

BEYOND MEDICAL CARE FACT SHEET

Community integrators and backbone organizations



What is a community integrator?

Also known as a “backbone organization,” “community quarterback,” or “community health strategist/convenor,” a community integrator is an entity that brings partners from multiple sectors together and leads a coordinated strategy to reach a common goal, such as improving the wellbeing of a neighborhood, city, county or region. Integrators are distinct legal entities that are funded and “explicitly charged” with the task of coordinating strategies to improve community wellbeing.^{1,2}

Integrators facilitate agreement among multi-sector stakeholders on shared goals and metrics and serve as trusted leaders.³ Key responsibilities of the integrator role are to:

- Define near-term and long-term goals and measures of success.
- Employ evidence-based programs/interventions that maximize population health impact and return on investment.
- Define value proposition for full range of partners and integrator organizations.
- Define money flow/risk sharing.
- Ensure accountability by providing shared methods for measuring, evaluating, and reporting the effectiveness of community programs and investment portfolios.⁴

The term “integrator” is frequently used in the context of population health initiatives, while “community quarterback” emerges from the community development sector and “community health strategist/convenor” comes from the public health sector. The term “backbone organization” is used in the context of collective impact, an approach used in a wide variety of initiatives designed to improve education, health, economic and social outcomes. Overall, however, these terms are referring to the same critical ingredient for successful cross-sector collaboration—a lead entity with the capacity to bring partners together to define, measure and achieve a common goal.

Although collective impact relies upon inputs from several different organizations, success is much more likely if there is a separate “backbone organization” with dedicated staff separate from the participating organizations. Backbone staff must be skilled in overall project management, data management and adaptive leadership—the ability to frame issues in a way that motivates and sustains collaborative action.⁶



What's the landscape in Ohio?

The Strive Partnership in Cincinnati is a classic example of collective impact. Strive brings together leaders from early childhood education, school districts, colleges and universities, business, and philanthropy to improve academic success in the Greater Cincinnati region's urban core. Strive identified

Collective impact and backbone organizations

Collective impact refers to long-term initiatives that unite key players around a common agenda. The following “conditions of collective success” are characteristics that lead to positive outcomes:

- **Common agenda:** All participants share a vision for change that includes a common understanding of the problem and a joint approach to solving the problem through agreed-upon actions.
- **Shared measurement:** All participants agree on the ways success will be measured and reported, with a short list of common indicators identified and used for learning and improvement.
- **Mutually reinforcing activities:** A diverse set of stakeholders, typically across sectors, coordinate a set of differentiated activities through a mutually reinforcing plan of action.
- **Continuous communication:** All players engage in frequent and structured open communication to build trust, assure mutual objectives and create common motivation.
- **Backbone support:** An independent, funded staff dedicated to the initiative provides ongoing support by guiding the initiative's vision and strategy, supporting aligned activities, establishing shared measurement practices, advancing policy and mobilizing resources.⁵

The community quarterback and community development

Investing in What Works for America's Communities, a joint project of the Federal Reserve Bank of San Francisco and the Low Income Investment Fund, introduced the term "community quarterback" to describe a new kind of entity responsible for bridging the community development sector with other sectors that are working to reduce poverty and improve wellbeing in local communities.

The quarterback model represents a shift in the community development field, traditionally focused on housing and physical infrastructure, towards partnering with education, health and other "human capital" sectors.⁷ Described as the "ultimate silo-busting institution," it is the quarterback's job to bring cross-sector partners together to achieve a common goal.⁸

While funds from a Community Development Financial Institution (CDFI) can be used to support the quarterback, an important role for the quarterback is to secure and coordinate blended

or braided funding from multiple partners. CDFIs are private financial institutions, such as banks or loan funds, that make loans and investments designed to expand economic opportunity and improve quality of life in low-income communities. Ohio has several CDFIs, mostly located in Columbus, Cleveland, and Cincinnati. Community Development Corporations (CDCs) are independent, non-profit organizations that plan and implement projects to improve the physical and social infrastructure in lower-income communities, typically through housing and business development and social services.

