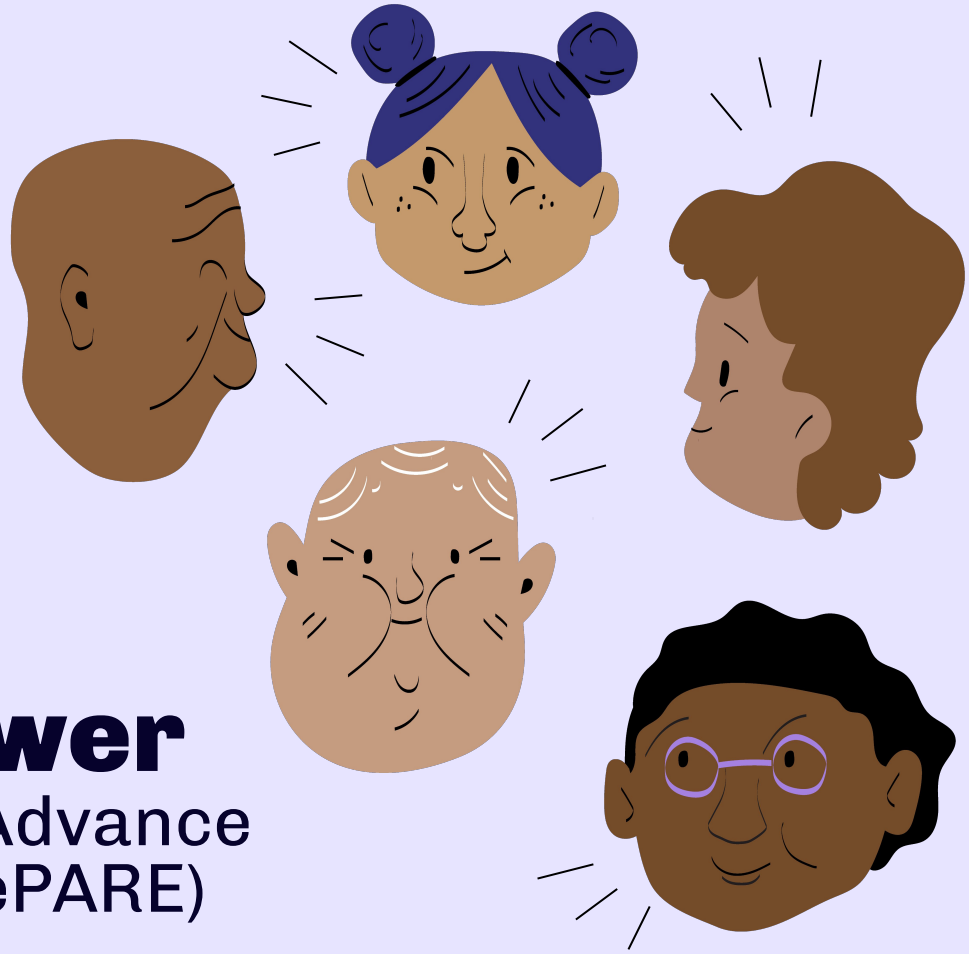
Health Leads



OCTOBER 2024

Designing for Community Power

Research to Pursue & Advance Racial Health Equity (RePARE)

