FUNDERS FORUM
on Accountable Health

Communities that Care Coalition
Case Study

Franklin County and North Quabbin, MA
2018

THE FUNDERS FORUM ON ACCOUNTABLE HEALTH

The Funders Forum on Accountable Health is a collaborative at George Washington University's Milken Institute School of Public Health that works to advance accountable communities for health (ACH) models by promoting dialogue and catalyzing change among public and private funders of ACH efforts across the country.

The Forum is a common table for funders of ACH efforts to share ideas and experiences, explore potential collaborations, support common assessment approaches, and build a community of practice.

Visit our website at accountablehealth.gwu.edu to learn more!

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FUNDERS FORUM CASE STUDIES

The Funders Forum on Accountable Health conducted ten case studies of different accountable health models to better understand the key implementation challenges and opportunities they face.

Accountable Communities for Health (ACH) are community-based partnerships formed across sectors to focus on a shared vision and responsibility for the health of the community. They pursue an integrated approach to health that focuses not only on the clinical setting, but also on how the broader community can support health care's "Triple Aim"[1] of better care for individuals, better health for populations, and lower health care costs.

The Funders Forum interviewed leadership from ten ACH sites in order to better understand the various approaches to governance structure, portfolio of interventions, investments in technology, funding sustainability strategies, and anticipated short- and long-term outcomes of their ACH efforts.

The purpose of this report is to provide an in-depth overview of the Communities that Care Coalition of Franklin County and North Quabbin, MA. We wish to thank all the participants in this case study.

Reports on all ten case studies are available on our website at accountablehealth@gwu.edu.

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1. Berwick, D. M., T. W. Nolan, and J. Whittington. 2008. "The Triple Aim: Care, Health, and Cost." Health Affairs 27(3).

Communities that Care Coalition

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What is the Communities that Care Coalition of Franklin County and North Quabbin?

Founded in 2002, the Communities that Care Coalition of Franklin County and North Quabbin (the Coalition) is a multi-sector coalition focused on promoting the health and development of youth across 30 rural towns that make up Franklin County and the North Quabbin region of Western Massachusetts. The Coalition brings together diverse community partners, including schools, physical and behavioral health care providers, law enforcement, youth organizations and service providers, health departments, and local youth and parents. Since its founding, the Coalition has focused on implementing community-centered, evidence-based strategies to reduce alcohol, tobacco, and illicit drug use among youth. In 2011, it expanded its focus to also improving physical activity and nutrition among youth. Across all its work, the Coalition has an explicit emphasis on improving health equity within the region. The Coalition was established using the Communities that Care (CTC) model. This is a pre-existing national, evidence-based model of coalition building and community action, focused on reducing youth health and behavior problems, and particularly substance use, through addressing upstream[1] behavioral and community risk factors. Using this model, the Coalition emphasizes: taking a data-driven and community-led approach to identifying priorities; focusing on prevention by addressing upstream risk factors; and implementing evidence-based strategies informed by research and community needs.

Origins of Communities that Care Coalition

Originally, the Coalition came together due to the convergence of a number of opportunities. A commercial distributor of training materials for the national CTC model was based within Franklin County and offered to provide training and technical assistance resources to the region at cost, as a way to help bring the program to its own local community. Community Action, one of the area's largest human service providers, was approached to house this project and a local private business owner passionate about addressing youth substance use agreed to cover the discounted costs of the CTC training program. Around the same time, Partnership for Youth, a division within Franklin Regional Council of Governments, received a multi-year federal Drug Free Communities grant to support building a community coalition aimed at preventing youth substance use. Given the close alignment of these two opportunities, Community Action and Partnership for Youth joined together to co-host the Coalition, using the CTC model. Today these two groups remain the backbone organizations supporting the Coalition.

Broadly, the Coalition's initial focus on addressing youth substance use was born from the alignment of these funding opportunities. However, in our interviews, Coalition partners reflected that there was shared interest in addressing this issue across the public and private sectors, particularly among parts of the business community and among health care and other service providers, even prior to establishment of the Coalition.

