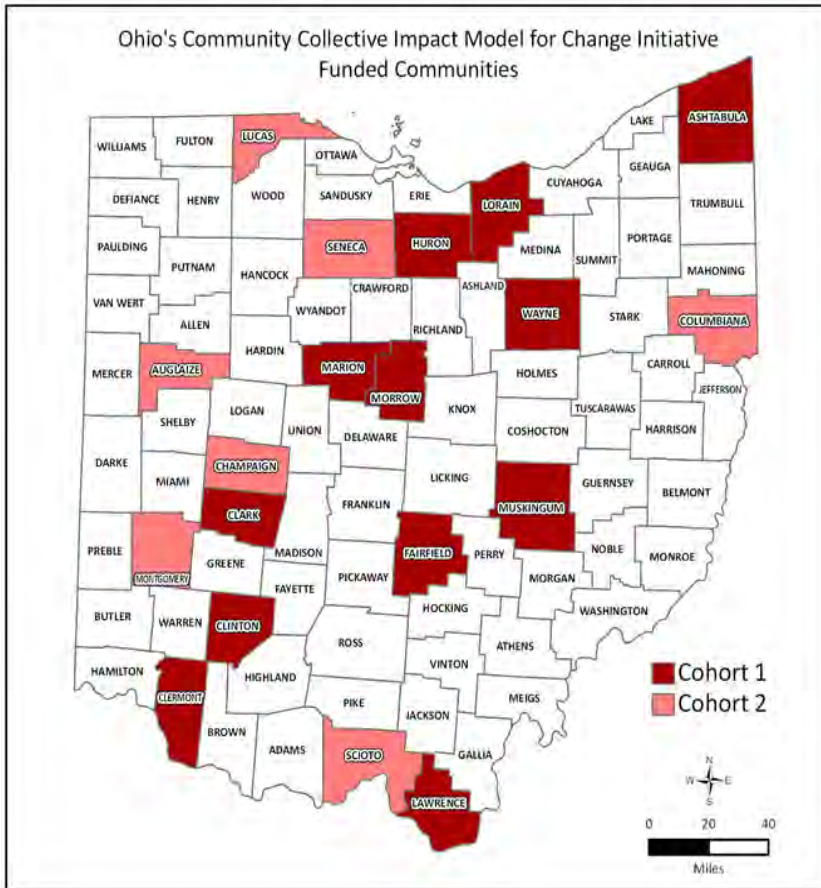
Goals

1. Reduction in OUD deaths as a result of increased collaboration across the continuum of care.
2. Increased access to OUD treatment, including medicated-assisted treatment