Agenda

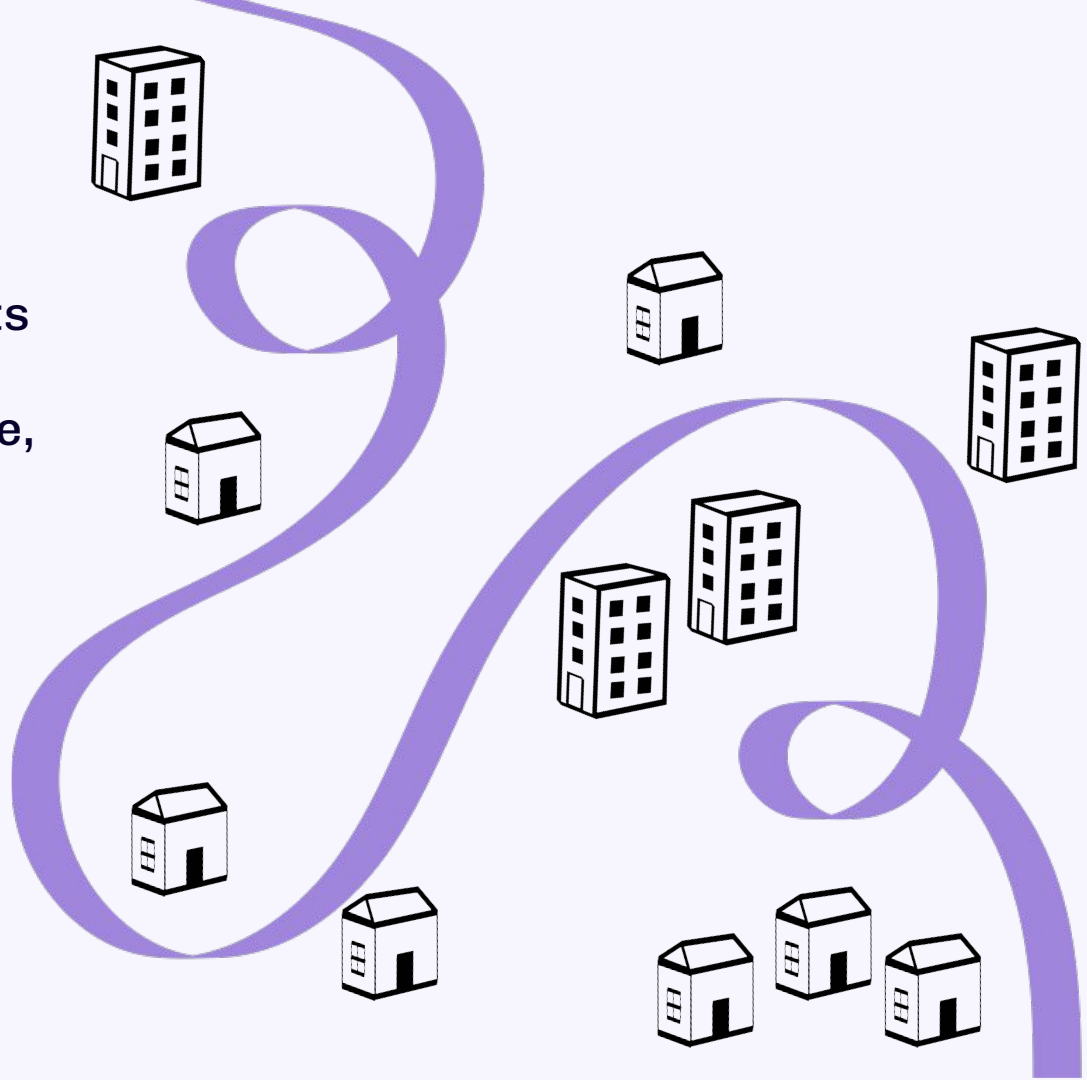
Intros and Practice Agreements

Community resource landscape, challenges and vision

Research and findings informing future of CRNs

CRN initiatives funding opportunities

Discussion



Today, many systems designed to be helpful work against community-based organizations, individuals and families - rather than for them.

Nonprofits, small businesses, public health systems and care providers are doing their best to collaborate and provide services to their neighbors in need.