CDCs function somewhat like private developers, but are governed by boards with strong representation from community residents. CDCs are funded by federal Community Development Block Grants, CDFIs and other public and private sources. Ohio has many CDCs serving urban and rural counties throughout the state.

five shared goals and eight shared outcomes which are tracked and reported on annually. By aligning a comprehensive set of "cradle to career" investments and activities implemented by multiple partners, the Partnership has achieved meaningful improvements in fourth grade reading, kindergarten readiness and college retention.¹⁰

The Accountable Care Community (ACC) model pioneered in Summit County is a "community integrator" example that has received considerable national attention in discussions about population health. Building from the Accountable Care Organization (ACO) framework, the ACC model emphasizes shared accountability among entities within and outside the healthcare system, including local health departments and social service agencies, and aims to improve health outcomes of the entire population of a defined geographic region.

Initially led by the Austen BioInnovation Institute of Akron, the ACC was restructured and renamed Live Healthy Summit County in 2014. Now led by Summit County Public Health, Live Healthy Summit County's mission is to coordinate efforts across sectors and create a culture of health. The initiative has brought together over 80 organizations to collaborate on health needs assessments and healthy eating, active living, clinical-community linkage, worksite wellness, and other projects.

Many local health departments are serving as community health integrators or conveners in their communities, often in the context of leading Community Health Improvement Plans (CHIPs). Staff from the Cuyahoga County Board of Health, for

Local health departments as Community Health Conveners

As a result of the Affordable Care Act and other factors, the role of local health departments is changing. The Public Health Leadership Forum has articulated a "health strategist" framework which builds upon the role local health departments often play when they convene and lead a collaborative, data-driven Community Health Improvement Plan (CHIP). This role involves some of the following key practices:

- Monitor emerging health and demographic patterns and reduce health inequities.
- Retrieve, analyze, manage and present data, including innovative "big data" and real-time data.
- Build a more integrated, effective health system through collaboration between clinical care and public health. Includes collaboration with nonprofit hospitals on Community Health Needs Assessments (CHNAs), and expertise in payment reform, benefit design and reimbursement.
- Convene broad array of allies, including those at the neighborhood-level and the non-health sectors, to build healthier and more vital communities. Includes expertise in community engagement and the social determinants of health.⁹

example, serve as the “Backbone Organization Partnership” coordinators for the Health Improvement Partnership (HIP)–Cuyahoga. HIP–Cuyahoga is governed by a steering committee made up of community residents, elected officials, and representatives from nonprofit organizations, health systems, public health, academia and philanthropy. They have identified goals and intended outcomes for four key priority areas and began implementation in 2015.¹¹



Examples from other states

The Purpose Built Communities model, initially developed in the East Lake Meadows neighborhood of Atlanta, brings together community residents and partners from the housing, education and social service sectors to revitalize low-income neighborhoods. As a result of implementing this model, East Lake saw dramatic improvements in academic outcomes and declines in crime and unemployment.¹² The Purpose Built Communities model, which specifies a “community quarterback” to lead housing, education and community wellness partners, is now being implemented in ten cities around the country.¹³

The Harlem Children’s Zone model focuses on a small neighborhood area, or geographic “zone,” and develops a comprehensive pipeline of resources addressing the social, health and educational development of children from birth to college. This model specifies that a community-based organization, not government, serve as the lead entity with full accountability for carefully-monitored results. This lead organization brings multi-sector partners together, but also

launches new organizations or programs to fill gaps. While the goal is to reduce poverty, zones “do not take sole responsibility for every economic and social problem faced by every child and family,” but rather create “a community of self-reliant families” that nurture children to become self-sustaining adults. Community-building is therefore a key component of the model, including leadership training, community organization, neighborhood beautification and other activities designed to empower residents to make changes that support children and families inside and outside the home.¹⁴



What are the potential policy mechanisms?

