The Nitty-Gritty of Integrative Activities and Financing Structures.

Want a reference for what integrative activities are and how to demonstrate their value? How about more details on financing structures? We’ve got you covered!
# Appendix 1 | Integrative Activities

More information about integrative activities is available on page 9 of the Workbook’s Introduction, “What Is This Thing? Will It Really Help You Finance Your Work?”

<table>
<thead>
<tr>
<th>Integrative Activities</th>
<th>Specific Roles and Leadership Functions</th>
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</table>
| Convening Stakeholders for Cross-sector Collaboration and Information Sharing | 1. Engage stakeholders or multisector partnerships  
2. Build public will  
3. Enroll others in advocacy via convening/organizing  
4. Determine agenda  
5. Facilitate networking among key leaders  
6. Provide communications support, including partnering with conveners to build public will (e.g., website, newsletters, outreach)  
7. Manage meeting logistics  
8. Create detailed meeting design, including preparation and follow-up |
| Analyzing and Planning for Regional Health Improvement | 1. Lead the setting of collective vision and goals; ensure resident involvement in the process  
2. Devise shared strategy among stakeholders  
3. Identify critical strategic questions, including differences in interests of stakeholders  
4. Secure commitments to implement strategy  
5. Advocate daily for goals and strategy (internal and external)  
6. Facilitate strategy development process, including conducting of needs assessment  
7. Serve as a neutral data synthesizer |
| Designing Ongoing Infrastructure and Governance | 1. Design and ratify shared governance structure as well as composition and decision-making rules  
2. Provide strategic oversight of infrastructure and governance  
3. Build relationships with other oversight groups  
4. Provide facilitation for interim governance bodies to design governance changes over time  
5. Manage recruitment, elections, and transitions in membership of governance bodies  
6. Facilitate communications among oversight groups |
| Implementing Strategy; Managing Performance of Region-wide Efforts | 1. Strategic oversight of actual implementation; ensure accountability and effectiveness  
2. Celebrate successes; share learnings  
3. Direct and/or manage projects, which might be about supporting work groups or alignment of activities  
4. Support stakeholders’ abilities to work within the partnership (e.g., use the partnerships’ systems for sharing data) |
| Catalyzing Innovation and Redesign | 1. Set audacious goals  
2. Lead learning activities  
3. Create conditions for innovation  
4. Provide seed capital  
5. Build human capacity to generate and test innovations  
6. Conduct and synthesize research  
7. Facilitate networking  
8. Manage process of identifying innovations to pursue |
| Designing Financing Structure and Strategy | 1. Determine financing vision and strategic priorities  
2. Create governance structure for funding decisions and accountability management  
3. Determine financing structure for integrative activities  
4. Mobilize funding to implement priorities and initiatives  
5. Research possible financing structures and provide design support  
   a. Develop charitable giving strategy  
   b. Write grants  
6. Administer grants, which might include acting as fiscal agent  
   a. Receive and review applications  
   b. Provide recommendations to governance body  
   c. Act as fiscal agent for funds to be redistributed  
7. Host innovation fund  
8. Provide staff support for governance of financing |
| Advocating for Public Policy | 1. Set policy priorities  
2. Build relationships with thought leaders and policymakers  
3. Communicate impact of policies  
4. Implement through influence campaigns and more |
| Monitoring, Measuring, and Evaluating Region-wide Efforts | 1. Provide strategic guidance and oversight of overall information system  
2. Review results and modify action plans  
3. Envision and develop process for sharing results with residents  
4. Design and facilitate learning and improvement process  
5. Monitor progress toward shared goals  
6. Design and facilitate forums for accountability to residents |

ReThink Health is maintaining a comprehensive list of integrative activities and how multisector partnerships and other organizations are getting paid for conducting them. Please email ThinkWithUs@rethinkhealth.org with any suggested additions.

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APPENDIX 2 | Integrative Activities Evidence

As described in Module 5, the evidence base for the value integrative activities create is not large, but we believe such activities are essential components for health system transformation. Below are examples of the type of evidence—in the form of journal articles, news stories, or white papers—that could be used as a starting point when building a value case for integrative activities.

We present each item starting with the article’s title, then we highlight a few key quotes and provide the full citation so you can learn more. The quotes are meant to give you a sense of what evidence the article or research presents and are taken out of context. If you read them and find your interest piqued or wonder about definitions or more detail, you can follow the link to read the full article.

We split the evidence into three categories: one that demonstrates the value of people and organizations that perform integrative activities, another that displays the value of the integrative activities themselves, and a third for other resources.

### Value of People and Organizations That Perform Integrative Activities

#### Integrative Public Leadership: Catalyzing Collaboration to Create Public Value

**QUOTES**

“In integrative public leadership is a process of developing partnerships across organizational, sectoral, and/or jurisdictional boundaries that create public value.”

