

# BUILDING TRANSFORMATIONAL RELATIONSHIPS WITH HEALTHCARE ORGANIZATIONS

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NECAP CONFERENCE  
MARCH 27, 2025



# AGENDA

- WELCOME
- A 170-year overview of healthcare in 10 minutes
- What causes poor health?
- How can the health of a community be improved?
- What's our role in health/well-being improvement?
- Small group discussion- What role can Community Action agencies play in sustainable health improvement?





WHY IS THIS IMPORTANT?

Sure glad the hole  
isn't at our end.

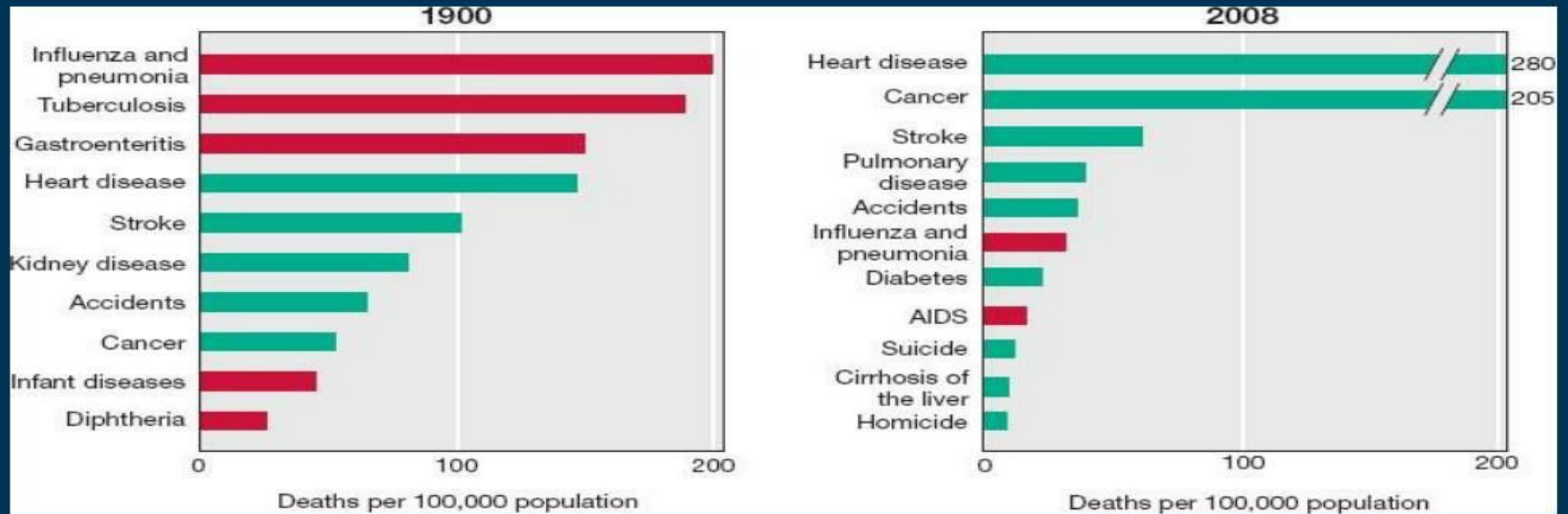




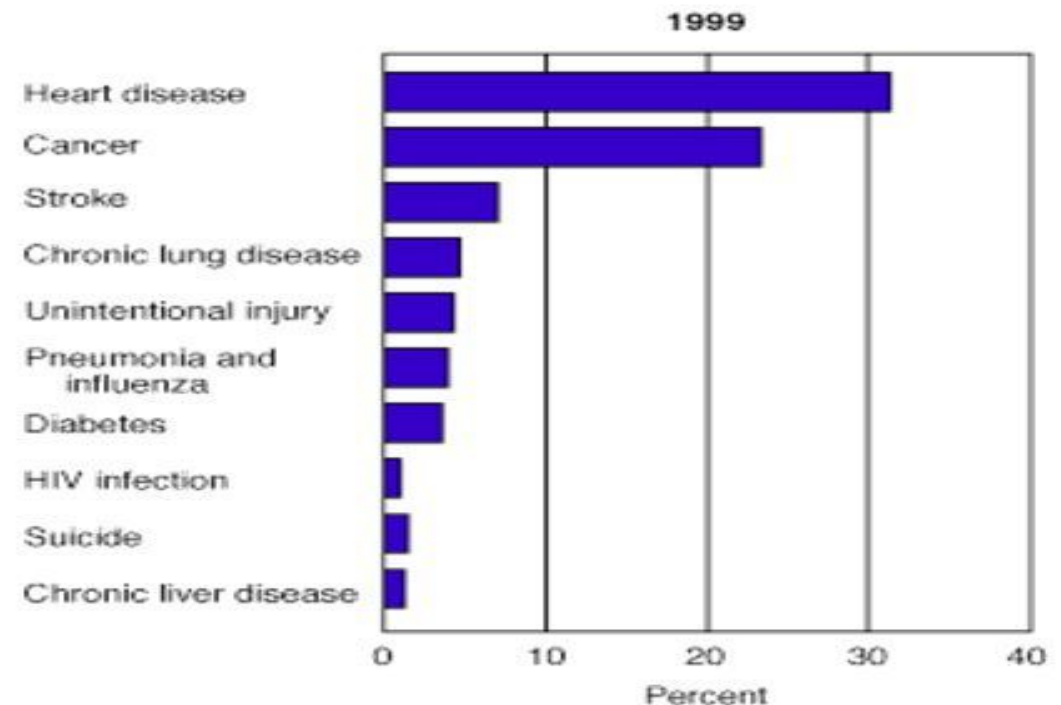
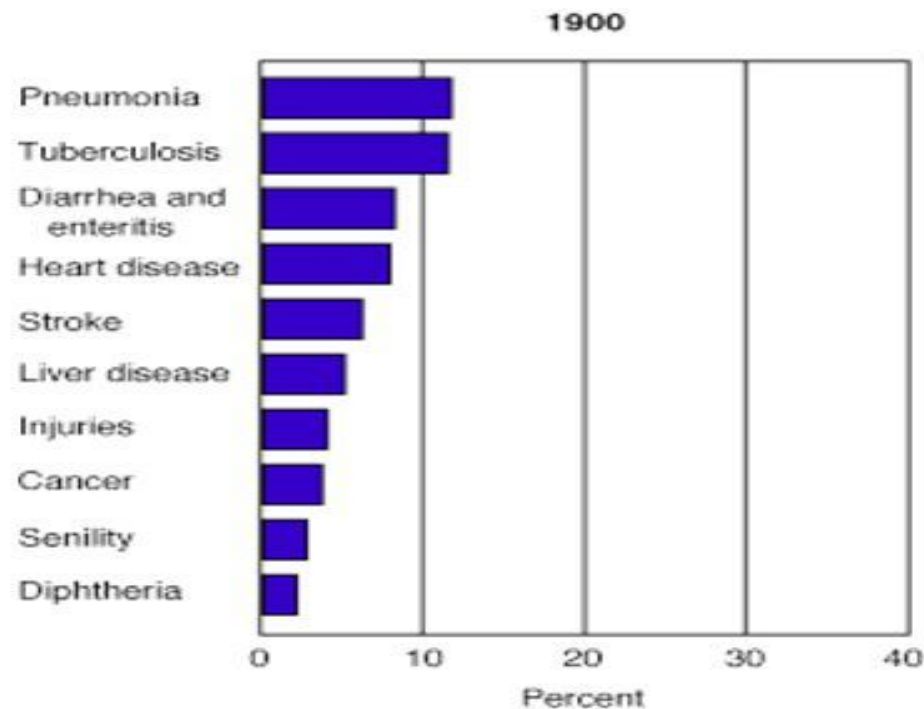


## A 170 YEAR OVERVIEW OF HEALTHCARE IN 10 MINUTES

# Leading causes of death in the US: 1900 and 2008



# Changes in Cause of Death, 1900–1999



Source: Centers for Disease Control and Prevention. Control of infectious diseases, 1900–1999. *Morbidity and Mortality Weekly Report* 1999; 48:621–629.




