Introduction

The Wisconsin for Healthy Aging (WIHA) was incorporated in 2010. Although it is a free-standing non-profit corporation, it is most useful to think of it as a partnership of public and private organizations engaged in research and dissemination of evidence-based programs that promote healthy aging. Accordingly, in this document, when the term “WIHA” is used, it is generally intended to include WIHA’s partners.

From its inception until now, much of WIHA’s activity has been focused on start-up, establishing a statewide presence, and developing and disseminating an initial core of four evidence-based programs. This program development required the cultivation of local partners, building a cadre of Leaders and Master Trainers and getting the word out that these programs have value, are now available, and have the support of WIHA.

Four years later, it’s time to take stock of how far WIHA has come, what future paths are available, and what strategic direction to take in the next chapter of the organization and the partnership. The strategic decisions to be made at this point are by and large exciting decisions facing a successful organization on the rise: which expansion opportunities to explore, which new content areas of evidence-based programming to take to scale, which new partnerships to cultivate, and which promising new funding streams to pursue.

The strategic planning process WIHA used is based on the “Heart of the Matter”1 planning model. This model was designed to focus the energy of participants on the most important strategic issues facing the organization and to develop a compact set of strategic principles and action steps to guide the organization into the future. In addition to one large group meeting (4/2/14) of board, staff and a few other selected stakeholders, the strategic planning process consisted of a series of individual interviews and mindmapping exercises before the large group meeting. (See participant list in Appendix 1.)

After discussing several big strategic issues and questions facing WIHA, the group settled on five strategic principles for the future that address:

1. WIHA’s future identity and roles
2. WIHA’s future expansion strategy
3. WIHA’s future funding strategy
4. WIHA’s strategy for increasing organizational and program inclusiveness
5. WIHA’s intention to review and improve its organizational and partnership structure

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1 Developed in 2012 by Lynn Breedlove, the former Executive Director of Disability Rights Wisconsin, who facilitated the planning process and authored this document.
Impressive Accomplishments for a Young Organization

WIHA had a strong head start as some evidence-based health promotion activity was already taking place in Wisconsin before WIHA’s 2010 incorporation. However, WIHA’s scope and impact have grown dramatically in the last four years. This is largely the result of impressive start-up leadership and planning, and substantial zeal of several WIHA Board, staff and partners during this period.

WIHA has clearly established itself as the primary clearinghouse for evidence-based health promotion and prevention programs in Wisconsin. The **clearinghouse role** includes:

- Maintaining strong links to relevant lines of research that are continuously surfacing new evidence-based program ideas,
- Piloting new evidence-based programs and refining them before they are widely disseminated,
- Becoming the licensor for programs or securing the license for use in Wisconsin,
- Collecting data on various aspects of evidence-based programs used in Wisconsin,
- Organizing the annual Healthy Aging Summit, and
- Maintaining a website, publishing a newsletter and maintaining listservs to keep various partners and stakeholders aware of what’s happening around evidence-based health promotion.

WIHA is also the primary source of Leader Training, Leader Refresher Training, and coaching for Leaders and Master Trainers for evidence-based programs in Wisconsin, as well as the primary force behind efforts to ensure the quality and fidelity of all the evidence-based programs that WIHA coordinates. In partnership with a variety of statewide and local partners, WIHA has greatly increased the number of evidence-based workshops provided in Wisconsin (307 in 2013, up from 250 in 2012). The 2013 workshops involved 3,362 participants.

From its original falls prevention focus, WIHA has broadened its range of evidence-based programs to include chronic disease self-management, diabetes self-management, and a program to help caregivers improve their self-care and manage their emotions. To support its program expansion, WIHA has broadened its funding base, which now includes federal and state grants, private foundation funding, licensing fees and donations.

One interesting way to view WIHA’s accomplishments to date is to consider what “value added” WIHA has brought to Wisconsin’s aging network, health care system, older adults and caregivers. (See the summary of results of a mindmap of planning participants on this question in Appendix 2.)
Major Trends in the Environment

1) Federal funding for health promotion has not grown in recent years. However, the federal Administration on Community Living (formerly Administration on Aging) has made evidence-based prevention and health promotion a higher priority in recent years. This has surfaced in ACL’s expectations of federally funded aging programs in Wisconsin.

2) Health care reform has elevated the importance of prevention for health care systems.