“Boundary organizations provide a structural context for partnership development; boundary experiences and boundary objects serve to bridge differences and create a common purpose; and boundary spanners exhibit entrepreneurial qualities and leverage relationship capital in order to facilitate integration.”


#### The Leadership Premium: How Companies Win the Confidence of Investors

**QUOTES**

“On average, we discovered a premium of 15.7 percent for particularly effective leadership—and a discount of 19.8 percent for its opposite.”

“Furthermore, leaders in small companies tend to be less constrained in their actions by long-established processes and protocols, giving them more freedom to alter the direction of the company.”

Calculating the Market Value of Leadership

QUOTE

“Wise, long-term investors recognize that leadership affects firm performance. But too often, assessments of leadership are haphazard and narrow. For instance, in our research, we found that investors allocate about 30% of their decision making based on quality of leadership, and they have much less confidence in their ability to assess leadership than in their assessments of financial or intangible performance.”


Great Leaders Can Double Profits, Research Shows

QUOTE

“In summary, poor leaders lost money; good leaders made profit; and extraordinary leaders more than doubled the company’s profits in comparison to the other 90%!”


Case Study: The Power of Convening for Social Impact

QUOTE

“Bringing people together in an environment that encourages and facilitates idea exchange is one of the most powerful communications strategies for driving change.”


Ten Ways Data Integration Provides Business Value

QUOTES

“Many valuable data-driven business practices depend on one or more forms of data integration.”

“Data integration and related practices (such as data quality and master data management) add value to data, which in turn increases the value of business processes that use the data.”


Five Ways Innovation Can Boost Company Values

QUOTE

“Innovative companies are almost always more valuable. They offer more potential and investors are especially interested in companies who own patents or use innovative methods or technology to boost efficiency, save time, improve customer service, and drive profits. In short—innovation pays off over and over.”

Creativity’s Bottom Line: How Winning Companies Turn Creativity into Business Value and Growth

QUOTE

“But when we dug more deeply, we found that the most creative companies did certain things differently. Specifically, they exhibited a set of four business practices that we believe drive their marketing creativity, their ability to innovate, and their capacity to translate those virtues into business value.”


Strategic Product Value Management: How Companies Can Improve Innovation, Reduce Costs, and Mitigate Risk

QUOTES

“In our 10-year analysis, need seekers* are more likely to show stronger financial performance than their competitors, and they are more likely to align their innovation strategy with their overall business strategy.”

“The ability to effectively manage risks has a direct correlation with a company’s innovation success. It keeps the innovators focused on aligning their product or service with the customer’s true needs, rather than just innovation for its own sake. In this way, risk management is akin to guardrails that establish the true boundaries for innovation and ensure that the resulting products or services link to the organization’s overall strategy and fulfill their mandate of creating value for customers.”

* The article defines a “need seeker” as companies “such as Apple, Procter & Gamble, and Tesla, [that] use superior insights about their customers to generate new product ideas.”


Stories about Value of Integrative Activities

Lessons Learned from Our Conversations with Experienced Backbone Leaders

QUOTES

“Good backbone leaders build the capacity of others to continue the work in light of uncertainties such as elected officials’ coming and going, funding fluctuations, and personnel turnover in partner organizations. According to Kat Allen at Communities that Care Coalition, ‘the reality is that funding can go away at any time and we have to be prepared to leave a legacy of effective strategies and population-level change. When we set up a new strategy, we are thinking about long-term sustainability from the get-go . . . we have built buy-in and capacity so that our stakeholders are doing the work themselves.’ Chekemma Fulmore-Townsend at Project U-Turn concurs, noting, ‘To sustain the initiative, it can’t be just my job. In Philadelphia, there is a real sense of communal ownership around moving the needle.’”

“Experienced backbone leaders have an exceptional instinct for managing interpersonal dynamics. For example, Chekemma Fulmore-Townsend makes sure to include key stakeholders before reports are released: ‘We vet the data with leaders in the system [before releasing important reports]. Of all the things we do to advance partnerships and align to the common goal, vetting reports with system leaders prior to publication is the most powerful approach we have.’”

Measuring Backbone Contributions to Collective Impact

QUOTES
This article highlighted four measures of influence that can help to demonstrate the backbone’s contributions:

Leveraged funding
“Certain stakeholders seek a single quantitative measure of a backbone’s contributions. For such individuals or groups, it can be useful to provide an estimate of the amount of funding that the backbone organization has helped to catalyze, pool, or redirect in support of the initiative’s common agenda.”

“Measuring leverage is one of the most powerful ways to demonstrate the strategic nature and fundamental difference of investing in a backbone organization, as opposed to more traditional program investments.”

Indicators of initiative progress
“Backbones can also share initial project outcomes—related to either process or initiative-level impacts—as a measure of their influence. Initiative-level indicators, such as legislation passed in support of common goals, can demonstrate how a backbone is critical to moving the needle on social problems.”