A key component of the CTC model that the Coalition embraced from the start is setting priorities based on local data. To this end, one of the first actions of the Coalition was convening a working group of five public school districts in the county to institute a uniform teen health survey that would be conducted in schools. This survey included questions regarding alcohol, tobacco and illicit drug use. It also included questions regarding risk factors and protective factors at the community, school, family and peer level that research shows affect youth substance use.

This was the first time stakeholders had quantifiable data regarding the pervasiveness of youth substance use in their community. The survey confirmed that local teens had higher rates of alcohol use, tobacco use, marijuana use, and binge drinking compared to national benchmarks. It also provided comparison of how prevalent certain upstream risk factors and protective factors were in Franklin/Quabbin communities, compared to national benchmarks.

1. Upstream refers to the macro factors that comprise social-structural influences on health and health systems, government policies, and the social, physical, economic and environmental factors that determine health. https://www.rand.org/content/dam/rand/pubs/working_papers/WR1000/WR1096/RAND_WR1096.pdf

The Coalition identified key risk factors and protective factors to address, based on data regarding the factors on which they underperformed, as well as significant community input regarding appropriate issues for the Coalition to tackle given its mission and values. The final priority risk factors and protective factors it selected to address were community laws and norms favorable to substance abuse, poor family management, parental attitudes favorable to substance abuse, and youth recognition in school, community and family environments. These priorities continue to be areas of focus for the Coalition, as outlined in their action plan.

Governance Structure

The Coalition's governance is led by a coordinating council, which is in charge of big-picture decision-making, including updating and approving the Coalition's action plan outlining priority risk factors, and approving the Coalition's pursuit of different funding opportunities. In addition, the Coalition allows any partner organization to seek funding under the Coalition's name, so long as it is formally announced at a coordinating council meeting and approved by the council. This system ensures that partners are not competing against each other for the same grant.

The coordinating council meets monthly. While technically all its decisions are based on a majority vote, interviewees emphasized that, in practice, the council makes decision by "very near complete consensus," discussing an issue until they "come up with something that everyone feels good about living with." In the initial years, the makeup of the coordinating council was partially determined by federal Drug Free Communities grant requirements that the coalition have strong representation across 12 different sectors. While the Coalition is no longer funded through this grant program, the coordinating council continues to include a diversity of partners, including youth organizations, law enforcement, members of the business community, representatives from regional schools, and hospitals.

The Coalition's work is supported by two backbone organizations, Partnership for Youth and Community Action. These organizations have served as backbone organizations to the Coalition since its founding. This long-term stability has preserved institutional knowledge within the Coalition and fostered long-term development of partner relationships. These two organizations are deputized to make small decisions without consulting the coordinating council, such as agreeing to the Coalition signing sign-on letters, so long as there is agreement across the two organizations. Day to day, Partnership for Youth and Community Action staff serve distinctly different roles as backbone organizations. Partnership for Youth staff serve as coordinators of the Coalition and have funding to provide core backbone support for coalition activities, such as chairing work groups. A Community Action staff member serves as Chair of the Coalition's coordinating council. In this role, they play more of an advisory, leadership role and do not have significant funded time dedicated to supporting operations of the Coalition. Having Community Action serve this latter role has proven helpful, as they can be viewed as a more neutral party, uninfluenced by "organizational pressures" of providing everyday backbone support, when advising the coordinating council on hard decisions.

Most decision-making regarding the actual activities that the Coalition will spearhead or support are delegated to workgroups made up of partner organizations and community members. Workgroups review priority risk and protective factors and make recommendations to the coordinating council regarding updating priorities within the Coalition's action plan. Each workgroup also develops a set of core initiatives that it will coordinate implementation of, as well as a set of related partner-led activities that it will play a supportive role carrying out. The Coalition strives to have a chair of each work group who has at least some funding to support the time and work they put into the Coalition. This may be a staff member of one of the Coalition's backbone or partner organizations. The Coalition has also provided small stipends to partner organizations or individuals to recognize the time spent chairing work groups.