# MIRROR, MIRROR 2024: A Portrait of the Failing U.S. Health System: Comparing Performance in 10 Nations

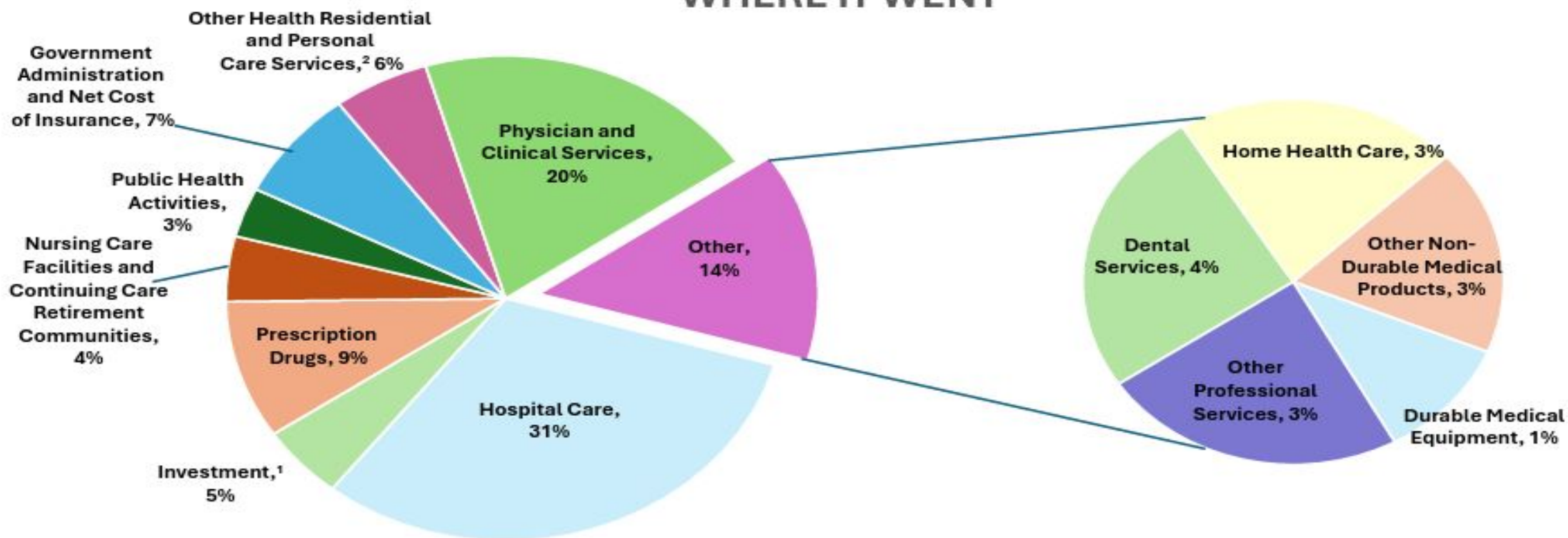
David Blumenthal, Evan D. Gumas, Arnav Shah, Munira Z. Gunja, Reginald D. Williams II

- Differences in overall performance between most countries are relatively small.
- The only clear outlier is the U.S., where health system performance is dramatically lower.
- The U.S. continues to be in a class by itself in the underperformance of its health care sector.
- We spend more on healthcare than any other nation.



- 
- While the other nine countries differ in the details of their systems and in their performance on domains, unlike the U.S., they all have found a way to meet their residents' most basic health care needs, including universal coverage.
  - Americans face the most barriers to health care access and affordability compared to other countries.
  - Physicians and patients in the U.S. are most likely to face obstacles related to insurance rules, billing disputes, and reporting requirements.
  - The U.S. ranked last for equity in health care access and experience.
  - The U.S. also scored poorly on health outcomes, with Americans living the shortest lives and having the most avoidable deaths.

## THE NATION'S HEALTH DOLLAR (\$4.9 TRILLION), CALENDAR YEAR 2023: WHERE IT WENT



<sup>1</sup> Includes Noncommercial Research and Structures and Equipment.

<sup>2</sup> Includes expenditures for residential care facilities, ambulance providers, medical care delivered in non-traditional settings (such as community centers, senior citizens centers, schools, and military field stations), and expenditures for Home and Community Waiver programs under Medicaid.