**Together, we
can change the
course of the
opioid
epidemic.**

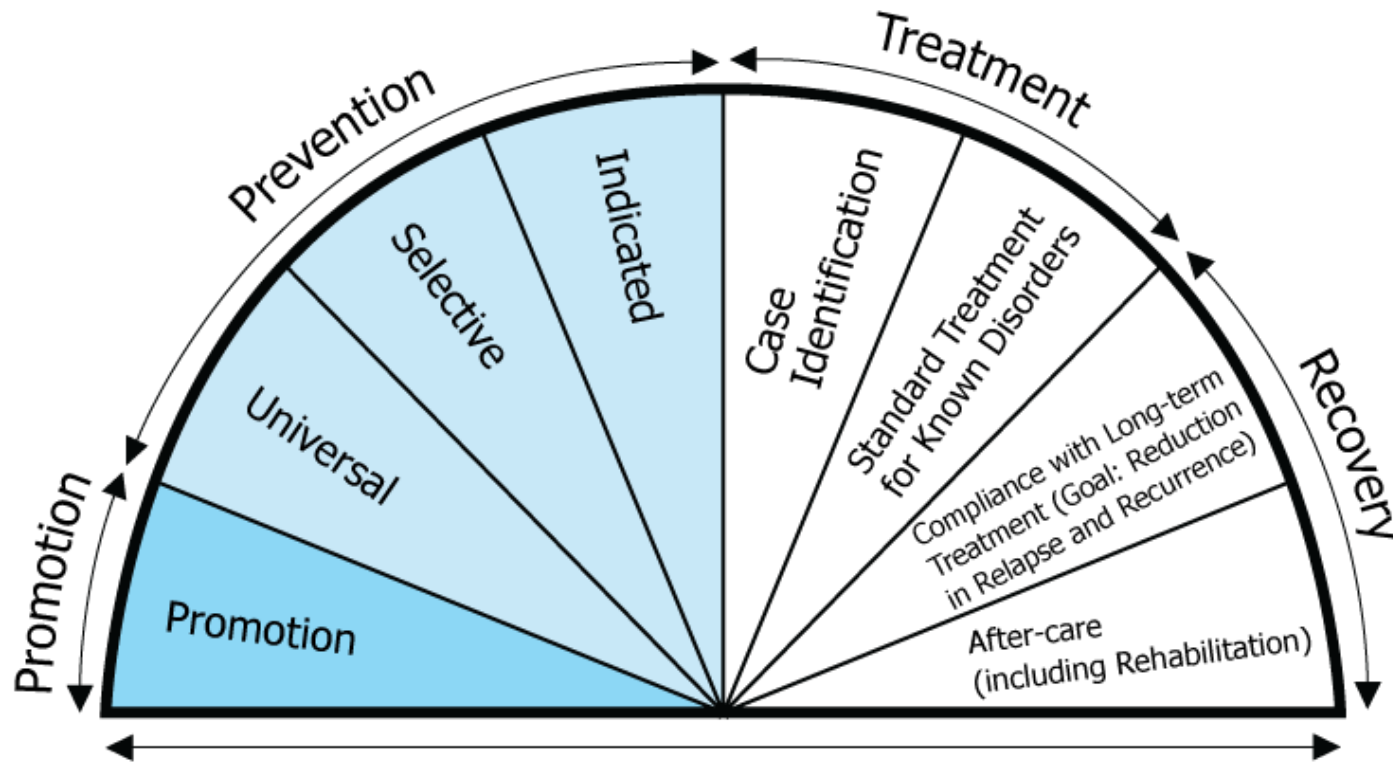
Working together



Community Leaders:

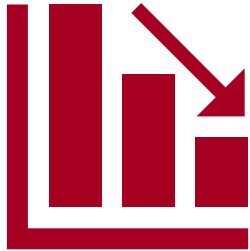
- 13 County Behavioral Health Authorities
- 3 Community-based Prevention Providers
- 1 Local Health Department
- 1 Community Coalition
- 1 Community Action Agency

across the continuum of care

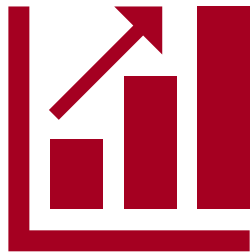


Reference. Springer JF, Phillips JL. The Institute of Medicine framework and its implication for the advancement of prevention policy, programs and practice. EMT Associates, Inc; Folsom, CA: 2007.

to change the course of the opioid epidemic



Reduce opiate use disorder deaths as a result of increased collaboration between prevention, treatment, and recovery supports



Increase access to opioid use disorder treatment, including medication-assisted treatment

using a planning process



Collaborative



Culturally Relevant



Data-driven



Sustainable

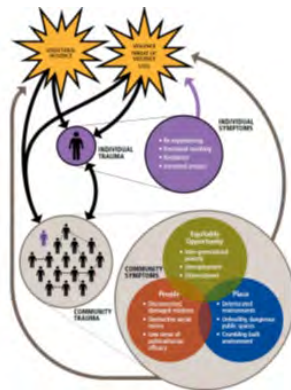
grounded in research-based frameworks.



Collective Impact
Kania & Kramer (2011)



Strategic Prevention Framework (SAMHSA)



ACE|R
Prevention Institute



THRIVE
Prevention Institute

In a structured and supportive environment, 19 local ecosystems



Value Statement
Lorain County's Opioid Action Team commits to work together through a comprehensive, data-driven plan that effectively blends, braids, and if necessary, acquires resources that address the priorities of prevention and reduction of factors contributing to the devastating human, economic, and societal impacts of opioid abuse, overdose, and death in Lorain County. This effort will empower every individual and community partner to strengthen our community's wellness.