The Coalition has a total of five work groups, each focused on a different priority of the Coalition. Its Regional School Health Task Force, made up of representatives from all nine regional school districts, is in charge of conducting its annual teen health survey in the schools, which remains the primary data source for informing Coalition activities and measuring success. The Coalition also has work groups focused on parent education, youth involvement in Coalition activities, and policy-level change to support substance use prevention, healthy eating, and physical activity. It is in the process of establishing an additional working group focused on addressing health equity and ensuring that reducing disparities is infused into the work of all other working groups.

Leveraging Local Data to Set an Agenda, Monitor Progress, and Build Trusting Partnerships

Every year, the Coalition collects numerous sources of data to inform its priorities and activities. The Coalition continues to implement an annual teen health survey across all local school districts, rotating between three surveys on a three- year cycle- a locally-developed custom survey, the national Prevention Needs Assessment Survey, and the Youth Risk Behavior Survey. All surveys include common core metrics related to key health outcomes and risk factors to allow for year after year tracking of progress. These surveys are supplemented with focus groups and interviews, and data from community sources such as hospital, police, and court records. The Coalition has also invested in a part-time program evaluator to conduct tailored analysis of local data to help in planning and evaluation. These data and analytics capacities are leveraged at every level of Coalition decision-making, from regularly updating the Coalition's action plan to ensure priorities still reflect the most pressing risk factors within the community, to informing the development of work group initiatives and evaluating their impact. Having a staff person with analytics capacity has also allowed the Coalition to more meaningfully focus on addressing health disparities, by providing partners with in-depth data on the distribution of health behaviors, substance use, and risk factors across youth of different demographics.

> *"One of the best things that the Coalition ever did was that we decided to hire a part-time evaluation coordinator…investing in the data has meant that [the coalition has] this really helpful resource that guides our work, but in some ways, the even bigger thing that it's done is…bring people to the table, because everybody uses the Communities that Care data, and we can adapt what we collect to meet partner needs."*
>
> Lev Ben-Ezra, CTC Chair

The Coalition's data collection efforts have also proven to be a powerful tool for building and fostering strong partner relationships. The Coalition's survey has become a trusted source of local adolescent health data and is treated as a shared resource that can be leveraged by all partners. Partner organizations can access analytic services from the Coalition's staff evaluator. The Coalition is also able to add questions to the survey to assist partners in planning or evaluating their own projects. In the past, it has added questions to assist local schools in meeting mandated work related to improving school climates, as well as questions related to teen sexting to assist a special project in the local D.A.'s office. Because partner organizations rely on this survey in their own work, it has also organically fueled greater alignment of priorities, as organizations are more likely to implement initiatives for which they know there will be available metrics to evaluate success.

Strategically Evolving to Support Sustainability

In the first decade of the Coalition, it relied predominately on federal funding through the Drug Free Communities grant program, as well as a grant from the state Bureau of Substance Abuse Services. However,

after 10 years, the coalition was no longer eligible for this federal grant funding and had to consider ways to diversify its funding streams. Since then, the Coalition has relied on braiding funding from a variety of sources, including smaller federal and state grants, small foundation funding, and contributions from the local hospital (through a state-mandated community giving program for non-profit hospitals undertaking capital improvements). It also has benefited from in-kind contribution of services from community partners, including free trainings, and intern services.

A primary tenet of the Coalition has been to maintain focus on the data-driven priorities set by its action plan and to not shift priorities purely based on demands of funders. This has enabled them to stay focused on the community's goals even as funding streams shift. Over the years, this has pushed the Coalition to creatively find connections between funding opportunities and its own action plan priorities.

For example, as the Coalition's backbone staff saw funding for direct services waning, it considered alternative ways to fund activities that instead engaged youth in the design and implementation of the Coalition's efforts. At times the Coalition has evolved in order to preserve its long-term longevity. In 2011, continued ability to fund the Coalition's main backbone support activities was uncertain, raising concern that without new resources the Coalition could fall apart. As a result, the coordinating council approved expanding the focus of the Coalition to include addressing physical activity and nutrition in order to capitalize on funding opportunities that would ensure ongoing support for backbone organizations.