3) The importance of prevention has not been generally embraced by society, but health and physical fitness is a priority for many baby boomers and this could bring an increased interest in WIHA’s programs in the future.

4) Wisconsin’s long term care system has emphasized the importance of empowerment and “self-determination” for all long term care recipients; this concept has some parallels to the principles of self-efficacy and self-management that are fundamental to WIHA’s programs.

5) WIHA is one of only a handful of organizations in the U.S. that has taken a leadership role in evidence-based health promotion. As such, WIHA has the attention of other states and the CDC.

6) Wisconsin counties have experienced a series of budget cuts in recent years, which has resulted in staff layoffs in many counties. This affects the counties’ capacity to take on responsibility for implementing and promoting evidence-based programs.

7) Other prominent organizations involved in evidence-based health promotion programs in the U.S. have demonstrated innovative approaches in: (a) expanding partnerships beyond traditional partners; (b) creating strong partnerships with health care systems; and (c) engaging and empowering “vulnerable populations.”
Strategic Principle 1

WIHA’s future roles (in concert with its partners) will include:

1) Continued collaboration with researchers to develop and test new evidence-based programs;
2) Continued and expanded provision of evidence-based programs;
3) Selectively promoting the evidence-based “bedrock concepts” in WIHA’s programs in the arenas of public policy, public health, and public education;
4) Encouraging continued and expanded outreach to younger adults; and
5) Exploration of possibilities to expand WIHA’s national role.

Participants clarified the use of the term institute in WIHA’s title. In addition to Webster’s definition of “an organization for the promotion of art, science, education, etc.,” the group added these characteristics of this particular institute, which help to clarify the WIHA brand:

• An entity with a clear focus and leadership role, acting as a center of excellence in a specific area of activity (which includes maintaining a reservoir of knowledge in that area),
• An innovator and a catalyst/leader for change/reform, a link between the university/research field and applications of that research in the community,
• A disseminator of proven effective ideas, and programs or initiatives based on those ideas, and
• A convener of experts and stakeholders in its field.

There was strong consensus among the planning participants that WIHA must continue to invest the large majority of its energy and resources on prevention and health promotion through the vehicle of evidence-based behavior change programs. WIHA knows these programs work and there is much more that can be done in Wisconsin through both the increased dissemination of WIHA’s current core programs and the expansion of WIHA’s programmatic scope to include new types of evidence-based programs.

However, during the mindmapping process a number of participants expressed the belief that WIHA could increase its prevention and health promotion impact by expanding its activities beyond the development and dissemination of evidence-based programs, i.e., to promote a broad “healthy aging” agenda in other spheres of social change. In the planning discussion, this view was countered by concern that taking on such a broad role in Wisconsin could undermine the quality and impact of WIHA’s evidence-based program provision and/or outstrip the staff time available. It could also lead to WIHA endorsing practices that might sound logical but are not in fact evidence-based.

The consensus conclusion was a middle ground. There was a recognition that WIHA's evidence-based programs are based on a set of “bedrock concepts” that clearly emerged from the research, e.g. the importance of specific nutritional practices for people with diabetes, or specific types of exercise to prevent falls. These are “good practices” that WIHA believes in and the research supports, that could be promoted in more ways than conducting behavior change workshops (although WIHA strongly believes that these workshops are the most effec-
There was a consensus within the group that it would be consistent with the WIHA mission\(^2\) to promote these bedrock concepts in the arenas of: (a) public policy and legislation, (b) public health, and (c) public education. WIHA’s level of activity in these other arenas will be limited by the overall level of staff and Board time available, in the context of continued expansion of WIHA’s provision of evidence-based programs.

Regarding the target audience for WIHA’s programs, the planning discussion clarified that notwithstanding the reference to “older people” in WIHA’s mission statement\(^3\), WIHA is already serving adults of all ages in three of its four core programs. The group reaffirmed the validity of this application of evidence-based programs, and also agreed that WIHA should work with its current partners (and develop new partnerships) to increase its outreach to younger adults.

Regarding WIHA’s role on the national stage, the group recognized that WIHA is already viewed as a national leader\(^4\) in evidence-based health promotion, and that this leadership role carries with it certain responsibilities. WIHA is already the licensor for Stepping On in 18 states, and is recognized for the merits of the research collaboration with university partners, which WIHA refers to as the continuum “from research, to practice, to people.”

