



Partnering to Advance Public Health

***About the authors:** Bill Laughlin and Bill Siren are leaders within Deloitte’s Health Care Strategy & Analytics practice. This editorial represents perspectives on how health care leaders can approach building partnerships within communities to advance public health.*

Research indicates that 80% of one’s health is driven by components of public health like social, behavioral, and environmental factors.¹ Health care Chief Strategy Officers have identified the opportunity to improve outcomes through systems change and cross-sector coordination, especially with public health organizations. This article outlines how health care organizations can advance public health through partnerships with community organizations to reach vulnerable patients, provide population-based services, collect data that can influence public health priorities, and promote policies that improve community health.

Balancing Priorities for Community Efforts

One of the first steps health care organizations must take to advance public health is to develop a greater understanding of community voice and needs, which can then inform strategic partnerships within the community.

Understanding community needs and uplifting community voice

Health care organizations require a deep awareness of the community’s strengths and needs positioning data to play a critical role in this identification process. One primary data point in the public health sphere are drivers of health (DoH)—the economic, environmental, and social conditions that impact one’s health. This data can illuminate health disparities and emphasize the intersectionality of the drivers of health.

One common source of data is Community Needs Assessments (CNA), which provide a tactical way of analyzing gaps in driver of health services (e.g., transportation) to help organizations understand the highest priority areas for improvement and investment in the community.¹ These assessments are developed using both qualitative (i.e., voice of the community surveys) and quantitative inputs to create a snapshot of the community.

Listening to and uplifting community voice is paramount as organizations aim to build community trust through public health interventions. To foster trust, health care organizations should create a definition of community voice focused on sustainability and long-term systems change. Organizations may define this differently, but one study uses “community voice” as an all-encompassing term for inclusion of community members in collaborative activities.³ Most importantly, organizations that aim to empower community members should pursue an “active” community voice strategy, where members are enabled to take leadership in decision-making, training, and priority-setting.

Leading Practices on Community Partnerships

To continue the collaboration initiated during the pandemic, health care organizations should partner with community-based organizations, local health departments, and the broader community on joint public health efforts. Effective partnerships should set goals based on clearly defined, high priority needs, which inspire community-wide interest, engagement, and support. Then, community health metrics (e.g., life expectancy, access to care, unemployment rate, household income) can be leveraged to monitor progress and enable a data-based evaluation of the success of the partnership. To ensure sustainable partnerships and longevity, stakeholders should develop a strategy for broadening and diversifying sources of financial support.⁴

Examples of Public Health Collaborations

We can derive learnings on successful public health collaborations from a few example initiatives, including Healthy Davis Together, Healthy Neighborhoods Equity Fund, and Elevance Health partnerships.

Healthy Davis Together (HDT)



- **Key Organizations:** City of Davis and University of California, Davis
- **Vision:** Reduce COVID-19 transmission and reactivate communities
- **Description:** The members of HDT partnered with health center CommuniCare to setup vaccination sites and successfully vaccinated 83% of migrant farm workers. As a result of the program, the community was able to prevent many COVID-19 cases.⁵

- **Significance:** City of Davis is estimated to have seen 60% more COVID-19 cases without the HDT program—4,144 cases, 275 hospitalizations, and 35 deaths were avoided.⁵

Healthy Neighborhoods Equity Fund II (HNEF)



- **Key Organizations:** HNEF, Boston Medical Center, Dana-Farber Cancer Institute, and others
- **Vision:** Create healthy neighborhoods that can improve public health and wellbeing⁶
- **Description:** HNEF is a fund that invests in mixed-income, mixed-use developments near public transit in Boston and its surrounding urban areas. HNEF I resulted in the creation of 586 new mixed-income homes and HNEF II is expected to finance over 1,000 homes.⁷
- **Significance:** A health impact analysis found that transit-oriented development (a part of HNEF's mission) can positively affect health outcomes and chronic conditions such as obesity, stress, mental health, cardiovascular disease, respiratory disease, injuries, and premature mortality.⁷

Elevance Health



- **Key Organizations:** Elevance Health (formerly Anthem), Aetna, Cigna, and many local community organizations
- **Vision:** Partner with and donate to community-based organizations to address an array of drivers of health (DoH) barriers, including food insecurity, racial and economic disparities, and poverty⁸
- **Description:** One example is Anthem Blue Cross Blue Shield in Georgia, a subsidiary of Elevance Health, which partnered with a local community organization in Atlanta to launch a food service facility that aims to meet the area's food needs.
- **Significance:** Elevance is working in conjunction with Aetna and Cigna to engage in launching these initiatives to reduce DoH barriers, representing a larger trend towards health equity initiatives among many major health payers and plans.

Conclusion

Reducing the cost of health care and improving health outcomes requires new approaches that address the broad array of clinical, economic, environmental, and social factors which affect one's health. Crucial to this mission are deliberate collaborations and partnerships among health care organizations, governmental public health departments, and other community stakeholders. Community data is one piece in unravelling some of the root causes of inequities but should be supplemented with other strategies. Listening to the community and their needs, as well as understanding and elevating community voice, are key to identify and address public health through a sustainable and comprehensive approach.

Studies show that socially responsible care delivery is among the highest priorities for 28% of health care leaders, up from 4% in 2021.⁶ However, no single organization can achieve health equity on their own—open collaborations between public health organizations are key to advance public health and bring us one step closer to a more equitable and accessible health care system.

Please reach out to Bill Siren or Bill Laughlin with any questions.



Bill Siren
Managing Director
Deloitte Consulting LLP
bsiren@deloitte.com



Bill Laughlin
Principal
Deloitte Consulting LLP
blaughlin@deloitte.com

Contributors:

Carly Arfman, Olivia Boersma, Julia Kenney, Tanuka Raj

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