

Recommendations Report

Developing a Regional Public Health
Workforce Through Community Organization
Capacity-Building

JULY 31, 2024



METRO DENVER
PARTNERSHIP FOR HEALTH

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Who We Are

The Metro Denver Partnership for Health is a cross-sector collaboration of public health agencies, health systems, and Regional Accountable Entities working alongside community-based organizations, health alliances, and human service agencies. MDPH's efforts impact 3 million Coloradans living in Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, and Jefferson counties.

MDPH's goal is to advance health through regional collaboration and action. The Colorado Health Institute is the partnership's administrative and convening hub.

History

Due to historical and pervasive structural discrimination, health systems, policies, and practices in our communities do not equally benefit everyone. A person's race, ethnicity, age, gender, sexual orientation, disability status, and other personal factors may negatively affect the health care or social services and support they receive.

The Metro Denver Partnership for Health (MDPH) recognizes the impacts that health inequity has on communities. The root causes of health inequity, including racism, must be addressed collectively through policy, systemic, and organizational changes across all sectors. MDPH acknowledges the need for varied solutions to address the complexities of inequity.

One of the key recommendations of the first MDPH Community Board (2022-2023) was for MDPH to explore how to support community-based organizations (CBOs) as partners in advancing health, especially considering the critical role that CBOs played in the pandemic response.

Health care, public health, and Regional Accountable Entities (RAEs) continue to work to connect and collaborate with the community in their planning, programs, care coordination, and service delivery efforts. At the MDPH Regional Collaborative Committee retreat in August 2023, committee members encouraged the Colorado Health Institute (CHI) to secure funding for MDPH to explore how to better support CBO service capacity and sustainability in the region.

In fall 2023, MDPH subsequently secured a grant through the Colorado Department of Public Health and Environment's Office of Public Health Practice, Planning, and Local Partnerships to advance these efforts.

Three Phases of Efforts

In partnership with MDPH, CHI completed three phases of efforts:

Phase 1. Literature Review and Key Informant Interviews

CHI conducted qualitative research to identify challenges, existing and emerging best practices, models, and approaches related to CBO service capacity and sustainability. The [final report](#) included 61 journal articles, peer-reviewed sources, gray literature, and findings from five key informant interviews with CBO service providers, a safety-net health care provider, and a nonprofit consulting and technical assistance provider.

Phase 2. Action Planning

Based on the research completed in phase one, CHI developed an action plan workbook. The workbook identified challenges related to CBO service capacity and sustainability, recommendations to address these challenges, potential options for implementation, and relevant resources and examples from various fields, including public health, health care, aging services, and community-based services.

Phase 3. Summit of Action

MDPH held a Summit of Action on June 13, 2024, facilitated by CHI, for the MDPH Regional Collaborative Committee. The goal of the summit was to achieve consensus on the potential strategies and next steps the partnership should pursue to further support CBO service capacity and sustainability in the region.

Purpose of This Report

This report summarizes the recommended strategies and potential next steps that participants at the Summit of Action prioritized for MDPH to advance equitable CBO capacity-building and sustainability as part of a holistic, regional public health workforce.

Collaboration With Community

The first MDPH Community Board (2022-2023) was clear: the community must be at the table as MDPH works to advance health regionally. However, Community Board members also said it was important for MDPH partners to come prepared for the discussion with CBOs by first working to:

- ▶ Develop a shared understanding of the different types of challenges related to CBO capacity and sustainability.
- ▶ Identify common interests and buy-in for potential strategies and next steps to support CBO capacity and sustainability.

Participants at the Summit of Action achieved these objectives. MDPH commits to having robust discussions with CBOs to further explore, expand on, and create shared plans and decisions related to capacity-building efforts in the future. MDPH intends to support more equitable partnerships and practices with CBOs. This will, in turn, facilitate long-term mechanisms for individuals and families to get the resources and services they need for overall health and well-being when and where they need them. The Summit of Action prepared the partnership for next steps, with the intention that this work continue with CBOs at the table.

Core Pillars

There are [three pillars](#) for equitable CBO capacity-building and sustainability, defined as the investment of time and resources to develop and maintain:

- ▶ **Infrastructure** (e.g., formalized partnerships) that facilitates trust, shared missions, and best practices for collaboration among CBO service providers, health care providers, public health partners, RAEs, and other relevant partners
- ▶ **Capability** to participate in cross-sector partnerships to promote whole-person and whole-family care delivery, including having the necessary administrative tools and systems, data collection processes, and technology to communicate and coordinate services effectively
- ▶ **Sustainable funding models** and arrangements that appropriately compensate CBOs to provide a range of services to people in need and in search of community-based resources and services

The recommendations in this report serve to advance these core pillars.