Interventions

Over the 16 years that the Coalition has been in place, it has implemented diverse interventions targeted at addressing the priority risk factors and protective factors outlined in its action plan. One flagship program of the Regional School Health Task Force has been supporting the implementation of a uniform, evidence-based substance-use prevention curriculum across all middle schools in the region, in order to help reduce substance use. Reaching consensus across all schools on a feasible and evidence-based program to implement presented challenges. It required involvement of not only school representatives within the task force, but higher-level school administrators. To assist in building school buy-in to this project, the Coalition at times sought the assistance of powerful community stakeholders who supported the initiative, such as the Sheriff's office, the D.A.'s office, and champions within the school system who saw value in aligning curricula across districts. To further support schools in implementing this program, the Coalition offered technical assistance and training on implementing the curriculum. In addition to this project, the Coalition has supported a number of activities aimed at helping schools optimize their policies and practices to support substance use prevention, and nutrition and physical activity promotion, including publishing reports that share best practices already being implemented across local schools, and hiring a school nutrition consultant to advise schools on how to improve policies and practices.

In an effort to increase youth engagement, the Coalition's youth leadership initiative has focused on training young people to engage in the Coalition's activities. This has taken the form of recruiting youth to assist in focus group and survey data collection, assisting youth in engaging in local advocacy via speaking at regulatory hearings, town council meetings and school committee meetings, and supporting at-risk youth in serving as members of Coalition working groups via formal skill building education and mentorship.

Partner organizations have also taken independent steps to champion this work. For example, one partner organization that serves as host to nearly 20 AmeriCorps volunteers, spread across youth organizations throughout the region, made fostering youth recognition for social involvement a primary goal for its AmeriCorps members. This has helped instill youth recognition within the culture of youth service organizations throughout the community.

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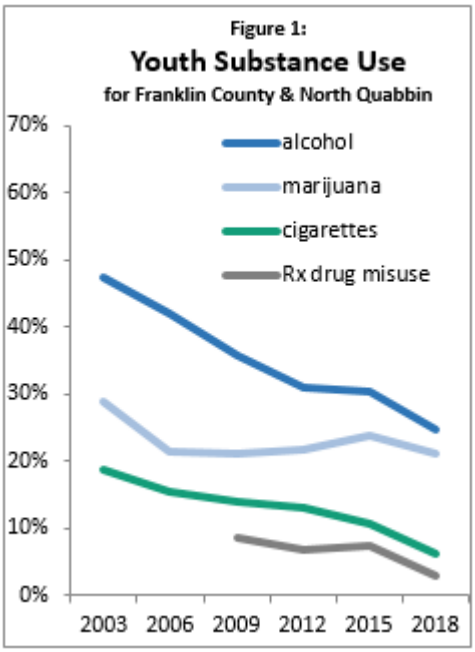
Within the parent education work group, coalition partners have published annual parenting guides in the local paper, as well as provided mini grants for organizations to implement evidence-based parent education programs that have proven effective at reducing substance use. Recently, the Coalition has made a more concerted effort to engage parents from priority populations, particularly lower-income parents and parents of color, in workgroup efforts. As part of this effort to support greater parent engagement in workgroup efforts, it has held meetings at local low-income housing and provided transportation for parents to attend.

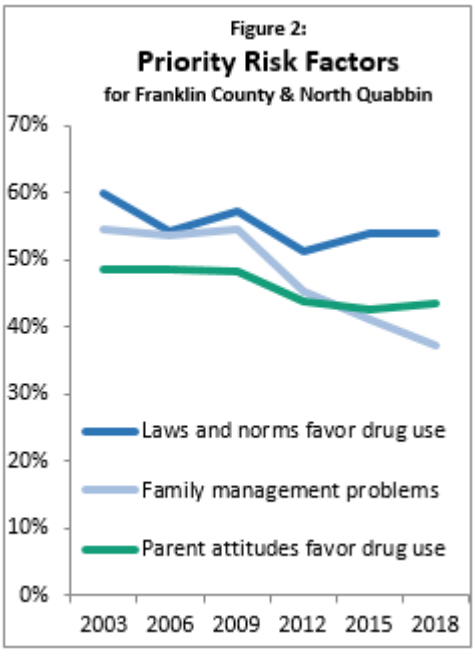
The Coalition is also in the process of integrating a racial justice lens to the ongoing work they are doing to decrease health inequities. This is not intended to be a separate set of initiatives but rather an effort to build the community's capacity to understand issues of health equity and racial justice, similar to how they built the community's capacity to understand risk and protective factors, evidence based practices and data-driven decision making. This new racial justice and health equity lens has received enthusiastic support from the community and led to increased attendance from people of color at Coalition meetings.

