

# ALIGNING IN ACTION: ATLANTA REGIONAL COLLABORATIVE FOR HEALTH IMPROVEMENT

- Lead organization: Atlanta Regional Collaborative for Health Improvement (ARCHI)
- Lead sector: Neutral backbone organization
- Location: Atlanta, Ga.
- Year founded: 2011
- Interview with Kathryn Lawler, ARCHI's executive director

Health is impacted by factors outside of the health care delivery system, including housing, education, poverty, employment, food availability, transportation, and safety. Recognizing that addressing these socioeconomic determinants of health is needed to meaningfully impact health inequities, a national policy shift is taking place.

Government agencies, payers, and providers are all adopting a social determinants perspective. To effectively address these nonclinical needs, partners must work across sectors. Now, the question is how — what are the best practices for effectively aligning systems?

[Aligning Systems for Health: Health Care + Public Health + Social Services](#), sponsored by the Robert Wood Johnson Foundation (RWJF) and managed by the Georgia Health Policy Center (GHPC), is focused on learning from

stakeholders across the nation about effective ways to align these three sectors to better meet people's goals and needs.

Given variance in the local context, there is no single model or formula to align systems. However, *Aligning Systems for Health* seeks to understand commonalities that drive successful efforts to align sectors. This series examines how communities that describe their work as aligning systems are doing it around four core components (purpose, governance, data, and sustainable financing) and four adaptive factors (community voices, equity, power dynamics, and trust) captured in the [Framework for Aligning Sectors](#) that is being tested by RWJF and GHPC.

ARCHI uses a collective impact approach to reduce health disparities and create place-based systems change to build a healthy population living in a vibrant economy in the metropolitan Atlanta area so that all citizens have an equal opportunity for well-being.

## LOCAL CONTEXT

Like in other major cities, in Atlanta a person's ZIP code is often the biggest predictor of his or her health status, with a few miles making a 13-year difference in life expectancy. In 2011, 12 Atlanta leaders convened to discuss how hospital community-benefit efforts and collective impact could be used to address the city's health disparities.

The three founding organizations — United Way, the Georgia Health Policy Center, and the Atlanta Regional Commission — brought their philanthropic, convener, and regional planner hats to what was a cross-sector effort from the beginning. Using a collective impact approach, ARCHI provides backbone support providing a neutral platform, incentivizing unlikely partners, activating innovative models, and demonstrating mutual benefit with the goal of accelerating health and economic improvements.

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## PURPOSE

More than 110 member organizations, from across the health care, public health, and social services sectors, as well as government, housing, business, philanthropy, and transportation, made a formal commitment to supporting ARCHI's 28-year strategy.

In 2012, ARCHI adopted its 28-year strategy for health improvement based on an interactive modeling exercise, facilitated by the Rippel Foundation and ReThink Health. By exploring short- and long-term impacts of various intervention and investment strategies, the model allowed ARCHI to explore changes to clinical care, expansion of access to care, innovations in financing, and upstream investments in education, economic opportunities, and behavior change.

The adopted Atlanta Transformation scenario focuses on seven core strategies — care coordination, capture and reinvest, expanding insurance, family pathways, healthy behaviors, global payment, and an Innovation Fund — and serves as the foundation of ARCHI's agenda.

ARCHI partners engage along a spectrum of deepening commitment to enacting the 28-year strategy. At the most basic level, partners engage around shared learning, which in the pre-COVID-19 days centered on quarterly breakfasts exploring topics broadly related to health equity (e.g., health and housing, homelessness). These breakfasts provided an opportunity for relevant learning and networking. At the far end of the engagement spectrum, ARCHI partners come together in action around prototype or pilot projects.

"The efforts need multiple parties to absorb the risks to be successful," explains Kathryn Lawler, ARCHI's executive director. "We are there at the table providing design support, best practice research, and then in some instances actually helping do the fundraising and the project management."

ARCHI staff often run the day-to-day operations of these multipartner projects on a temporary basis until there is an evidence base and plan to sustain the program in the community.