Backbone Structure
Alcohol and Drug Addiction Services (ADAS) Board of Lorain County

Leadership Team
Lorain County's Opioid Action Team

Data Subcommittee
Members: ADAS Board of Lorain County, Lorain County Public Health, The Nord Family, Strategic Design Partners and Overdose Fatality Review Committee

Community Engagement Workgroup
Members: ADAS Board of Lorain County, Health Partners, Recovery Community, Mental Health & Addiction Advocacy Coalition, Treatment Community, Lorain County Public Health, Faith Leaders' Roundtable, Communities that Care, and Philanthropic and Community Coalition to End the Opioid Epidemic

Treatment & Recovery Subcommittee
Members: ADAS Board of Lorain County, Treatment Community, Recovery Community, Justice Systems, Lorain County Children Services, Health Partners, Harm Reduction Partners, Quick Response Teams and Family Members of and Individuals in Recovery

Economic Opportunity Committee
ADAS Board of Lorain County, Workforce Partners, Employers, Individuals in Recovery

Areas of Focus
Data-Driven Community Response to the Opioid Crisis:
(1) Reduce OUD deaths and (2) Increase access to treatment, including MAT

Demand Reduction
Increase knowledge and awareness of the risks associated with prescription medication misuse

Supply Reduction
Increase proper medication storage and disposal practices

Overdose Prevention
Increase the number of residents that are trained to administer and receive Naloxone

Treatment
Increase access to treatment, including MAT

Recovery Support
Increase the capacity of peer supporters

Social Determinant of Health
Increase and promote economic opportunities among people in recovery

Created comprehensive, outcomes-based strategic plans in five areas across the continuum of care.



Then, digging deeper into the data, local ecosystems determined that impacting the opioid epidemic required addressing social determinants of health.



What we learned:

It takes the full continuum of care and a commitment to address social determinants of health for communities to respond to and heal from the opioid epidemic.



Objective 2

Articulate the core concepts of the collective impact approach and identify elements of other prevention frameworks that may enhance a collective impact approach.



Collective Impact
(Kania & Kramer, 2011)

What is collective impact?



Collective Impact
Kania & Kramer (2011)

Collective Impact

LARGE-SCALE SOCIAL CHANGE REQUIRES BROAD, CROSS-SECTOR COORDINATION, YET THE SOCIAL SECTOR REMAINS FOCUSED ON THE ISOLATED INTERVENTION OF INDIVIDUAL ORGANIZATIONS.

By JOHN KANIA & MARK KRAMER

Illustration by Martin Jarric

The scale and complexity of the U.S. public education system has thwarted meaningful reforms for decades. Major funders, such as the Aetna Foundation, Ford Foundation, and Pew Charitable Trusts have abandoned many of their efforts in frustration after acknowledging their lack of progress. Once the global leader—after World War II the United States had the highest high school graduation rate in the world—the country now ranks 48th among the top 24 industrialized nations, with more than 1 million secondary school students dropping out every year. The heroic efforts of countless teachers, administrators, and supporters, together with billions of dollars in charitable contributions, may have led to important improvements in individual schools and classrooms, yet system-wide progress has seemed virtually unobtainable.

Against these daunting odds, a remarkable exception seems to be emerging in Cincinnati. Strive, a nonprofit subsidiary of KnowledgeWorks, has brought together local leaders to tackle the student achievement crisis and improve education throughout greater Cincinnati and northern Kentucky. In the four years since the group was launched, Strive partners have improved student success in dozens of key areas across three large public school districts. Despite the recession and budget cuts, 34 of the 33 success indicators that Strive tracks have shown positive trends, including high school graduation rates, fourth grade reading and math scores, and the number of preschool children prepared for kindergarten.

Why has Strive made progress when so many other efforts have failed? It is because a core group of community leaders decided to abandon their individual agendas in favor of a collective approach to improving student achievement. More than

300 leaders of local organizations agreed to participate, including the heads of influential private and corporate foundations, city government officials, school districts' representatives, the presidents of eight universities and community colleges, and the executive directors of hundreds of education-related non-profit and advocacy groups.