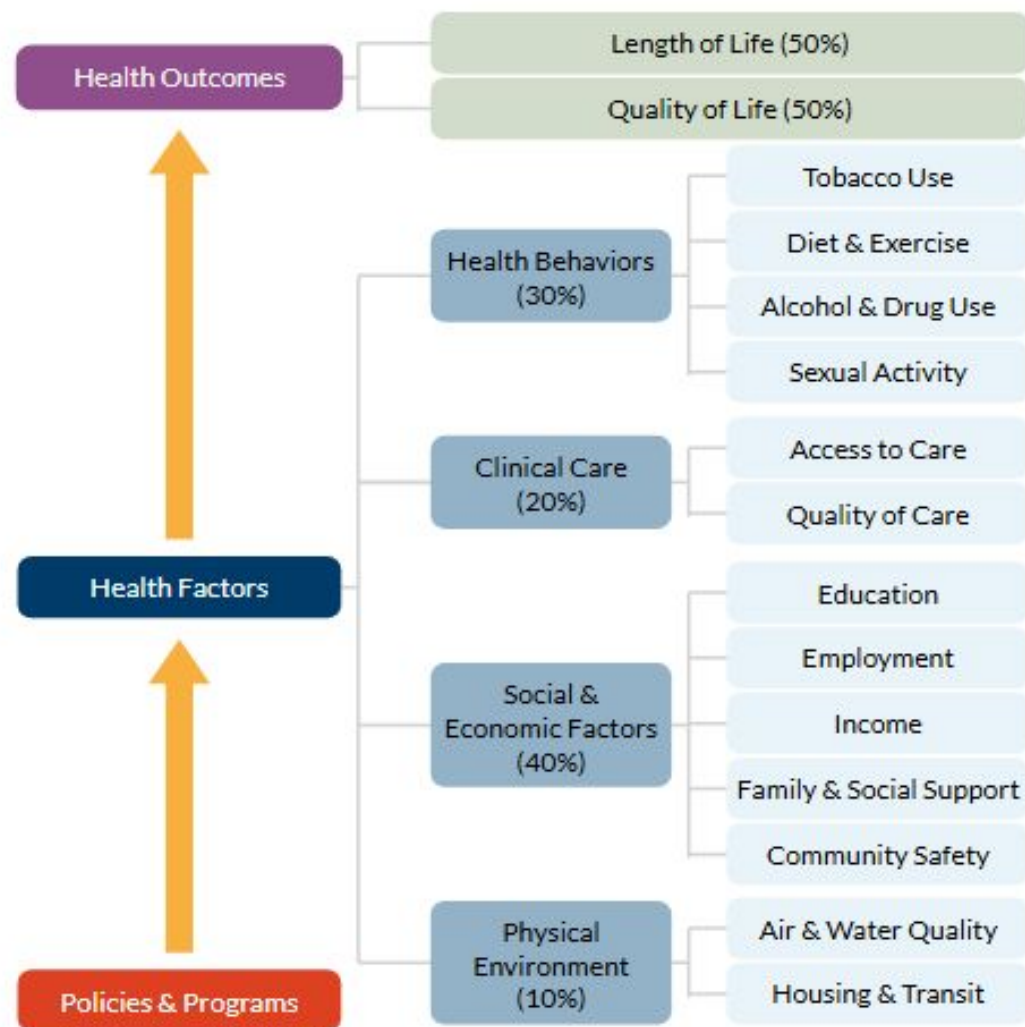
Note: Sum of pieces may not equal 100% due to rounding.

SOURCE: Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group.