ARCHI partners remain committed to aligning their organizational efforts around the seven core strategies identified in the Atlanta Transformation scenario, but an annual strategy session with the ARCHI steering committee revisits priorities based on evaluation, accountability, and measurement milestones. Within the core strategies, priorities may shift in ARCHI's backbone work.

"In the past, we treated all seven equally, but over the past two years, the steering committee placed greater emphasis on care coordination over finance reforms," says Lawler. "We consulted with others and every one of the economists that we met with all agreed that these finance reforms are still really good ideas but that they should be put into hibernation mode until the broader external environment reprioritizes them again."

Lawler adds that with the COVID-19 pandemic, there was re-energization and excitement for collaborative work on care coordination, with an emerging willingness to work together that ARCHI "could have only dreamed of in the past."

## DATA

ARCHI analyzes partner engagement on a monthly basis and over time across the spectrum of engagement. How many people attended a learning session? How many introductions did ARCHI facilitate? How many new partnership inquiries are received? How many people are working on a live, ARCHI-facilitated project?

Then, each of the prototype or pilot projects has metrics they track. For example, the Community Resource Hubs, which enable rapid referrals between clinical providers and community-based social service organizations, are sharing data in real time across organizations. Lawler explains that the initiative (read more in the *Aligning in Action* section) enables participating organizations to see that Ms. Jones has been referred for job counseling and benefits analysis, enabling a community health worker at a participating Federally Qualified Health Center to make an appointment at First Step Staffing, which can then report back that Ms. Jones showed up and had a great appointment, and provide next steps. At the end of the program enrollment, the Community Resource Hubs will have the metrics to show how improvement in meeting Mrs. Jones' social needs impacted her health outcomes.

## FINANCING

Funding for ARCHI has evolved. Initially, the three organizations represented in executive leadership groups provided considerable in-kind support, and steering committee members all contributed to core funding.

Lawler credits initial multiyear funding as “helpful” to getting ARCHI started. Now, a core set of collaborative funders support operations on an annual basis, and a much greater percentage of ARCHI’s budget is driven by project work. Funding partners vary by project and have included private corporations, philanthropy, and government sources.

“From day one of projects, we are always talking about where it’s going to live, and that’s an important part of building the financial sustainability strategy,” says Lawler.

## GOVERNANCE

The group of Atlanta leaders that convened in 2011 became the core of the 15-member ARCHI steering committee, which includes representatives of area hospitals, insurers, state and local public health agencies, behavioral health providers, the U.S. Centers for Disease Control and Prevention, educators, and community members. The founding leadership — United Way, the Georgia Health Policy Center, and the Atlanta Regional Commission — remain part of the three-member executive leadership team. The team provides strategic direction for the collaborative as well as ongoing staff support.

ARCHI additionally supports several advisory groups, including community advisers. Lawler explains that incorporating community voice is a point of ongoing discussion for moving this participation from project-based decision-making to a more prominent role in overall strategy.

“When projects are in design mode, as well as in implementation, we enlist certain individuals or community members to be stipend advisers to the project, because everybody else is at the table, because they’re getting paid. And so, we are not asking people to volunteer.”

Each prototype or pilot project has its own governance structure. It starts with design work, which incorporates diverse input and community representation (from a particular neighborhood or patient group of focus).

“If we pull the trigger on implementation, then the decision-makers become those with skin in the game, and that’s really about the money and resources,” says Lawler. “Others involved in the design can remain advisers.”

## INSIGHTS FROM THE COLLABORATIVE

Part of ARCHI’s engagement strategy is having “zero barriers to entry,” which is intended to overcome the initial discomfort some people feel when collaborating with a sector outside of their day-to-day work.

“It always amazes me how everybody thinks everybody else’s work must be so impossible to understand,” says Lawler. “Housing thinks, ‘Oh, we could never understand health care.’ That gap between them, whether it’s language or comfort — everybody thinks everybody else’s work is rocket science. That translating across sectors and helping people see the Venn diagram where there is overlapping space is I think a real value proposition ARCHI brings for others.”