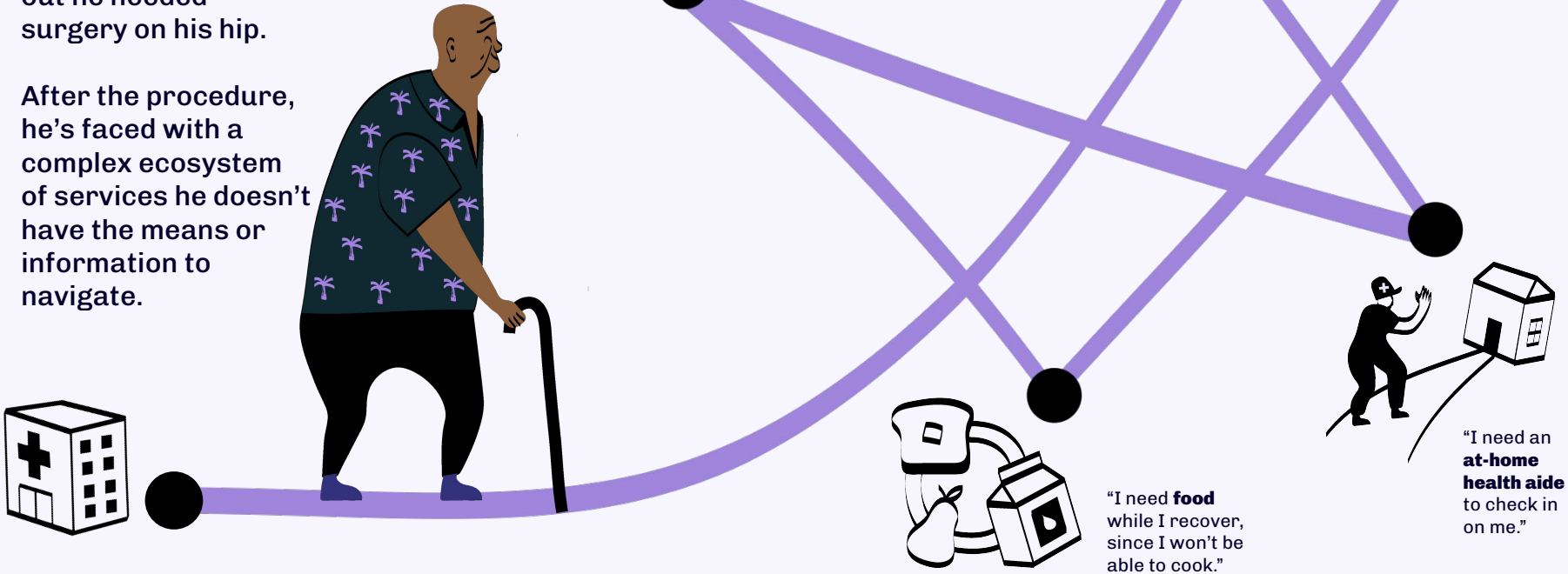
The industry surrounding resource community connections alone has grown to a valuation of $18.5 billion.

And yet, inequities have been baked into systems designed to support people in accessing resources from day one. This is especially true for services meant to support underinvested in communities.

Meet Tio Carlos.

A father of 4 and an accomplished educator from Bolivia who recently found out he needed surgery on his hip.

After the procedure, he's faced with a complex ecosystem of services he doesn't have the means or information to navigate.



"I need **translation** to understand the doctor's after-care instructions."

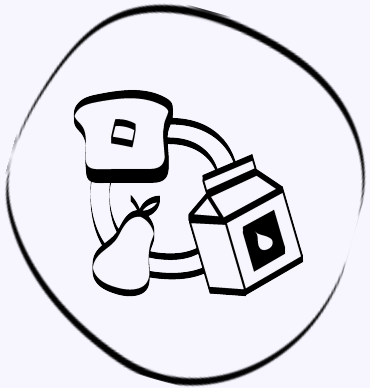
"I need **transportation** to take me home."

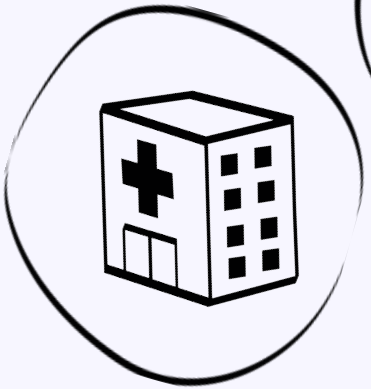
"I need **food** while I recover, since I won't be able to cook."

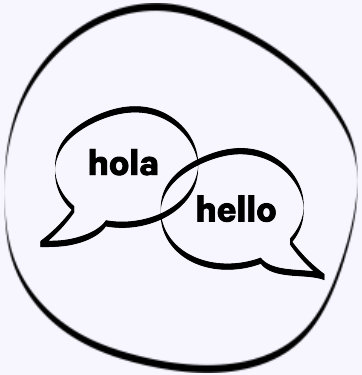
"I need an **at-home health aide** to check in on me."

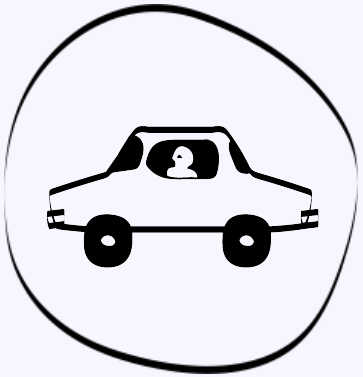
Each of these services is provided by different organization. And, today, they don't talk to or coordinate with each other. This means Carlos' care is fractured, and incomplete.