In order to promote further development of integrator or backbone organizations in Ohio, state and local government agencies and private philanthropic organizations can:

- Serve as integrator/backbone organizations: staff positions responsible for guiding vision and strategy, coordinating activities, establishing shared measurement systems, and other collective impact management tasks.
- Fund integrator/backbone organizations: Explicitly allow grant or contract funds to be used for administration, project management, data analysis, and other coordination functions.
- Encourage or require development of integrator/backbone functions: Include requirements to identify and support an integrator organization in Requests for Proposals (RFPs).
- Support capacity-building and replication: Champion the importance of integrator/backbone organizations and support information sharing and technical assistance.¹⁵



Community integrator/backbone recommendations

Public and private partners can:

1. Deliberately create conditions that support cross-sector work, including a dedicated focus on building relationships, coordinating and measuring contributions from multiple organizations, and sustaining momentum and commitment to a common goal over the long term.
2. Build upon lessons learned in the Cincinnati region and other areas of Ohio by sharing information throughout all areas of the state about successful integrator/backbone organizations.

Public and private funders can:

3. Support organizations explicitly funded and charged with the task of bringing together organizations from multiple sectors around a common vision.
4. Fund integrator/backbone functions by explicitly allowing grant or contract funds to be used for administration, project management, data analysis, and other coordination functions.
5. Include requirements to identify and support an integrator organization in Requests for Proposals (RFPs), when relevant.
6. Sustain momentum created by integrator/backbone organizations by providing ongoing support over the long term.

Recommended resources

- **Collective Impact**, Greater Cincinnati Foundation webpage
- **Collective Impact**, *Stanford Social Innovation Review* article, 2011
- **How public policy can support collective impact**, FSG Collective Impact Forum report
- **Understanding the value of backbone organizations in collective impact**, FSG Collective Impact Forum, 2014
- **Integrator role and functions in population health improvement initiatives**, Nemours, 2012
- **Routinizing the extraordinary**, chapter from *What Works for America's Communities*, 2012
- **Build Healthy Places Network**, website supported by the Robert Wood Johnson Foundation

To learn more

To view the complete publication "Beyond medical care: Emerging policy opportunities to advance prevention and improve health value in Ohio," as well as more fact sheets about the specific policy opportunities discussed in the report, visit:

www.hpio.net/beyond-medical-care



Sources

1. Bipartisan Policy Center. "A prevention subscription for improving health and health care in America." 2015.
2. Hester et al. "Towards sustainable improvements in population health: Overview of community integration structures and emerging innovations in financing." CDC Health Policy Series. 2015.
3. Nemours. "Integrator role and functions in population health improvement initiatives." 2012.
4. Bipartisan Policy Center. "A prevention subscription for improving health and health care in America." 2015.
5. Kania and Kramer. "Collective Impact." *Stanford Social Innovation Review*. 2011.
6. Ibid.
7. Andrews, N., and McHale, B. "Community Development Needs a Quarterback." *Stanford Social Innovation Review*. 2014.
8. Andrews, N. O. *Investing in What Works for America's Communities: Essays on People, Place & Purpose*. San Francisco: Federal Reserve Bank of San Francisco: Low Income Investment Fund, 2012.
9. Auerbach, J., and RESOLVE. "The High Achieving Governmental Health Department in 2020 as the Community Chief Health Strategist." Public Health Leadership Forum. 2014.
10. The Strive Partnership. "GCF and Collective Impact Fact Sheet." 2014. https://www.gcfdn.org/Portals/0/Uploads/Documents/collective_impact_Strive.pdf.
11. Health Improvement Partnership Cuyahoga. Accessed July 30, 2015. <http://www.hipcuyahoga.org/>.
12. Franklin, S., and Edwards, D. "It takes a neighborhood: Purpose built communities and neighborhood transformation." In *Investing in What Works for America's Communities: Essays on People, Place & Purpose*. San Francisco: Federal Reserve Bank of San Francisco: Low Income Investment Fund, 2012.
13. Purpose Built Communities. Accessed September 1, 2015. <http://purposebuiltcommunities.org/>.
14. Harlem Children's Zone. "Whatever it takes: A white paper on the Harlem Children's Zone." 2009. <http://wac.adeef.edgecastcdn.net/80ADEF/hcz.org/wp-content/uploads/2014/04/H CZ-White-Paper.pdf>.
15. White et al. "How Public Policy Can Support Collective Impact." Collective Impact Forum. 2014.



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