Lawler says a diverse value proposition has been critical to keeping all these diverse players at the table.

“There just continues to be a desire in a very competitive world of health care to have a neutral place,” she says. “And then part of our job is to go through ARCHI partners and stay up to date on their work and help facilitate those connections, not just among competitors, but among people and organizations that may not know each other. We are there knitting people together, making it a more efficient process when there is an ‘ah-ha’ moment and health care wants to connect with social services. We can make that happen really quickly and easily for folks. And then they can be off to the races.”

ARCHI’s value is in providing a neutral space for connecting, serving as a translator, and, lastly, absorbing the risk of trying something new.

“When we talk about aligning health care, and public health, and social services, the immediate risk is that we’re asking people to do things for which they’re not being measured,” says Lawler. “We are asking them to work in a way and do things that they’re not being measured on. And when you’re not being measured on it, it means it’s not valued by your organization. And that’s extremely risky, even if you know it needs to be done. So ARCHI is holding the innovation and the in-between time to see, is this really going to work?”

Bringing both competitors and diverse partners together boils down to relationships.

“Before ARCHI was ARCHI people kept coming to talk because we all knew each other. We didn’t know what exactly we were going to do together, but the relationships were enough to stay at the table and keep going until we figured it out,”

recalls Lawler. She says the same dynamic played out again early in the pandemic. “We didn’t know exactly what we were doing, but people joined in with us because it was ARCHI and because we asked them to.”

## INSIGHTS FOR ALIGNING

- ARCHI’s use of a 28-year strategy emphasizes the generational nature of the challenges they are attempting to overcome.
- Elinor Ostrom’s eight principles of self-governance provide a road map for how health care, public health, and social services might hold each other accountable to communities.
- ARCHI’s engagement strategy of zero barriers to entry is useful for how collaboratives might be more inclusive of cross-sector organizations.

## ALIGNING IN ACTION

ARCHI partners recognized that patients have difficulty navigating and receiving social services that can often address the root causes of their health challenges.

In 2018, ARCHI convened a small working group representing health care and social service providers, payers, and funders to address this barrier to person-centered care. After extensive discussion, research, and learnings from national leaders in this field, the group committed to building a real-time, rapid referral network (Community Resource Hub) enabled by real-time data-sharing among clinical providers and community-based social service organizations.

The Community Resource Hub pilot is based at Grady Memorial Health System, the city’s safety net hospital, and Mercy Care’s Decatur Street clinic, a Federally Qualified Health Center. Grounded in a patient-centered model, the Community Resource Hub is a real-time, rapid referral network with coaching support and data-sharing among clinical providers and community-based social services. The central premise of the hub is that by inverting the burden of navigating social services from the patient to the system itself via community health workers and strong relationships among agencies and providers, there will be improvements in health.

The hub targets high-need patient populations at both health systems and focuses on the social needs of housing, nutrition, employment, income, and transportation. At each location, a community health worker serves 50 patients at any given time.

“Previously, a job training agency could say important things, like, ‘We helped this many people get work, wages increased,’” says Lawler. “But now they will be able to report, ‘and her diabetes went down, and her hypertension got under control, and she got housing.’ That is an impact story versus a service delivery story.”

## ALIGNING DURING COVID-19

In the beginning of 2020, ARCHI decided that given the federal policy environment, its value-based payment project was not progressing after two years of design and could not move into the implementation phase due to lack of a funder.

“Literally, at the start of 2020 we decided it is a good cause, we did accomplish a lot, but that this project needed to go back on the shelf, so we were designing an evaluation and that was what was going to come of it in 2020,” recalls Lawler. “But a couple of weeks into the COVID-19 pandemic, when we realized this was going to last a long time, we got these same hospitals back together to discuss the issue of discharging COVID-positive, homeless people back to the streets. What was amazing was we had all the phone numbers of all the right people from the value-based project, and within a day, we could put that call together to address something totally different.”