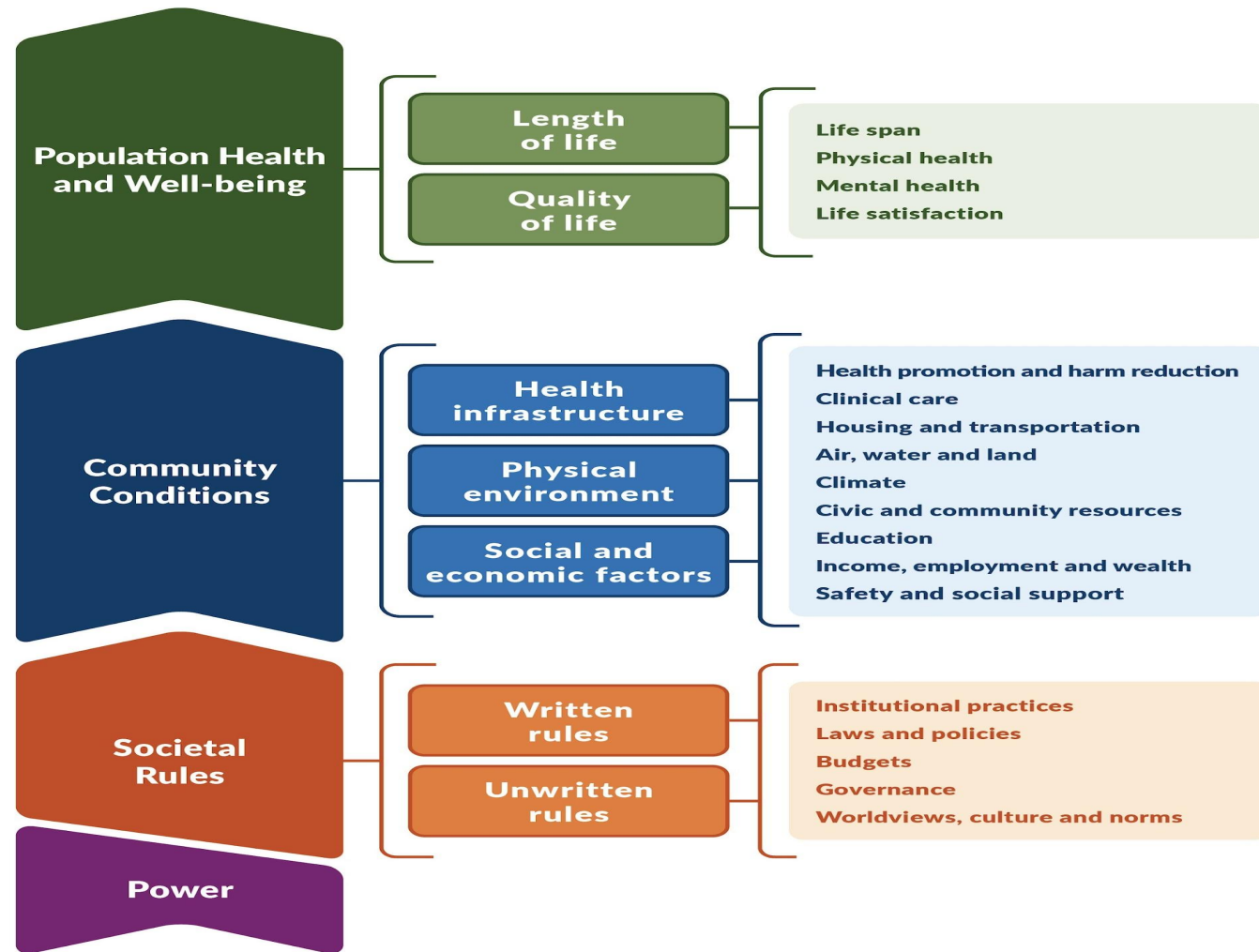
WHAT CAUSES POOR HEALTH?

# WHAT SHAPES HEALTH AND EQUITY?



County Health Rankings model © 2014 UWPHI







HOW CAN THE HEALTH OF A COMMUNITY BE IMPROVED?

# Vital Conditions for Health and Well-Being



**Belonging & Civic Muscle** is at the center because it is both a vital condition and a practical capacity that is necessary for equitable success in every other kind of work.



## THRIVING NATURAL WORLD

### Sustainable resources, contact with nature, freedom from hazards

Clean air, water, soil; healthy ecosystems able to sustainably provide necessary resources; accessible natural spaces; freedom from the extreme heat, flooding, wind, radiation, earthquakes, pathogens



## BASIC NEEDS FOR HEALTH + SAFETY

### Basic requirements for health and safety

Nutritious food, safe drinking water; fresh air; sufficient sleep; routine physical activity; safe, satisfying sexuality and reproduction; freedom from trauma, violence, addiction and crime; routine care for physical and behavioral health



## HUMANE HOUSING

### Humane, consistent housing

Adequate space per person; safe structures; affordable costs; diverse neighborhoods (without gentrification, segregation, concentrated poverty); close to work, school, food, recreation, and nature



## MEANINGFUL WORK + WEALTH

### Rewarding work, careers, and standards of living

Job training/retraining; good-paying and fulfilling jobs; family and community wealth; savings and limited debt



## LIFELONG LEARNING

### Continuous learning, education, and literacy

Continuous development of cognitive, social, emotional abilities; early childhood experiences; elementary, high school, and higher education; career and adult education



## RELIABLE TRANSPORTATION

### Reliable, safe, and accessible transportation

Close to work, school, food, leisure; safe transport; active transport; efficient energy use; few environmental hazards



## BELONGING + CIVIC MUSCLE

### Sense of belonging and power to shape a common world

Social support; civic association; freedom from stigma, discrimination, oppression; support for civil rights, human rights; civic agency; collective efficacy; vibrant arts, culture, and spiritual life; equitable access to information; many opportunities for civic engagement (voting, volunteering, public work)





HOW CAN WE START TO IMPROVE THE HEALTH OF OUR  
COMMUNITY?