Let's imagine what would happen if power, data - and eventually, AI tools - were in the hands of local organizations that communities already know and trust.









The hospital would know all the service providers and give them a heads up that he was getting a surgery.

Organizations would also be able to better communicate with each other, making them more effective and less wasteful in the long run. And Carlos has a better experience navigating them.

Each service provider would also better anticipate Tio Carlos' needs and be able to treat him as a whole, holistic person.

"Supporting high quality data management is a prerequisite for both effectively addressing social needs at the community and individual level and conducting high quality research."

- The White House Playbook to Support SDOH

If these systems and organizations were connected, valuable data about local resources would be accessible to those who can best use it to improve people's lives - but that's not the reality today.

While millions have been invested in resource navigation technology, people are still not getting what they need.

Solutions are bespoke and unsustainable —health care orgs each collect data in their internal system in their own ways.

Service providers are also collecting their own data, managing it within systems like Google docs, and coordinating with others to meet people's needs.

CBOs are left out of the design process, the resource data is privatized and adoption of referral networks is low.

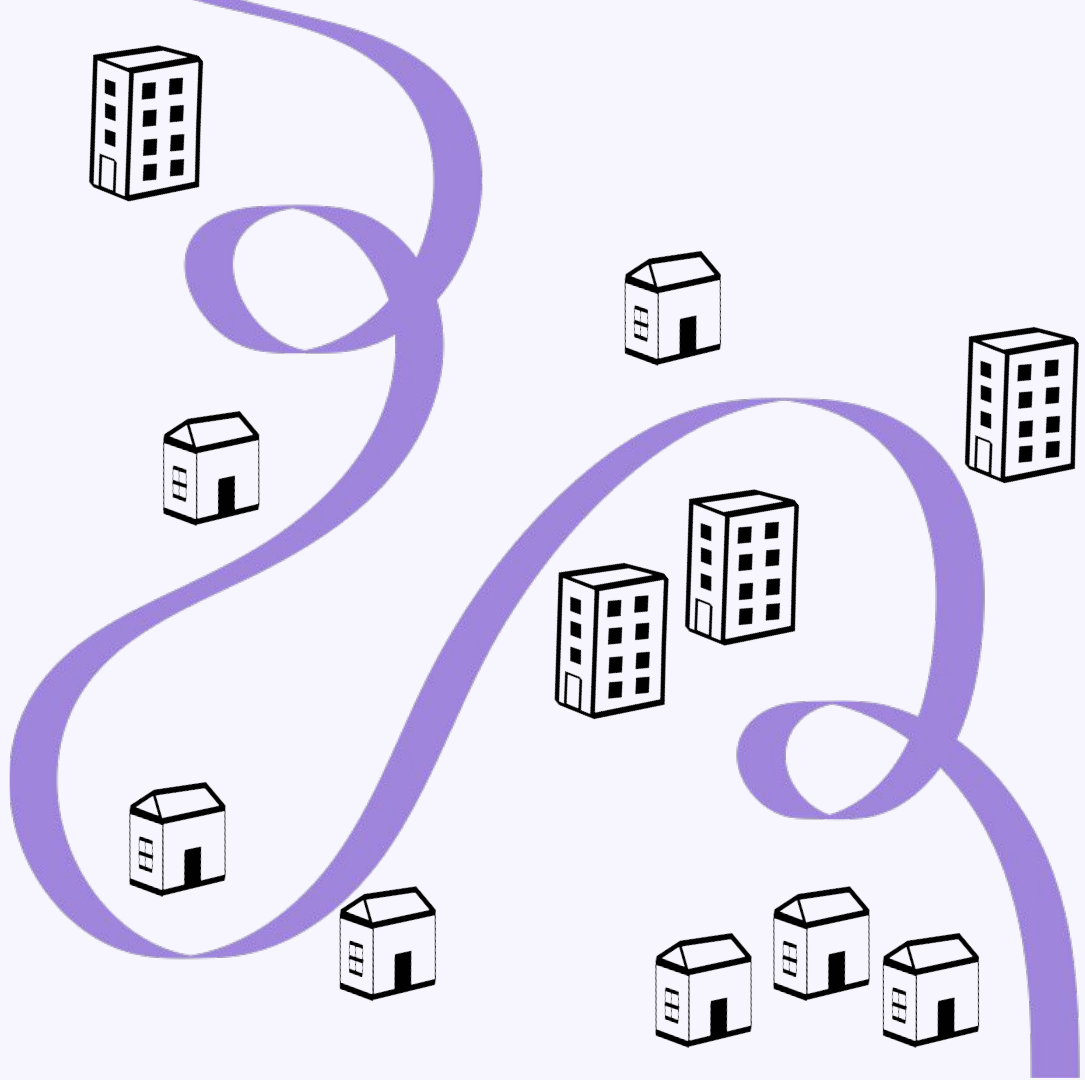
Handing communities a solution, innovation or approach without their involvement and expertise comes at a significant cost.

