

# Health Promotion Council's Slice of Innovativeness in the Public Health Landscape

Vanessa Briggs 23 September 2011

## Introduction

The Health Promotion Council (HPC) offers innovative strategies in delivering high-quality health promotion and prevention programs for low-income diverse communities, with a solid business underpinning. To fully understand HPC's unique blend of public health services and its bottom line approach, it's important to first understand the internal landscape in which it operates.

HPC's longstanding mission since 1981 has been "to promote health and prevent and manage chronic diseases, especially among vulnerable populations through community-based outreach, education, and advocacy." HPC fully understands its role within public health. Not research, surveillance or primary clinical care, but rather community-based initiatives with a focus on addressing health disparities and inequities, are what HPC does best. Reaching more than 40,000 people annually across Pennsylvania, HPC strategically fulfills its mission through partnerships and a diverse work force of 46 full-

time employees: 26 percent African American, 19 percent Latino Hispanic, 10 percent Asian and 26 percent Caucasian. HPC's leadership represents 50 percent diversity, allowing them to remain competitive in today's changing demographics.

In comparison to similar nonprofits, which tend to use a more tapered approach to public health through research, primary care, or awareness, HPC uses a comprehensive approach including direct health services, policy, and environmental system change interventions. It also advances cultural perceptiveness for communities, often serving as the broker between clinical and community services. This multilevel broad strategy is what keeps HPC in the forefront as a community-based nonprofit leader and strong strategic partner. Its combined use of public health and business constructs with evidence-based models makes HPC a unique player in the public health sector. But is HPC's focus on the value of diversity and use of a multifaceted approach sufficient to manage the complexities of balancing mission and money as an innovative growth strategy?

## **Navigating the Complexities of Nonprofit Management and Public Health**

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Changing demographics, shrinking funds and increasing disease prevalence are the three greatest challenges facing public health today.

Operating from the point of view of “mission and money,” HPC recognizes and experiences firsthand the external impact of our weakened economy with reduced funding. Changing demographics result in growing demand for multilingual and culturally tailored health programs and services.

HPC successfully navigates the changing demographics as a direct result of its mission and core value of addressing diversity and health disparities. According to recent projections of the U.S. Census Bureau (2008), the United States will become a majority-minority country—that is, a population with no single racial group as the majority—in 2050. This requires nonprofits to operate smarter, not harder, with fewer resources to meet the needs of a diverse nation despite our unjust fragmented health and social service systems.

Being fiscally prudent, HPC takes the position in public health of not attempting to provide all health promotion services for its target communities. It builds strategic partnerships to deliver a more effective and efficient way of addressing the fragmentation and uncoordinated care of the healthcare system, the lack of organizational and community support, and the deep-seated institutional and structural racism that many of its communities face daily.

Historically, nonprofits operate from the premise of undercutting their bottom line and not covering its true costs, putting an enormous drain on resources and human capital and ultimately impeding their own ability to seize new opportunities. Furthermore, in an already cash-strapped economy, underserved groups often rely solely on Social Security, Medicare, Medicaid and other social supports whose own health is unstable.

Lastly, diabetes, hypertension, cancer, and asthma, and obesity among adults and children, are only a few of the chronic health conditions and diseases that disproportionately impact low-income communities of color. This puts enormous strain on our ability to contain healthcare costs. For example, diabetes is currently the sixth leading cause of death and the leading cause of kidney failure, amputation and blindness in the United States. In total, the direct and indirect healthcare-related cost for diabetes is approximately \$132 billion.

The environments in which these underserved groups live, work, play and worship add further complexities to efforts to promote and adopt healthy lifestyles. From a local perspective (Philadelphia Health Management Corporation 2010), 10.7 percent of Philadelphia adults were eating the recommended intake of five servings of fresh fruits and vegetables daily, as were only 13.9 percent of Philadelphia children ages 3–17. Obesity statistics are even more alarming. More than a quarter (25.4 percent) of Philadelphia children ages 6–17 and

adults (32.1 percent) were identified as obese.

Having a firm understanding of the future direction of public health and the impact from other sectors, such as education, labor, environment and health care, requires nonprofit leaders to use strong business acumen and organizational system thinking. The shift across the nation from a traditional disease-focused approach to a more prevention and wellness systems-oriented business approach is the catalyst that drives HPC's innovativeness. Thus, nonprofits must devote resources to mission and programs while also making sound financial decisions that enable future growth and sustainability through strategic partnerships. Nonprofits such as HPC must use public health and business evidence-based models to develop innovative health promotion and wellness strategies.