Evidence of systems change
“During interviews with stakeholders in the Greater Cincinnati region, we found that one of the best ways to gauge a backbone’s influence was to listen to the stories that participants shared about systems changes in their communities. These stories describe the shifts taking place in the way that the community makes decisions about policies, programs, and/or the allocation of its resources, and in the way the community delivers services and supports its citizens.”

Stakeholder perceptions of backbone value
“Observations from community members about the importance of the backbone organization can further help to define its influence.”


The Ecosystem of Shared Value

QUOTE
“The backbone function ensures that all the working groups remain aligned and informed. Companies cannot be the backbone—they are not neutral players. They can, however, provide funding to launch it, technology support for online communication, and mentoring or coaching....”


Other Resources

(Mis)Understanding Overhead

QUOTE
“Indeed, more people are realizing that costs may have nothing to do with how effective a nonprofit is. In fact, overhead that is too low is more concerning as it relates to effectiveness. Instead the focus is shifting toward a nonprofit’s impact and effectiveness. It is our hope that everyone who invests in a charitable nonprofit’s mission—the staff and board of a nonprofit, as well as individual donors, businesses, private foundations, and government—become aware that operating a charity is not free (gasp!). It costs something to deliver a nonprofit’s mission.”

The Overhead Myth: Moving Toward an Overhead Solution

QUOTE

“We write to ask for your help to end the Overhead Myth—the false conception that financial ratios are a proxy for overall nonprofit performance. Last year we wrote a letter to the donors of America asking them to consider the results (especially outcomes and impact) created by nonprofits, and to not judge you solely on percent of charity expenses that go to administrative and fundraising costs. While overhead can help us identify cases of fraud or gross mismanagement and serve as a part of an organization’s dashboard of financial management metrics, it tells us nothing about the results of your work (i.e., how you meet your mission).”


Unrestricted Core Support: Strengthening the Capacity of our Nonprofit Sector

QUOTES:

“Core support is the ‘working capital’ nonprofits need to sustain and strengthen their infrastructure in order to achieve organizational effectiveness.”

“In just three years, our core support funding has allowed our grantees to maintain and strengthen their capacity by: 1) continuing to support their core programs and services; 2) strengthening their organizational infrastructure; 3) providing the flexibility in funding to adapt, innovate, and take advantage of opportunities; 4) creating a more open and honest relationship with us; and 5) working together to establish clear outcomes and objectives.”


Why Funding Overhead Is Not the Real Issue: The Case to Cover Full Costs

QUOTE:

“Paying nonprofits their full costs is how we prevent crises and interrupted services for communities and allow leadership to stay focused on mission and outcomes. Anyone who has worked in a cash-constrained nonprofit knows that when a cash-flow crisis hits, mission stops, strategy stops, and all the energies of management and board are diverted to moving up receivables, delaying payables, and securing cash however they can. Appropriate working capital prevents program disruption due to cash flow shortfalls.”

APPENDIX 3 | Financing Structures for Population Health

In Module 3, we briefly explain different types of financing structures, and provide details in A Typology of Potential Financing Structures for Population Health. If you’re still confused about something—or just want to learn more about financing structures—this appendix further explores some structures that often elicit more questions.

Financing structures that need to be repaid include Bonds, Loans, Pay-for-Success, and Equity Investments. When used for the purpose of population health, they can be categorized as “social impact investing.” You can learn more about them in a paper from the California Accountable Communities for Health Initiative (CACHI) and ReThink Health: “The ABCs of Social Impact Investing.”\(^1\) The paper goes into more detail about those financing structures, along with possible options for social impact investing, such as Program-Related and Mission-Related Investments, Community Development Loans, Mini-Bonds, and Opportunity Zones.

Dedicated public revenues include dedicated taxes, tax expenditures (i.e., tax breaks), and fees. These revenue sources differ from general taxes, like property taxes and income taxes, which are collected and distributed through a public appropriation (or budgeting) process because they are levied for specific purposes. State and local governments with dedicated public revenues include:

- Bernalillo County in New Mexico has approved a behavioral health tax, yielding $20 million annually.\(^2\)
- When new medical facilities are built in Massachusetts, a fee equal to five percent of the development cost is levied, and distributed to local integrator organizations.\(^3\)
- Massachusetts also provides homeowners with a lead paint abatement tax credit.\(^4\)
- Voters in Philadelphia\(^5\) and Berkeley\(^6\) have approved sugary beverage taxes.
- Maryland offers tax credits for health care professionals who move to underserved areas.\(^7\)
- In Oregon, King County’s Best Starts for Kids intervention is funded by a $65 million a year property tax levy.\(^8\)

Earned income is money generated from paid work. A multisector partnership or organization may offer services or products that others want to purchase, such as serving as a fiscal agent, or preparing a community needs assessment. Trenton Health Team, a multisector partnership, receives membership fees from health practitioners for use of its Health Information Exchange. The Health Improvement Partnership of Santa Cruz County earns income from adhering to a set contract to provide services, such as continuing medical education programming for providers, in the community.