These leaders realized that focusing only on the educational curriculum—such as better after-school programs—wouldn't make much difference unless all parts of the continuum im-

proved at the same time. No single organization, however innovative or powerful, could accomplish this alone. Instead, their individual missions became

to coordinate investments at every stage of a young person's life, from "cradle to career."

Strive didn't try to create

a new educational program or

attempt to convince donors to

spend more money. Instead,

through a carefully structured process, Strive focused the entire educational community on a single set of goals, measured in the same way. Participating organizations are grouped into 15 different Student Success Networks (SSNs) by type of activity, such as early childhood education or tutoring. Each SSN has been meeting with coaches and facilitators for two hours every two weeks for the past three years, developing shared performance indicators, discussing their progress, and most important, learning from each other and aligning their efforts to support each other.

Strive, both the organization and the process it helps facilitate, is an example of collective impact: the commitment of a group of important actors from different sectors to a common agenda for solving a specific social problem. Collaboration is nothing new. The social sector is filled with examples of partnerships, networks, and other types of joint efforts. But collective impact initiatives are distinctly different. Unlike most

Collective impact is continuously evolving.

Collaborating for Equity and Justice
Wolff et al. (2017)
The Nonprofit Quarterly

COLLABORATING FOR EQUITY AND JUSTICE

Collaborating for Equity and Justice: Moving Beyond Collective Impact

by Tom Wolff, Meredith Minkler, Susan M. Wolfe, Bill Berkowitz,
Linda Bowen, Frances Dunn Butterfoss, Brian D. Chisters,
Vincent T. Francisco, Arthur T. Hennekeman, and Kien S. Lee

While appealing in its simplicity, collective impact fails to address structural and systemic change in our societies, offers a hierarchical approach to community engagement, and does not address the root causes and contexts of social problems. Thus, the authors offer six principles that "seek new ways to engage our communities in collaborative action that will lead to transformational changes in power, equity, and justice."

The United States and numerous other nations have struggled with how to treat all its citizens equitably and fairly while wealth and power are concentrated in a very small segment of our society. First, in the face of growing public awareness and outcry about the centuries-long injustices experienced by African Americans, Native Americans, new immigrants, and other marginalized groups, we believe that our nation urgently needs collaborative multi-sector approaches toward equity and justice. For maximum effectiveness, these approaches must include and prioritize leadership by those most affected by inequity and injustice in order to effect structural and systemic changes that can support and sustain inclusive and healthy communities. Traditional community organizing and working for policy change will supplement the collaborative approach. We believe that efforts that do not start with treating community leaders and residents as equal partners

cannot later be reorganized to meaningfully share power. Instead, conditions and collaborations need a new way of engaging with communities that leads to transformative changes in power, equity, and justice.

To that end, a group of us have developed a set of six principles under the name "Collaborating for Equity and Justice." Drawn from decades of research, organizing, and experience in a wide range of fields, these principles facilitate successful cross-sector collaboration for social change in a way that explicitly lifts up equity and justice for all and creates reasonable change. We do not propose one specific model or methodology, recognizing that no single model or methodology can thoroughly address the inequity and injustice facing communities that have historically experienced powerlessness. Instead, we provide principles linked to web-based tools that can be incorporated into existing and emerging models and methodologies, toward

developing collaborations that will increase the likelihood of systemic and lasting change that creates equity and justice for all community members.

The principles we developed were also in response to popular use of what we perceive to be a flawed model: Collective Impact (CI). Foundations, government agencies, health systems, researchers, and other actors in the past relied on sophisticated collaborative models, such as Frances Butterfoss and Michelle Kegler's Community Condition Action Theory, Tom Wolff's Power of Collaborative Solutions Model, and Francis Foster-Petersen and Erin Watson's All4a Change Framework.¹ However, some leading foundations and important government agencies eagerly sought a simpler way to create large-scale social change through multi-sector collaboration. When John Kania and Mark Kramer introduced their model of Collective Impact, its five core tenets and basic phases showed modification to earlier models, but it was more appealing

Common Agenda



<http://www.collaborationforimpact.com/collective-impact/>



NIDA Cascade of Care Model

<https://www.drugabuse.gov/news-events/news-releases/2019/01/cascade-care-model-recommended-opioid-crisis>