## **ACTION: HOW DO WE IMPACT HEALTH FACTORS?**

1. Know Your History
2. Learn About Healthcare's Mandate to Health Improvement
3. Use Local Data
4. Stewardship/Cross Sector Partnerships
5. Authentic Community Participation
6. Strategy, Not Programs- Complex Problem Solving



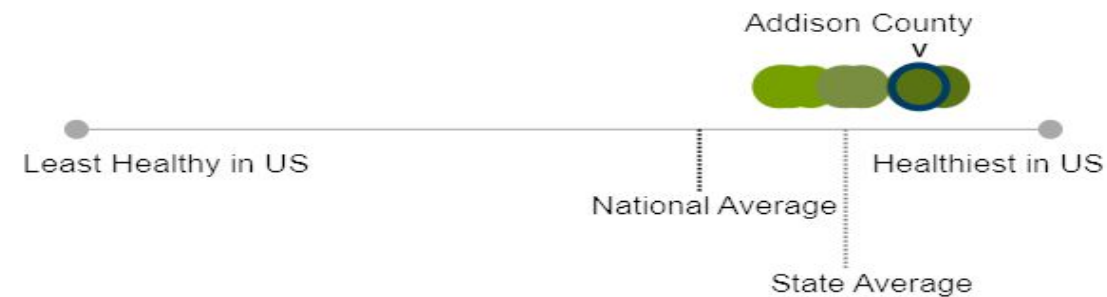
## **2. HEALTHCARE'S MANDATE FOR HEALTH IMPROVEMENT**

- Federally Qualified Health Centers
- Community Health Needs Assessments
- Community Health Improvement Plans
- Community Benefit

### 3. USE LOCAL DATA



#### Addison County Population Health and Well-being - 2025



**Addison County is faring slightly better than the average county in Vermont for Population Health and Well-being, and better than the average county in the nation.**

## What Do The Chronic Conditions Look Like in Addison County?

Prevalence Rates (2022 CDC PLACES) for Addison County and 5 Census Tracts in northern Addison County

	CANCER	STROKE*	HEART DISEASE*	DIABETES	COPD
ADDISON COUNTY	10.10%	2.90%	6.30%	7.70%	5.50%
9601 (Monkton)	9.30%	3.10%	6.50%	8.30%	6.50%
9602 (Ferrisburgh)	10.20%	3.10%	6.70%	8.00%	6.00%
9603 (Vergennes)	9.50%	4.00%	7.70%	9.50%	8.70%
9604 (New Haven)	11.00%	3.30%	7.20%	8.70%	6.50%
9605 (Bristol)	9.90%	3.30%	6.80%	8.50%	6.70%

\* The 3-4-50 framework combines stroke and heart disease as 1 disease.