In a moment when AI is rapidly shifting everything, including how hospitals and private companies operate, whole communities will be left behind.

And inequities will deepen at a much faster pace.

We imagine a world where it is as easy for someone to connect to housing and transportation as it is to order food from their favorite restaurant - and whole communities aren't left behind as AI takes hold.

Learnings from the Health Leads RePARE project are helping create a path forward.



Research to Pursue & Advance Racial Health Equity (RePARE)

18 month project that employed community-led governance and liberatory equitable design methods to:

- Understand how to best design, implement and support community-anchored referral networks in order to advance community health & racial health equity;
- Understand the impact of these networks on the community, as well as the implementation processes needed to design and launch networks; and
- Promote new practices and share lessons learned broadly within the sector for the purpose of influencing continued investment in the market.

Health Leads

CommonSpirit

blue california

California Health Care Foundation

Participating Network Organizations (PNOs)

We partnered with 8 PNOs across diverse regions and funding models to share best practices and enhance service delivery. Selection criteria included:

- Diverse Community Settings
- Communities Served
- Funding Models and Staffing Structures
- Network Type and Technology Support
- Governance and DEI Commitment
- Community Advisory Group Formation

United Way of Rhode Island

2·1·1 Washington Greater Columbia Region

United Way of San Joaquin County

ICARE Integrated Care Collaboration

Connect Sonoma Unidos

Bay Aging Dignity at Every Age

People for People

United Way of the Mohawk Valley

Chicanos por la Causa

Key Findings: Funding

Current State

- Heavily reliant on fragmented, short-term sources, disproportionately impacting underfunded communities of color
- $2.9 million operational gap - a symptom of a broader system that undervalues community-based organizations (CBOs) serving Black, Brown, and Indigenous communities
- Mostly financed from local government sources, leaving CRNs vulnerable to shifting political priorities, which often deprioritize racial health equity initiatives.

Future State

- Funding streams rooted in racial health equity, ensuring that resources are directed to CBOs serving communities of color, with long-term, sustainable investments
- Diversified funding model which includes greater contributions from philanthropy, government, and private sectors, with a commitment to racial justice
- Community-centric fundraising models that are co-designed with local communities

Recommendations: Funding

- **Policy**: Engage in advocacy that pushes for sustained investment in CRNs, with a racial equity focus, to ensure that communities of color have consistent access to health resources
- **Incentives**: Implement economic models that incentivize CBOs to lead data-sharing and collaboration efforts, ensuring that community data is not exploited for profit
- **Unrestricted, long-term support**: Prioritize racial equity initiatives in a way that allows CBOs to focus on systemic change rather than short-term survival
- **Equity-centric models**: Invest in fundraising community-centered models ensures that financial sustainability is paired with equity

Bright Spots

Connected Community Network in San Joaquin ties into broader state-level work through CalAIM, highlighting how partnerships with health plans can support more robust financial structures for CBOs

People For People in Washington secured contracts to allow SNAP application processing through 211 services, showing how partnerships can lead to direct service funding

Secure Families Collaborative and **Aliados Health**'s backbone funding and clear collective impact statements helped anchor racial equity work. These models show the importance of embedding equity-focused leadership and data into funding strategies.