Preventing Suicide	
Strategy	Approach
Strengthen economic supports	<ul style="list-style-type: none"> Strengthen household financial security Housing stabilization policies
Strengthen access and delivery of suicide care	<ul style="list-style-type: none"> Coverage of mental health conditions in health insurance policies Reduce provider shortages in underserved areas Safer suicide care through systems change
Create protective environments	<ul style="list-style-type: none"> Reduce access to lethal means among persons at risk of suicide Organizational policies and culture Community-based policies to reduce excessive alcohol use
Promote connectedness	<ul style="list-style-type: none"> Peer norm programs Community engagement activities
Teach coping and problem-solving skills	<ul style="list-style-type: none"> Social-emotional learning programs Parenting skill and family relationship programs
Identify and support people at risk	<ul style="list-style-type: none"> Gatekeeper training Crisis intervention Treatment for people at risk of suicide Treatment to prevent re-attempts
Lessen harms and prevent future risk	<ul style="list-style-type: none"> Postvention Safe reporting and messaging about suicide

Preventing Suicide: A Technical Package (CDC)

<https://www.cdc.gov/violenceprevention/pdf/suicideTechnicalPackage.pdf>

Common Progress Measures



<http://www.collaborationforimpact.com/collective-impact/>



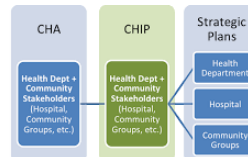
Whole School, Whole Community, Whole Child Model
<https://www.cdc.gov/healthyschools/wscc/index.htm>



Strategic Prevention Framework
<https://www.samhsa.gov/capt/applying-strategic-prevention-framework>



Positive Behavioral Interventions and Supports
<https://www.pbis.org/>



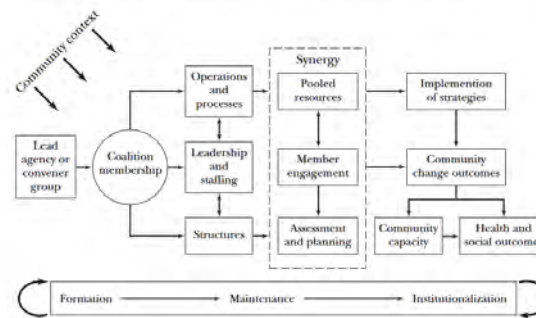
Community Health Assessment (CHA)
Community Health Improvement Plan (CHIP)
<https://www.naccho.org/>

Mutually Reinforcing Activities



<http://www.collaborationforimpact.com/collective-impact/>

FIGURE 7.1. COMMUNITY COALITION ACTION THEORY.



Community Coalition Action Theory
Butterfoss & Kegler, 2002; 2009



Ecosystem Approach – Deloitte University Press

https://www2.deloitte.com/content/dam/insights/us/articles/fighting-opioid-crisis-heroin-abuse-ecosystem-approach/DUP_3406_Opioid-ecosystem_MASTER_FINAL.pdf

Communication

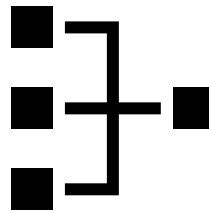


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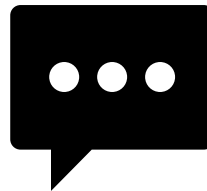
Organizational Structure