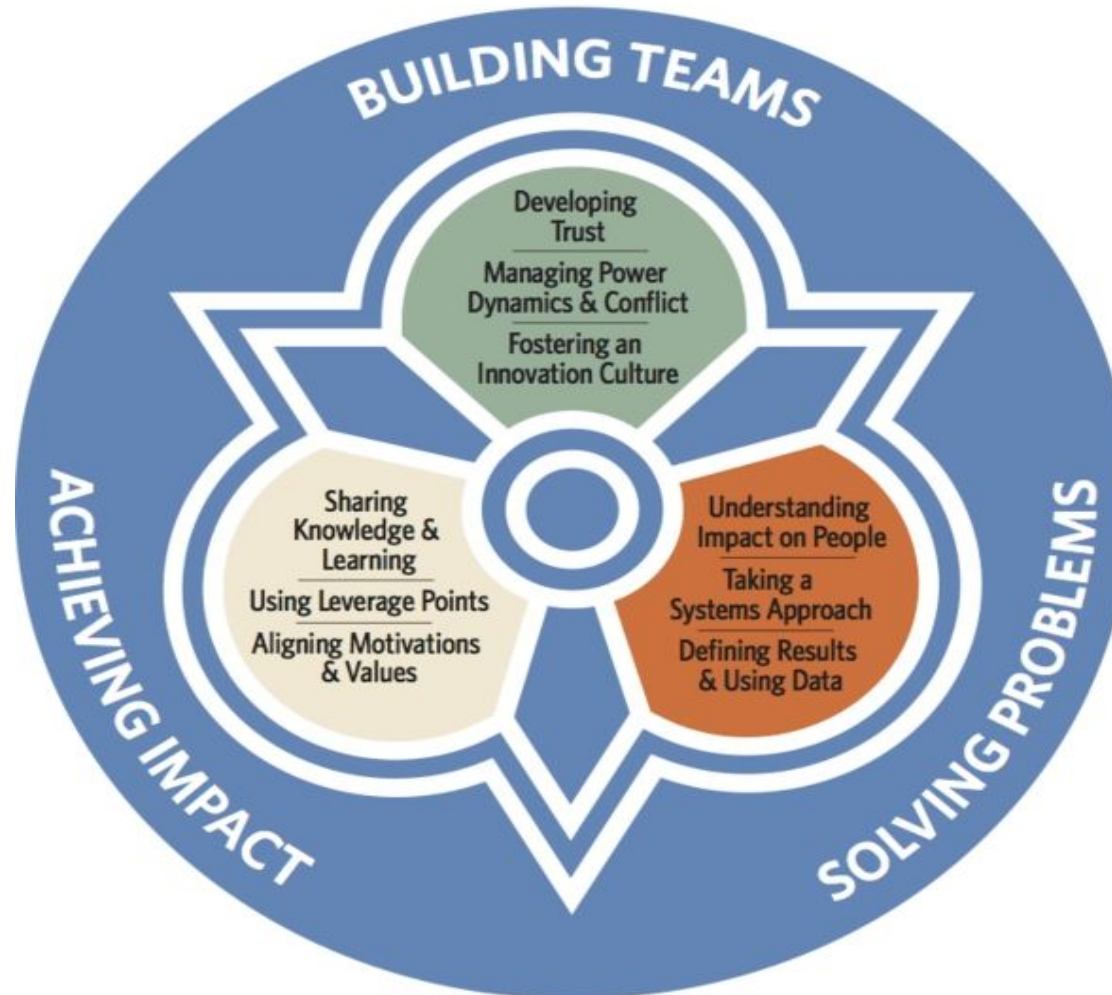


# What Does Health Status Look Like in Addison County?

Self-Reported Prevalence Rates (2022 CDC PLACES) for Addison County and 5 Census Tracts in Northern Addison County

	FAIR TO POOR GENERAL HEALTH	FREQ MENTAL DISTRESS	FREQ PHYSICAL DISTRESS
ADDISON COUNTY	10.70%	14.00%	10.00%
9601 (Monkton)	12.50%	15.40%	11.40%
9602 (Ferrisburgh)	11.60%	13.60%	10.60%
9603 (Vergennes)	16.10%	16.10%	13.60%
9604 (New Haven)	12.10%	13.80%	11.10%
9605 (Bristol)	12.80%	15.20%	11.70%

## 4. STEWARDSHIP/CROSS-SECTOR COLLABORATION




# 5. AUTHENTIC COMMUNITY PARTICIPATION

## IAP2 Spectrum of Public Participation



IAP2's Spectrum of Public Participation was designed to assist with the selection of the level of participation that defines the public's role in any public participation process. The Spectrum is used internationally, and it is found in public participation plans around the world.

INCREASING IMPACT ON THE DECISION 					
	INFORM	CONSULT	INVOLVE	COLLABORATE	EMPOWER
PUBLIC PARTICIPATION GOAL	To provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions.	To obtain public feedback on analysis, alternatives and/or decisions.	To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.	To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution.	To place final decision making in the hands of the public.
PROMISE TO THE PUBLIC	We will keep you informed.	We will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how public input influenced the decision.	We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision.	We will look to you for advice and innovation in formulating solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible.	We will implement what you decide.

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Increasing Level of Community Involvement, Impact, Trust and Communication Flow