Key Finding - Staffing

Current State

- Under-resourced in direct service roles, like CHWs and navigators, who are crucial in reaching and serving marginalized communities
- Lack of investment in culturally responsive staffing, particularly in roles that serve communities of color, leads to a disproportionate burden on leadership roles, exacerbating burnout
- Inequitable staffing distribution undermines efforts to advance racial health equity

Future State

- Supported and resourced workforce that reflects the communities they serve
- Scaled up recruitment, training, and support of CHWs, promotores, and other frontline staff from communities of color
- Reinforced roles that are vital for building trust and providing culturally competent care, helping to close the racial health equity gap

Recommendations: Staffing

- Implement **racially equitable staffing models** that prioritize hiring from within the communities served
- Invest in **leadership development** for staff from marginalized communities, ensuring that CRNs empower individuals with lived experience to take on leadership roles
- Fund **culturally responsive training** for all staff to ensure racial health equity is embedded in every aspect of service delivery
- Address systemic **barriers to recruitment and retention** in communities of color
- Direct **funding toward ensuring equitable salaries** for CHWs and direct service staff
- Address **immigration status barriers**, which prevent fair compensation for promotores

Bright Spots

Virginia Community Care Hub involved 300 cross-sector stakeholders, demonstrating the impact of diverse staffing and collaboration on addressing racial health disparities

Sonoma Connect co-designed staffing models with the community and have seen improvements in culturally responsive service delivery.

Bay Aging tracked recruitment demographics by race, gender, and other equity indicators, providing a model for other CRNs to follow in assessing the diversity of their staff

Aliados Health included CHWs and promotores in leadership roles and decision-making processes

Key Finding - Measurement

Current State

- Misalignment with needs of the communities, often prioritizing funder-driven metrics that fail to capture the true impact on communities of color
- Lack of equity-centered data collection that reflects the lived experiences and needs of Black, Brown, and Indigenous populations
- Disconnect between what is measured and what matters for advancing health equity

Future State

- Equity-centered measurement frameworks that prioritize community-defined outcomes
- Focused on racial disparities in access to care, health outcomes, and resource allocation, ensuring that data collection directly addresses the needs of historically marginalized populations
- Reflects both quantitative and qualitative impacts, especially those related to racial health equity

Recommendations: Measurement

- Track outcomes that specifically **measure progress in addressing racial disparities**, including community health outcomes, service delivery, and resource accessibility
- Involve **community members in the design** of these metrics to ensure they reflect the lived realities of people of color
- Develop shared dashboards that allow **transparent, real-time data sharing** with communities to increase accountability and trust
- Track demographics to **assess recruitment** across racial, ethnic, and gender categories

Bright Spots

Aliados Health has made strides by standardizing data definitions across multiple organizations and developing dashboards to track disparities through RePARE screenings.

Public dashboards, such as those being developed by Aliados Health, should be implemented across all CRNs to allow for transparency and accountability in addressing racial health disparities.

Key Finding - Communication

Current State

- Communication between CRNs, CBOs, and larger healthcare systems often excludes the voices and needs of communities of color
- CBOs serving marginalized communities are largely left out of the design and decision-making processes for communication and data-sharing platforms, leading to distrust and low engagement
- Privatization of resource data disproportionately affects communities of color by limiting their access to essential services

Future State

- Racially equitable communication systems that involve communities of color at every stage of the design and implementation process
- Building trust through transparent, culturally competent communication that reflects the values and needs of the communities they serve
- Community members are active participants in shaping how their data is shared and used to ensure that tools are designed to support racial health equity