- Formal
- Informal



According to Direction

- Downward Communication
- Upward Communication
- Horizontal Communication



According to Expression

- Oral
- Written
- Visual
- Digital

Backbone Organization



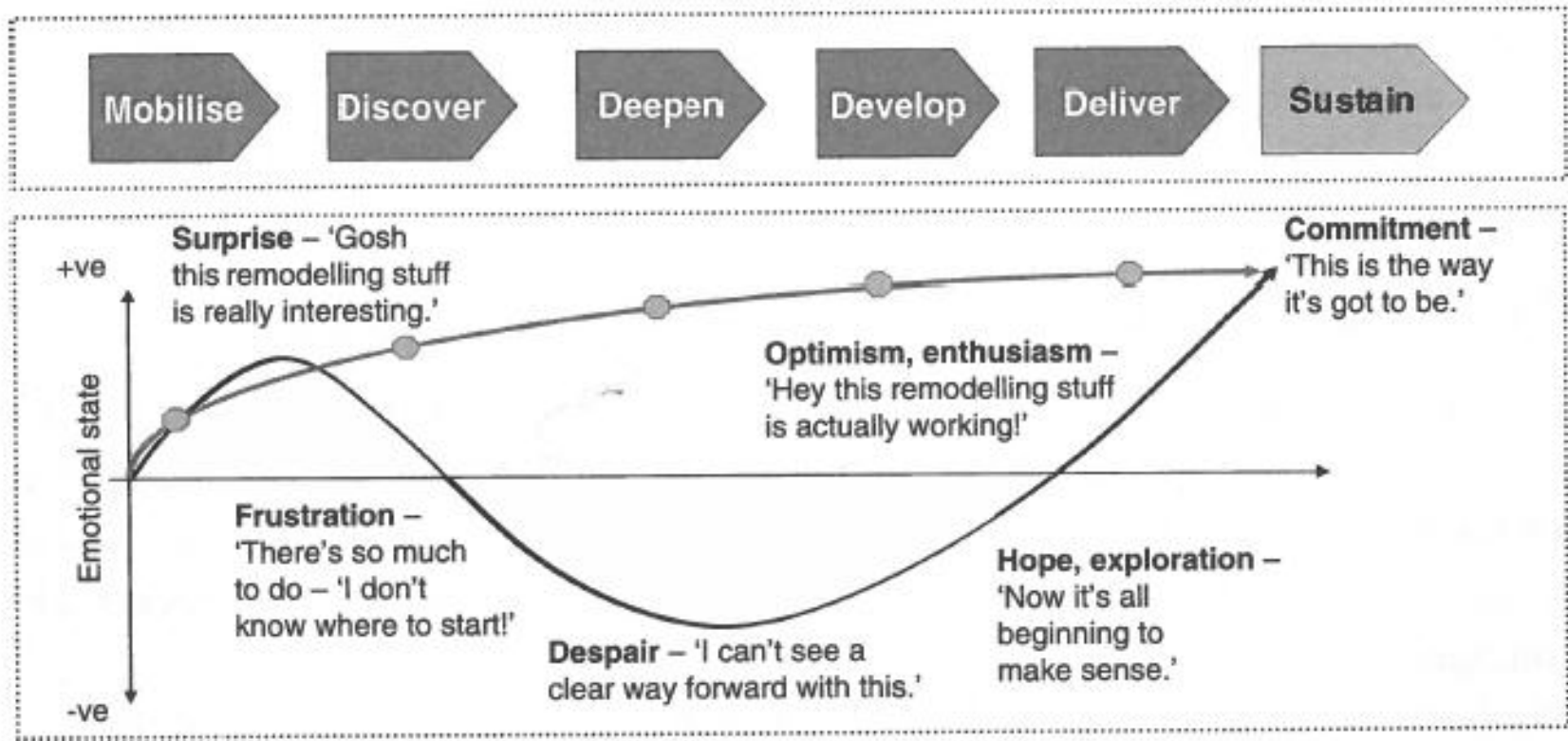
<http://www.collaborationforimpact.com/collective-impact/>

- 1 Collective impact is hard, important work.
- 2 Collective impact is not magic.
- 3 Collective impact requires an investment in people, project, and process.