Outreach	Consult	Involve	Collaborate	Shared Leadership
<p><i>Some Community Involvement</i></p> <p><i>Communication flows from one to the other, to inform</i></p> <p><i>Provides community with information</i></p> <p><i>Entities coexist</i></p> <p><i>Outcomes: Optimally establishes communication channels and channels for outreach</i></p>	<p><i>More Community Involvement</i></p> <p><i>Communication flows to the community and then back, answer seeking</i></p> <p><i>Gets information or feedback from the community</i></p> <p><i>Entities share information</i></p> <p><i>Outcomes: Develops connections</i></p>	<p><i>Better Community Involvement</i></p> <p><i>Communication flows both ways, participatory form of communication</i></p> <p><i>Involves more participation with community on issues</i></p> <p><i>Entities cooperate with each other</i></p> <p><i>Outcomes: Visibility of partnership established with increased cooperation</i></p>	<p><i>Community Involvement</i></p> <p><i>Communication flow bidirectional</i></p> <p><i>Forms partnerships with community on each aspect of project from development to solution</i></p> <p><i>Entities form bidirectional communication channels</i></p> <p><i>Outcomes: Partnership building, trust building</i></p>	<p><i>Strong Bidirectional Relationship</i></p> <p><i>Final decision-making at community level</i></p> <p><i>Entities have formed strong partnership structures</i></p> <p><i>Outcomes: Broader health outcomes affecting broader community; strong bidirectional trust built</i></p>



## 6. STRATEGY, NOT PROGRAMS- COMPLEX PROBLEM SOLVING

Simple, Complicated and Complex Problems		
SIMPLE	COMPLICATED	COMPLEX
<b>Baking a Cake</b>	<b>Sending a Rocket to the Moon</b>	<b>Raising a Child</b>
The recipe is essential.	Rigid protocols or formulas are needed.	Rigid protocols have a limited application or are counter-productive.
Recipes are tested to assure easy replication.	Sending one rocket increases the like lihood that the next will also be a success.	Raising one child provides experience but is no guarantee of success with the next.
No particular expertise is required, but experience increases success rate.	High levels of expertise and training in a variety of fields are necessary for success.	Expertise helps but only when balanced with responsiveness to the particular child.
A good recipe produces nearly the same cake every time.	Key elements of each rocket must be identical to succeed.	Every child is unique and must be understood as an individual.
The best recipes give good results every time.	There is a high degree of certainty of outcome.	Uncertainty of outcome remains.
A good recipe notes the quantity and nature of the "parts" needed and specifies the order in which to combine them, but there is room for experimentation.	Success depends on a blueprint that directs both the development of separate parts and specifies the exact relationship in which to assemble them.	Can't separate the parts from the whole; essence exists in the relationship between different people, different experiences, different moments in time.
Source: Westley, F., B. Zimmerman and M. Q. Patton, 2006, <i>Getting to Maybe: How the World is Changed</i> .		



PARTICIPATIVE LEARNING- SMALL GROUP DISCUSSIONS



## INSTRUCTIONS FOR SMALL GROUP DISCUSSION

1. Break into 5-6 small groups, no more than 10 people. Everybody gets a chance to speak and contribute
2. Select a note-taker and reporter
3. Review the Community Health Improvement Plan.

**As a CA representative, how would/could you influence/impact this plan?**

Answers can be actual, intended, or made up

Guiding questions:

- What data would you like/need/bring?
- Who are your trusted partners? How do you increase trust?
- How could community meaningfully participate?
- What are the intended win-win-wins?
- How would you measure progress?



## **GOAL 1: Cultivate resilient communities to support mental and social wellbeing across the lifespan.**

- By 2028, identify and implement resources to promote resiliency and protective factors for community members.
- By 2028, align with statewide and regional initiatives to improve community understanding around mental health, substance use disorder, and stigma.

## **Goal 2: Advance health and wellbeing through equitable access to timely, responsive, and integrated systems.**

- By 2028, the number of patients who receive substance use treatment and mental health services will increase.
- By 2028, increase availability of primary care physicians and preventative services.
- By 2028, expand transportation-related efforts to improve healthcare access.
- By 2028, expand workforce recruitment and retention efforts to increase capacity.

## **Goal 3: Strong cross-organization commitment and engagement to expand opportunities for affordable and quality housing.**

- By 2028, strengthen collaboration and communication with community service providers.



# THANK YOU

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	AUS	CAN	FRA	GER	NETH	NZ	SWE	SWIZ	UK	US
<b>OVERALL RANKING</b>	<b>1</b>	<b>7</b>	<b>5</b>	<b>9</b>	<b>2</b>	<b>4</b>	<b>6</b>	<b>8</b>	<b>3</b>	<b>10</b>
Access to Care	9	7	6	3	1	5	4	8	2	10
Care Process	5	4	7	9	3	1	10	6	8	2
Administrative Efficiency	2	5	4	8	6	3	7	10	1	9
Equity	1	7	6	2	3	8	—	4	5	9
Health Outcomes	1	4	5	9	7	3	6	2	8	10