The group affirmed the current level of WIHA national activity, and also approved the (cautious) exploration of the possible paid consultant/trainer role for WIHA to support other states interested in creating a WIHA-like entity, developing its own Community-Academic Aging Research Network (“CAARN,”) developing an array of evidence-based programs, and/or establishing a partnership with the aging network in their state. One benefit of this role for WIHA would be the possibility of increasing unrestricted revenue and reserves.

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\(^2\)“The Wisconsin Institute for Healthy Aging is a not-for-profit agency dedicated to researching and advancing the spread of evidence-based programs that encourage and support healthy aging among older people.”

\(^3\) The Board could consider revising the mission to reflect the reality of the populations WIHA is actually serving.

\(^4\) This is apparently the view of the CDC and the National Council on Aging.
Strategic Principle 2
WIHA will strategically expand its partnerships and programs in multiple ways.

In the planning discussions, it was clear that most or all of the participants considered it self-evident that WIHA should and will expand its scope in the future. However, the concept of expansion has multiple potential facets for WIHA. For example, expansion could mean:

1) Increasing the number of times one or more of the current four core programs are offered per year in currently active counties, and correspondingly the number of participants;

2) Increasing the number of counties in which one or more of the current four core programs are available;

3) Developing and disseminating new (to Wisconsin) evidence-based programs in new content areas emerging from the research collaboration with university partners, the expressed needs of local communities, and/or overtures from the national level;

4) Expanding WIHA's array of partners to increase the variety of program sponsors, intensify outreach to underserved populations, and/or expand the funding base for WIHA programs;

5) Expanding the visibility of WIHA in the aging network, within health systems, and within the insurance sphere; and/or

6) Expanding WIHA's role within other states and at the national level.

Guiding Concepts for Future WIHA Expansion

The planning discussion did not elevate any one of the above types of expansion to a higher priority status than the others. Instead, certain strategic concepts emerged from the conversation that could provide helpful guidance to WIHA leadership as they consider various expansion opportunities in the future:

1) WIHA has been expanding since its inception and that will continue as resources become available to do so.

2) All of the above expansion opportunities have merit and WIHA will be resourceful and opportunistic in strategically pursuing openings for any or all of them in the coming years.

3) Expansion does not always take the linear form of — Get an idea. Get money to do it. Implement it. Sometimes WIHA will have to take a chance on a promising new idea by developing it with limited start-up resources, announcing it and building demand for it, and then finding the partner(s) and resources to take it to scale.

4) In selecting which new evidence-based programs to start up, WIHA will take several factors into account:
   • What’s happening in the current Wisconsin and U.S. environment in health care and healthy aging, and which new program ideas would resonate with those trends
   • What people in various local communities tell WIHA they need most
What the available public health data about Wisconsin counties tells WIHA about the greatest need

Which new programs will help WIHA increase its level of engagement with underserved populations

5) WIHA will be wary of pursuing expansion opportunities that will spread the staff or the organization too thin, i.e. that could undermine the quality of existing programs.

Specific Expansion Opportunities for WIHA to Explore in the Future

1) Continue to explore new program opportunities that arise from WIHA’s research collaboration with university partners.

2) Explore the possibility of establishing a statewide prevention mandate (and funding) for every county, or (more narrowly) a mandate for the provision of Stepping On in every county, which could then be expanded to more evidence-based programs in the future.

3) Absent a mandate, pursue funding to support local sponsors in the counties with minimal or no evidence-based program activity at present, and increase the availability of technical assistance and coaching from WIHA for those counties.

4) Approach more hospitals and Accountable Care Organizations (ACOs) as possible partners/funders for running evidence-based programs.

5) Capitalize on the opportunities inherent in “more mature ADRCs” that have the capacity to expand their array of evidence-based programs.

6) Work with the Wisconsin Department of Health Services, the Wisconsin Counties Association, the Wisconsin County Human Services Administrators, and other stakeholders to pursue the goal of creating a Health Education/Promotion Coordinator position in every county, who would become the point person for a broad array of evidence-based programs in his/her respective county.

Expanding WIHA’s Partnerships

There was a strong consensus that WIHA’s top priority in expanding partnerships should be with health systems. In particular, there are promising opportunities to integrate prevention and self-management into Medicare ACOs.

Several participants expressed concern that some health care players will not be satisfied with the research basis for WIHA’s programs as sufficient proof of Wisconsin-specific impact and cost savings. However, there was also optimism that WIHA will be able to build into its current and future relationships with health systems a mechanism for those systems to track outcomes at their own expense and share the outcome data with WIHA. In fact, that is already happening to some degree.