Objective 3

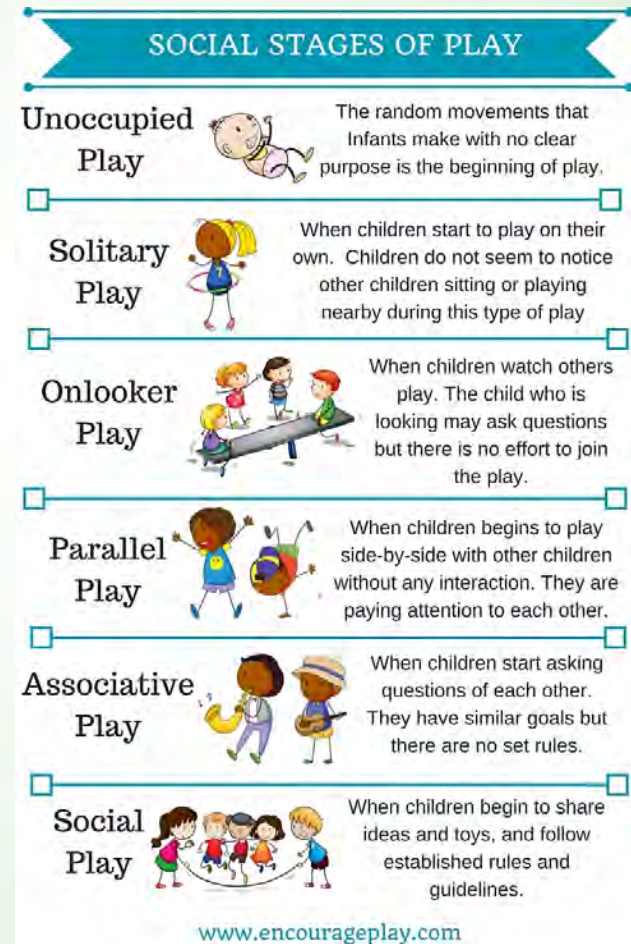
Discuss the successes, difficulties, and lessons learned from using a collective impact approach to address the opioid epidemic and the social determinants of health associated with it.

How difficult is it to engage in collective impact?

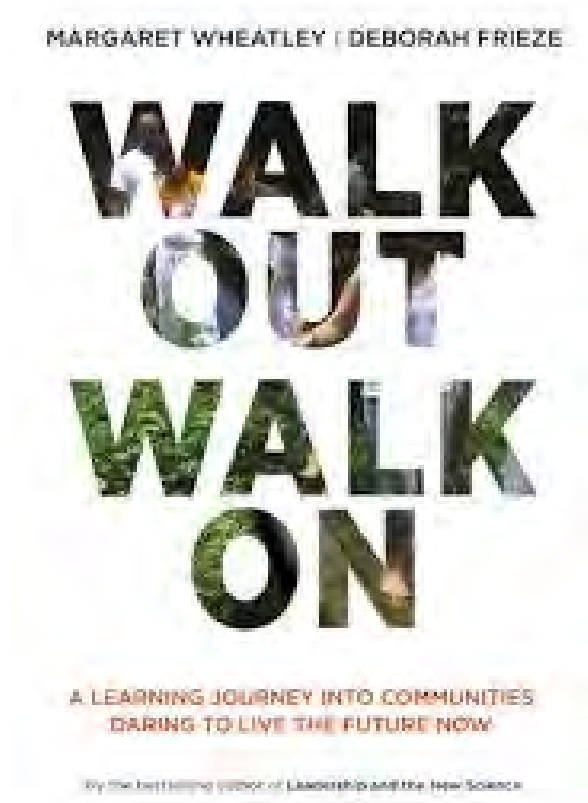


Objective 4

Mobilize leaders to engage in policy, systems, and environmental change activities in support of health equity.



Where do I start?



This [quote] has guided me in almost all of my works ... It is as follows, **“start anywhere, follow it everywhere.”** ... It’s the idea of **really working actively with emergence**. You don’t have to have the answers now; **you have to start with what’s in front of you**, and then you have to **actively notice where it is leading you and follow it.”**

- Deborah Frieze



Stages of Play

SOCIAL STAGES OF PLAY

Unoccupied Play



The random movements that Infants make with no clear purpose is the beginning of play.

Solitary Play



When children start to play on their own. Children do not seem to notice other children sitting or playing nearby during this type of play

Onlooker Play



When children watch others play. The child who is looking may ask questions but there is no effort to join the play.

Parallel Play



When children begins to play side-by-side with other children without any interaction. They are paying attention to each other.

Associative Play



When children start asking questions of each other. They have similar goals but there are no set rules.