Recommendations

MDPH partners used the action plan workbook as a tool to:

- ▶ Understand identified challenges related to CBO service capacity and sustainability.
- ▶ Discuss recommendations to address these challenges based on existing and emerging best practices, models, and approaches.
- ▶ Prioritize potential options to implement recommendations based on anticipated feasibility and impact.

Feasibility and Impact

MDPH partners assessed anticipated feasibility and impact using the following definitions:

- ▶ **Timeline for Implementation:** Short-term (1-3 years), mid-term (3-5 years), long-term (5-10 years)
- ▶ **Type of Implementation:**
 - **Local:** Requires action or commitment within one organization to implement and will result in localized impacts specific to one organization's programs, service areas, or partnerships
 - **Regional:** Requires action or commitment across multiple organizations within the framework of a collective partnership, such as MDPH, and will result in regional impacts across geographic boundaries
 - **Advocacy or Systems-Level:** Requires action or commitment across organizations in the pursuit of advocacy or policy change and will result in systemic change impacting individual organizations, regional partnerships, and beyond
- ▶ **Organizational Effort:** The level of leadership culture and organizational buy-in needed to support and implement a recommended option
- ▶ **MDPH Effort:** The level of buy-in and coordination needed across MDPH partner organizations and other organizations to support and implement a recommended option
- ▶ **Resources Needed:** Staff, time, and financial resources required to support and implement a recommended option

- ▶ **Feasibility:** A collective assessment that considers anticipated organization effort, MDPH effort, and resources needed for implementation
- ▶ **Equity Impact:** An assessment based on the anticipated level of impact on CBO service capacity and sustainability

At the end of the Summit of Action, MDPH partners reached consensus to prioritize four recommendations and five potential options for next steps with CBO partners in the Denver metro area.

Recommendation 1: Value-of-Investment Frameworks

MDPH develops and adopts value-of-investment (VOI) frameworks to assess the overall value of partnerships with CBOs that administer programs and services to address the health and health-related social needs of patients/clients in community settings. VOI frameworks should consider:

- ▶ Health and well-being outcomes: patient/client benefits and experiences
- ▶ Financial returns: traditional return-on-investment (ROI) measures
- ▶ Economic returns: tangible and intangible benefits such as staff productivity, service capacity, and goodwill
- ▶ Social returns: a broader set of benefits to the organizations, related partners, and the community

Many organizations use an ROI calculation to assess the value of a partnership or service. This recommendation addresses the prevailing challenge that current ROI calculation methods do not adequately capture the overall value CBOs bring to health partnerships.

Recommended Next Step

The MDPH Regional Collaborative Committee works with the Community Advisory Committee (anticipated launch in 2025) to develop a shared VOI framework that establishes and assesses the value of MDPH's partnerships with CBOs

participating in MDPH programs and projects. This option allows MDPH to better understand the value of CBO partnerships and make more informed decisions about future investments in regional programs and projects with CBOs.

Key Considerations

- ▶ A collaboratively created and agreed-upon regional VOI framework may expedite and strengthen the call for more organizations to use such frameworks to guide their investments with partnering CBOs.
- ▶ A shared VOI framework advances long-term regional alignment across multi-sector partnerships, even though this collaborative approach may initially take more time to develop than individual organization VOI frameworks.

The value of a framework lies in its implementation. MDPH must be intentional in applying the VOI framework to guide its future partnerships and its investments in shared programs and projects with CBOs.

Recommendation 2: Co-Creation of Outcome Metrics and Reporting Processes

MDPH co-creates and aligns data metrics and reporting processes when implementing shared programs and projects with CBOs.

This recommendation addresses the disproportionate strain on CBOs to measure and report the output and outcomes of their services to partners. CBOs must often accommodate and adapt to disparate processes of partner organizations (e.g., data collection, performance metrics, and reporting practices) that do not serve their overall mission or programs.

Recommended Next Step

Part 1. The MDPH Community Advisory Committee (anticipated launch in 2025) acts as a liaison with the MDPH Regional Collaborative Committee to collaboratively define desired outcomes for MDPH programs and projects with CBO partners. The committees and CBO partners co-create data metrics and reporting processes to support these shared goals. MDPH then develops and/or updates contracts and agreements with CBOs to specify each partner's respective roles and requirements accordingly.

Part 2. Through membership dues, MDPH member organizations invest in collaborative staff training with CBOs partnering on MDPH programs and projects to ensure alignment in reporting requirements and processes. This option may result in different data metrics and reporting processes depending on the program or service being provided through their partnership. As MDPH's administrative hub, CHI would be responsible for regular communication with CBO partners to monitor and improve requirements or processes as needed.