## **Evidence-based Tools: Organizational Integration Model**

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Several evidence-based models enable HPC to align finances with mission, vision and capacity. For instance, HPC is transforming its internal organization culture and operation by implementing an organizational integration model over a five-year period from 2007 to 2012. The sole purpose is to further HPC's efficiency in how communication and coordination impact action, in order

to effectively fulfill our organizational goals and mission. Organizational integration, adapted from a business model in the 2002 MIT Sloan Management Review (Ghoshal and Gratton 2002: 34), has four core components:

1. Intellectual integration aims to achieve higher efficiency through shared knowledge and collective input, ensuring that the organization and the populations it serves benefit from everyone's contribution, from line management to executive staff.
2. Operational integration builds a standardization of technological infrastructure and operational processes to ensure that systems are centralized so that operations are congruent across the organization.
3. Social integration focuses on the need to create environments that foster collective bonds of performance to support peers with synergy and overall professional growth, especially when developing talent from within and future leaders.
4. Emotional integration creates unity through shared identity and meaning to ensure that everyone in the organization understands their contributions, roles and overall belonging to the shared vision of the organization. This component is critical to the success of an organization's strategic plan.

For many years, HPC, like many other nonprofits, operated

in silos as a direct result of receiving categorical funding. All too often program staff interacted only with peers on the same project, and very little communication and coordination occurred across programs and services. This approach proved to be costly, hard to sustain and ineffective, and had minimal impact on improving health outcomes. In addition, disparately impacted individuals often present with more than one health ailment and thus need an integrated approach to basic education and skill-building disease self-management techniques as well as support from other health and social service resources.

## **Evidence-based Tools: The Core Theory of Success**

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Another complimentary evidence-based approach is HPC's adoption of the Core Theory of Success (Kim 2001). This model has four key elements:

1. Quality of Relationships,
2. Quality of Collective Thinking,
3. Quality of Actions and
4. Quality of Results.

It is founded on the premise that the more intentional we are about investing in these four elements, the more successful we will be in building our business. This is

known as a type of systemic theory that is dependent upon all elements that make up the loop. Success is derived from the loop itself and how well all elements are working together.

The Core Theory of Success model is easily adaptable for internal and external purposes. Here we examine the model from the external perspective of program conceptualization and execution.

HPC adopted this model congruently while working on its organizational integration model, recognizing the synergistic elements of both models and its profound impact on service delivery of health promotion and wellness. The impact from its four key elements, particularly when leading coalitions and building alliances, includes the following:

1. The Quality of Relationships among people who work together increases (high team spirit and collaboration, mutual respect and trust).
2. The Quality of Collective Thinking improves (people consider more facets of an issue and share a greater number of different perspectives) when the level of thinking is heightened, especially when working within multiple sectors and across systems to solve broad-based public health problems.
3. Hence, the Quality of Actions is likely to improve (better planning, greater coordination and higher commitment).
4. In turn, the Quality of Results increases (greater

impact, higher return on investment, and sustainability).

## **Transformational Change with Public Health Solutions**

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HPC has a deep understanding of the realities of its target populations, from food insecurity, language barriers, unfavorable living environments and complications associated with chronic diseases to lack of coordinated services and resources. Nonprofits like HPC can take a holistic approach to address whole individuals, the complexities of their environments and our healthcare system simultaneously.

An organizational integrative model and the Core Theory of Success are two evidence-based strategies at the heart of how HPC improves the quality of life for many of its underserved groups. These two models have the potential to contribute substantially to improving health outcomes, reducing disease burdens and eliminating health disparities and inequities. Because both models focus on building and sustaining stronger organizational capacity and infrastructure, forging and leveraging resources through multisector strategic partnerships, and strengthening linkages between clinical systems and community services and programs, the public health

sector is poised to develop practical solutions.

Money, relationships and internal capacity are essential to nonprofit organizations' success and its ability to transform change in the public health sector. Taking a comprehensive approach to public health supports the use of mixed methods of evaluation including quantitative, qualitative and process measures. Greater emphasis can be placed on short-term organizing processes, intermediate system and policy changes and long-term elimination of health disparities. It is our collective passion, willingness and expertise that should drive us towards financial leadership and effective health programs and services.

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