Recommendations: Communication

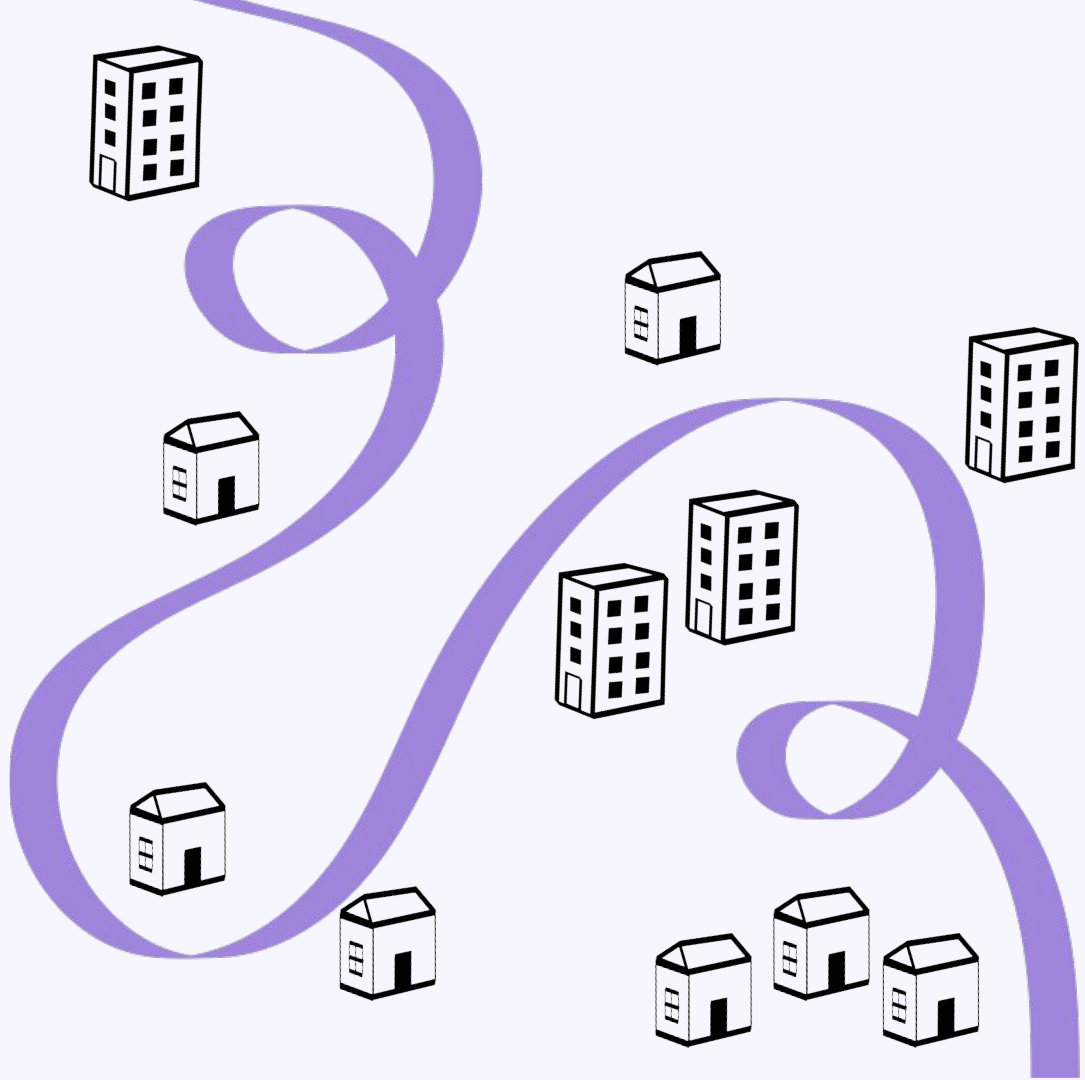
- Ensure that communication systems are **co-designed with input** from communities of color to address their specific needs and concerns
- Invest in **culturally competent communication strategies** that are accessible in multiple languages and formats, ensuring that all community members can engage with CRN services
- Build trust by creating **transparent feedback loops** where community voices are heard and acted upon
- Prioritize the use of **communication tools that advance racial health equity** and amplify the voices of marginalized groups

Bright Spots

Sonoma Connect and **People For People** emphasizes relationship -building and culturally competent communication as central to their success. Sonoma Connect's community-centric approach to engaging CBOs fosters trust and improves communication between service providers and the community

211 Washington allows clients to complete SNAP applications through the referral network, which has improved service delivery for low-income individuals, many of whom are people of color. Expanding such initiatives while ensuring equity in data sharing and access will significantly improve communication efforts across CRNs

Funders and investors agree - implementing CRNs requires a new approach



Funder Response

Current State

- **Funding Inequities:** Organizations with greater capacity dominate the landscape, creating a disparity leaving marginalized groups unable to join key networks like CalAIM and MCPs. Power dynamics and transactional RFP processes exacerbate inequities
- **Challenges with Impact Reporting:** CBOs face issues with transparency and hesitancy in participating due to power dynamics, further fragmenting the community-based sector
- **Regulatory & Operational Burdens:** Mandates, such as separate requirements for social needs and gender-affirming care, impose high compliance demands without adequate funding or coordination
- **Dominance of Technology-Focused Solutions:** Tools like UniteUs and FindHelp prioritize technological efficiency but lack a community organizing lens, creating a gap in equity-driven strategies
- **Fragmentation Across Funding & Planning:** Conversations remain siloed, and policy responses fail to account for on-the-ground realities, perpetuating inefficiencies and inequities