> *"We are just getting started on this racial justice work, but just talking about it…and bringing it up at each of our meetings has meant that now all of a sudden, our meetings are so much more diverse."*
>
> Kat Allen, CTC Co-Coordinator

Achieving Measurable Success

Thanks to the Coalition's consistent data collection efforts over the years, it has been able to quantify the measurable positive impacts that its work has had within the Franklin County and Quabbin region. Between the early years of the Coalition in 2003 and 2017, local rates of teen alcohol use, tobacco use, marijuana use, and binge drinking have all declined. On top of this, by 2017, local teen substance use rates across all indicators except marijuana use fell below national benchmarks. In addition, survey results show that local performance across all three of the Coalition's priority risk factors improved between 2003 and 2015. The median number of risk factors that youth within the community face also fell steadily over this period from 10 to 7, helping to strengthen community resiliency.[2]





2. https://frcog.org/wp-content/uploads/2018/09/2018-survey-data-for-Sept-2018-full-coalition-meeting.pdf

The Coalition's success has received national recognition via multiple forums, And in 2014, Coalition staff were invited to speak at a White House summit on their experience integrating prevention into education.[3]

Challenges

Maintaining sufficient funding to support the Coalition's activities is a significant challenge. Partners note that the longer the Coalition is around and the more successful it is, the more its services are viewed as part of the fabric of the community. This can leave some to wrongly assume that the Coalition no longer needs funding to maintain the progress it has thus far achieved, and can make it challenging to compete for funding against new, more exciting, hot button issues. Not having funding well aligned with desires of the Coalition action plan can also place the Coalition in the challenging position of being forced to more heavily focus actual implementation in some priority areas due to funder obligations.

In tandem with funding struggles, maintaining community-wide interest in addressing upstream risk factors and primary prevention can be a challenge, particularly in times when there are public health emergencies, such as the recent opioid epidemic. Finding synergy with organizations focused on such public health emergencies has been important to preserve strong working relationships with these partners and to ensure that primary prevention is recognized as an essential component in the response to a crisis.

Over the years the coalition has found that it can't rely only on survey data to identify new trends (such as vaping) since these emergent issues may not yet be included in surveys. Supplementing with focus groups and other qualitative data sources is essential to staying current. In addition, limited research on effective strategies to address such emerging issues has further challenges the coalition's ability to promptly take action to tackle such problems – the coalition has needed to be flexible in using evidence-informed strategies in areas where evidence-based strategies don't yet exist.

Lessons Learned

Leaders within the Coalition credit a number of factors with its success. The longevity of the Coalition, and the long tenure of key backbone support staff and partners have been key to building deep relationships with partners and in understanding the nuances of different partners. This institutional knowledge has helped foster a culture of trust and collaboration within the Coalition.

Coalition leaders also emphasize the importance of maintaining focus on the priorities set in their action plan. Having priority setting processes that are informed by local data, scientific research, and community input help in maintaining long-term partner commitment to sticking with priorities in the face of competing opportunities. They credit not losing sight of their performance goals and not drastically shifting focus based on funding opportunities as critical to their moving the needle on their priorities.

Specific programs may change, but the focus remains on building connections among families, schools and communities to promote positive youth development. Leaders from all sectors are engaged in building capacity for long term systems change.

3. https://docs.google.com/viewer?a=v&pid=sites&srcid=ZGVmYXVsdGRvbWFpbnxjdGNub3RlbXBsYXRlfGd4OjU1MjIzMmVlMTNhODFlZDk

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