Key Considerations

- ▶ Common measures of success between MDPH and partnering CBOs should advance CBO missions while reducing the administrative burden associated with their program and project reporting. Collectively, these changes should increase CBO capacity to serve the individuals and families seeking their core programs and services.
- ▶ MDPH may consider establishing a special workgroup to implement these next steps, as the Community Advisory Committee has not yet been created.

Recommendation 3: Inclusive and Innovative Payment Models

MDPH collaborates with other government and philanthropic partners to develop and expand more inclusive and innovative payment models for CBO services.

This recommendation addresses the lack of sustainable funding opportunities for the upfront and indirect costs CBOs incur to deliver their programs and services.

Recommended Next Step

MDPH member organizations work with CBOs to understand the funding limitations, gaps, and needs to achieve their desired outcomes. Then, MDPH member organizations leverage existing programs and philanthropic entities, such as hospital community benefit programs or their associated foundations, to design and invest in equitable and multiyear funding opportunities that support CBOs' administrative, upfront, or indirect costs.

Key Considerations

- ▶ This recommendation focuses on expanding and adjusting existing funding opportunities or mechanisms to better support CBOs in meeting the needs of people in the community.
- ▶ MDPH should also consider advocating for new, less-restrictive and more-inclusive governmental and philanthropic funding models to collaboratively address health disparities. A unified voice like MDPH could significantly shift funding allocation and resource distribution at a systemic level.

Recommendation 4: Funding Hubs

MDPH connects with CBO partners to explore their interest and readiness to participate in funding hubs or new contracting mechanisms. This will increase the time and resources CBOs can spend on their own service delivery and reduce time spent on administrative and contracting requirements.

A funding hub is an organization that acts as a trusted intermediary for a CBO to consolidate, manage, and complete required reporting for its different funding sources.

This recommendation addresses the impacts of the complex and often burdensome administrative requirements accompanying CBO funding sources, which result in CBOs having less time and resources to administer programs and provide direct services.

Recommended Next Step

MDPH continues to learn about and identify approaches to implement this recommendation, considering the benefits and feasibility of the following options:

- ▶ **Option A:** MDPH member organizations connect with CBO partners to explore interest and readiness to participate in funding hubs that support long-term CBO service capacity. This option focuses on creating and participating in new structures and practices to streamline processes across diverse funding sources.
- ▶ **Option B:** MDPH member organizations create equitable contracting mechanisms and templates to reduce administrative burden and facilitate long-term CBO partnerships and service

capacity. This should include clear expectations of partnership goals, contents of legal agreements and documents, and opportunities for CBOs to offer feedback and co-develop administrative and contracting requirements where applicable and feasible. This option focuses on improving and refining individual organizations' existing contracting mechanisms and administrative requirements.

Key Considerations

- ▶ Option A is a realistic short-term step. Some organizations are already exploring this approach on a smaller scale. However, this option may not significantly reduce CBOs' administrative burden compared to Option B.
- ▶ Option B is innovative and could result in significant positive change for CBOs in the long term. However, this option may not be feasible for some organizations to implement and would require long-term buy-in from organizations to bring it to fruition.

Call to Action

MDPH recognizes the essential role that CBOs have in advancing the health and well-being of individuals and families. MDPH partners came together to better understand the challenges impacting CBO service capacity and sustainability and to determine how the partnership could better support CBOs as shared partners in advancing health in the region. MDPH successfully prioritized recommendations and tangible next steps for the partnership to further explore with CBOs to develop shared plans and solutions collaboratively.

In addition to prioritizing recommendations and potential next steps, MDPH partners identified core values to guide this work moving forward with CBOs:

Utilize the Strength of MDPH's Unified Voice

MDPH's influence exceeds that of any single organization when it comes to building CBO capacity and sustainability. Solutions to complex challenges like those identified through this process will often be more impactful and meaningful when they come from a collaborative, regional group like MDPH.

Prioritize Alignment and Equity Across Organizations

When MDPH member organizations align their goals and actions, they have greater potential to make a positive impact in the region. As MDPH member organizations collaborate to address the administrative and resource inequities experienced by CBOs, they can create long-term, meaningful partnerships that collectively better serve individuals and families and promote health and well-being. Equity should continue to be at the center of these efforts.

Continue Balancing Feasibility and the Need for Innovation

Incremental progress may be the best approach for some challenges, and large-scale innovative solutions may be necessary for others. MDPH should continue to use both approaches when implementing change – not overlooking the benefits of slow but consistent progress and not shying away from innovation.

Closing Remarks

The MDPH Regional Collaborative Committee will review these recommendations and determine how to move forward in 2025 to advance the goal of supporting CBOs as shared workforce partners in advancing health and well-being across the region. MDPH will be intentional in these next steps to work alongside CBOs to make shared decisions about implementation, accountability, and sustainability.

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