Health care payment models are payment schemes for health care services. Fee-for-service, bundled payment, and the structure for financing patient-centered medical homes are just a few examples. Increasingly the emphasis is shifting to “value-based payments”—that is, payments that in some way hold providers accountable for the quality and/or cost of the services they provide. In some cases, new payment models provide funding for non-clinical services, such as a diabetes prevention program or community health workers. A focus on value also opens the door to shared savings agreements, like those used by some accountable care organizations.\(^9\)

Institutional purchasing and investing comprises the set of decisions made by institutions regarding their own business decisions that can help—or hurt—the social determinants of health. Do they buy local? Are they environmental stewards? Do they create healthy workplaces? While this applies to any institution in a community, “anchor institutions” are the most notable because of their large size, which shapes the local economy as well as social and environmental conditions. Examples include large corporations, universities, and hospitals. Not just any large institution is an anchor institution. Anchor institutions recognize the impact of their footprint; acknowledge that their decisions have consequences in the community; and, accordingly, make investment and spending decisions for the betterment of the community. For example, Kaiser Permanente has invested in a green energy program in California, confident that this investment will help reduce asthma, among other benefits. Kaiser Permanente’s approach is to use its non-clinical assets to improve all aspects of the environment to create and influence health.\(^10\) A Typology of Potential Financing Structures for Population Health in Module 3, page 7 contains links to several excellent resources on anchor institutions.
Mandates are government policies—federal, state, or local—requiring that specific purposes be funded. The notorious “unfunded mandate” provides no funding but nonetheless is quite powerful because it forces the provision of financial resources for a specific purpose. The Americans With Disabilities Act is a great example of just how powerful a mandate can be.

Public appropriations are spending by government agencies for services, goods, or grants. This category of funding sources is especially important for two reasons. First, the primary funding source for the social determinants of health—e.g., affordable housing, public safety, clean environment—has traditionally been the public sector. Second, the combined mix of that spending, a public jurisdiction’s “portfolio,” is of critical importance to population health outcomes, that is, the general well-being of the region. That portfolio might be heavy on emergency services, such as homeless shelters, jails, and child welfare services, or it could focus more heavily on preventive measures that keep those emergencies from occurring in the first place. (Try the Negotiating a Well-Being Portfolio Exercise11 on the ReThink Health website to learn more about portfolio construction.).

Reinvestment, in the corporate world, is the practice of taking excess revenue, or revenue that exceeds expenses, and placing it back into service in the same enterprise. Amazon is regarded as the poster child for reinvestment, choosing to continuously invest excess revenues in the company to propel growth rather than distribute them as profit.

Within the confines of a single organization such as Amazon, the process by which reinvestment occurs is straightforward because the same decision makers control the spending, reinvestment, and profit-sharing decisions. In comparison, reinvestment can be quite challenging for population health efforts. Generally speaking, to make reinvestment work, there must be protocols for measuring and accounting for savings, means to turn avoided savings into spendable cash, and agreements that distribute the funds. Without standardized models for reinvestment, the political and technical lift to put an agreement in place can be quite heavy.

One reason reinvestment can be challenging for population health efforts is that reinvestment typically involves excess cash; that is, revenues exceed costs, so there is cash available to reinvest. Most health care savings fall into a category known as avoided costs—savings on expenses not yet incurred. In those cases, there is no cash to reinvest—just avoided health care costs, which are harder to measure and capture.

Here’s an example to illustrate avoided costs: imagine your landlord is thinking she’ll need to raise your rent $50 a month. Before she does, she implements a program that reduces water usage in your building, her utility costs go down, and she only has to raise rent by $20. You won’t have more money in your pocket (indeed you have $20 less), you just avoided paying even more (by $30).

Another reinvestment challenge is that, unlike Amazon, which can make its own decisions about how much cash to distribute to shareholders and how much to plow back in the company, in population health we often want to move money from health care toward someplace else, such as a public health or social service agency. That’s politically tough in fragmented, siloed environments.

We know from our own ReThink Health Dynamics Model9 that reinvestment can turbo boost available funding. For example, savings from clinical interventions can be reinvested in additional interventions that save more money, and those secondary savings are reinvested again to save even more money. Unfortunately, reinvestment remains a financing structure of considerable potential and little practice. One example is found in Central Oregon, where PacificSource remits revenues that exceed a specified margin on its Medicaid contract to a community fund. To date the fund has accumulated $8 million.13


11 https://www.rethinkhealth.org/resources/list/dynamic-modeling-strategy/