Social Play



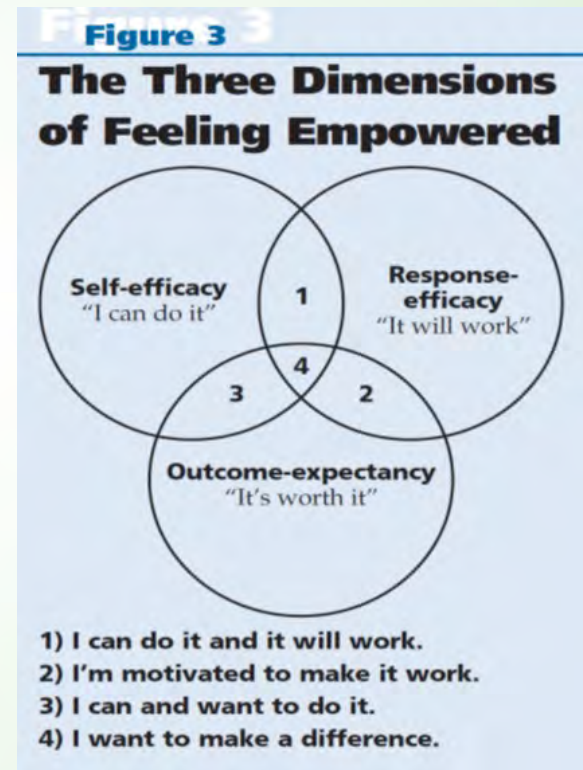
When children begin to share ideas and toys, and follow established rules and guidelines.

How do I lead collective impact?

1. Bring the whole system to the table.
2. First job is not to solve problem, but to build and sustain trust.
3. Next job is ensuring short-term wins for all, on the way to longer term solution.
4. Build ongoing, adaptive learning into the process.
5. Be aware of your power, and share it responsibly.
6. Manage relationships at home in tandem with those of your problem-solving community.

Objective 5

Assess the value of working toward community change using a collective impact approach by asking “Can we do it? Will it work? Is it worth it?”



Reference. Gellar, ES. People-Based Leadership Enriching a Work Culture for World-Class Safety.

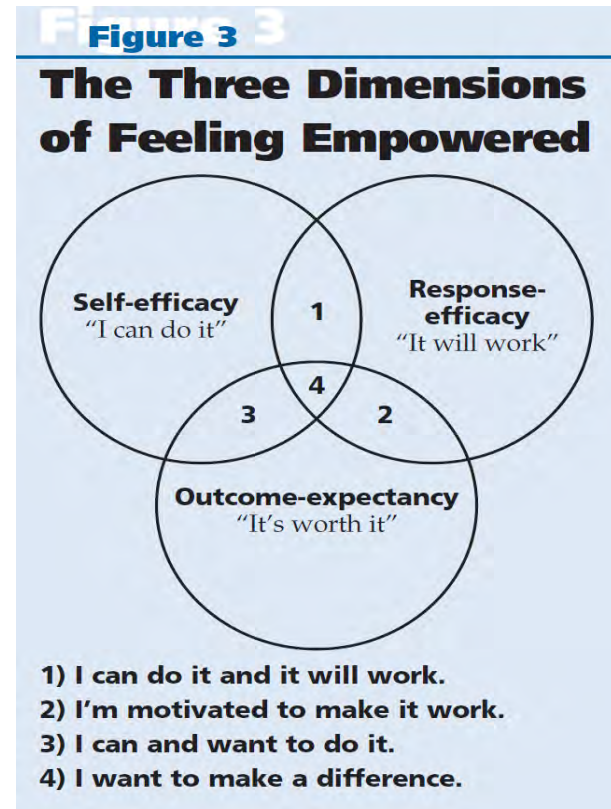
If you can mitigate the challenges and capitalize on the strengths/synergies of collective impact:

1. It can be used to address any pressing issue in a community, especially social determinants of health.
2. The structure and relationships can transcend the ever-changing landscape of community work.

Is collective impact the right approach at the right time to address SDoH in my community?

When faced with a new initiative, framework, idea, etc. ... ask:

1. Can I do it?
2. Will it work?
3. Is it worth it?



Reference. Gellar, ES. People-Based Leadership Enriching a Work Culture for World-Class Safety.

https://www.researchgate.net/publication/254508297_People-Based_Leadership_Enriching_a_Work_Culture_For_World-class_Safety

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VOINOVICH SCHOOL OF LEADERSHIP AND PUBLIC AFFAIRS