Funder Response

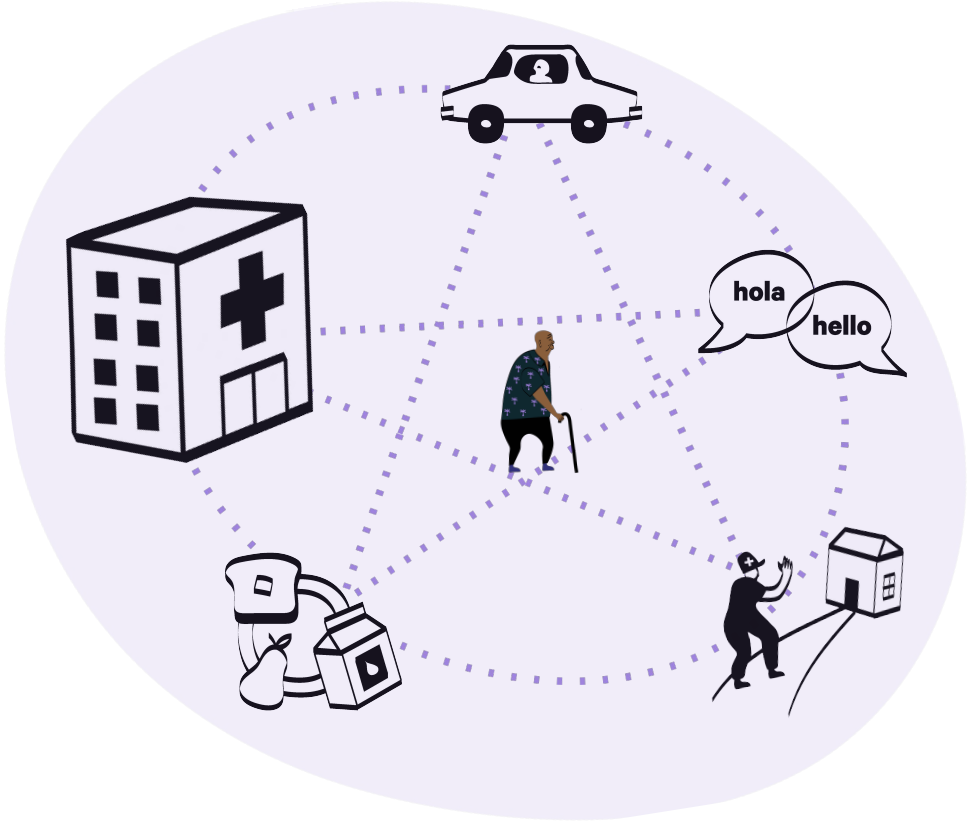
Future State

- **Equity as a Foundation:** Funding processes designed with equity from the start, including BIPOC-led workgroups, support systems for marginalized organizations, and investments in capacity building
- **Integrated & Accountable Policies:** Policy frameworks move beyond checkbox compliance to include accountability for outcomes, meaningful data sharing, and alignment across stakeholders
- **Community-Led Data Ownership:** Empowering CBOs to own and manage their data, with public utility models ensuring privacy and accessibility
- **Collaborative Ecosystems:** Networks where health plans, philanthropic entities, and CBOs work together without fear of regulatory penalties for collaboration

Funder Recommendations

- **Support for Marginalized CBOs:** Allocate dedicated funds for community organizing and capacity building, enabling organizations to join networks and participate equitably
- **Governance Processes:** Establish a governance framework to center equity and empower CBOs as leaders in their work. Include performance metrics that reflect community priorities
- **Advocacy & Policy Reform:** Collaborate with regulators to strengthen accountability mechanisms for linking care, addressing social needs, and creating equity-focused mandates
- **AI & Technology Training:** Develop AI 101 training programs for CBOs, offering tools and resources to manage data while showcasing public utility models
- **Unified Vision and Strategy:** Convene funders and stakeholders to align on a shared vision for social networks and data management, minimizing silos and enhancing collective impact

Join us to build on our learning - and also prepare for the impact of AI - by ensuring critical community resource data is strengthening our systems of health.



Thank you

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