As secondary priorities, the participants believe that WIHA could develop and/or strengthen its partnerships with faith-based organizations, county UW-Extension agents, and residential providers (i.e., CBRFs and assisted living).

One of the participants suggested that WIHA could be more systematic in developing its partnerships by incorporating all of the five conditions required for effective collective impact (See a summary of these conditions in Appendix 3.)
Strategic Principle 3

WIHA will strengthen its funding base by pursuing new or increased funding in four major areas:

1) An annual appropriation in the state budget,  
2) Funding from health systems,  
3) Funding from insurance companies, and  
4) Obtaining Medicaid and/or Medicare reimbursement.

In the pre-meeting mindmaps, there was a consensus that:

1) WIHA needs to expand, diversify, and increase the long term stability of its funding base and there are promising opportunities to do so;  
2) WIHA must continue to pursue 1-, 2-, and 3-year grants, but also endeavor to gradually reduce its reliance on grant funding;  
3) Increased funding should be used to both increase the number and broaden the content of WIHA’s evidence-based programs and increase WIHA staffing levels and strengthen WIHA’s infrastructure; and  
4) Foundation funding has limited benefits for WIHA; it is primarily useful for new program start-ups.

Most Promising Potential Sources of New WIHA Funding

1) MAJOR NEW WIHA INITIATIVE - Pursue a designation as the state’s “Prevention Agency” (or “Healthy Aging Agency”) with an accompanying line item in the state budget.

   • This will require a comprehensive proposal and strategy to secure broad-based bipartisan support in the legislature (including strong documentation of the need, benefit and past impact of evidence-based programs, a solid fiscal basis for the funding level requested, identification of likely objections and responses to them, identification of possible funding sources and recruitment of legislative champions for the proposal in both parties).

   Note: there was consideration of another route to state funding: restoring the prevention mandate in the DHS-ADRC contract with increased ADRC funding. The group concluded that this was less desirable in that it might not result in all ADRCs using evidence-based programs.

2) SIGNIFICANT NEW STRATEGY FOR AN EXISTING WIHA INITIATIVE - Develop stronger partnerships with health insurers, HMOs, ACOs and other health systems, with more substantial revenue streams for WIHA.

   • This will require the development of a more formal and comprehensive business model for these partnerships, spelling out the projected cost savings and other benefits to WIHA’s partners that would justify more substantial payments to WIHA than at present.
• WIHA will also need to carefully develop a proposed fee structure, which could be on a per year, per program, per participant, and/or other basis.

• The business model could describe WIHA’s role as a “broker” for the provision of evidence-based programs available to partners as “turn-key operations” (i.e., all trainers, curricula, materials, etc. provided by WIHA and its local partners).

• In the “broker” context, WIHA could partner with local sponsoring organizations that would share the work and the fees.

3) **INTENSIFY WIHA EFFORTS BEYOND CURRENT LIMITED EFFORT** – Explore the possibility of obtaining Medicare and/or Medicaid reimbursement for participation in WIHA programs.

• This will require WIHA to partner with certified Medicare and Medicaid providers who can bill for the programs and share the reimbursement with WIHA. (Note: WIHA already has one project in the works along these lines.)

• The Healthy Living with Diabetes program is already reimbursable under Medicare, but there are logistical obstacles preventing WIHA from benefiting from that at this point.

• There are developments at the national level at present that could create new opportunities in this arena.
Strategic Principle 4

WIHA will utilize a variety of promising strategies to increase the inclusiveness of the organization, its partnerships and its programs.

WIHA has made modest progress since 2010 in its efforts to ensure that WIHA truly reflects a cross-section of Wisconsin in its Board, staff, partnerships, Leaders, and Master Trainers. Examples include the fact that five of the current 20+ Living Well Master Trainers in Wisconsin are from communities of color and there are some tribal members who are Leaders for the Healthy Living with Diabetes workshop.

In 2013, 1% of WIHA workshop participants self-identified as American Indian, 1.5% as Hispanic, and 2.5% as African American. These numbers are low in comparison to Wisconsin’s overall population. Further, given the health and prevention needs of various communities of color, the planning participants believe that WIHA should set participation goals for all of its programs that exceed each community’s proportion in the general population, and in particular for certain specific evidence-based programs for some populations.

In the planning discussions, there was general agreement that WIHA could improve inclusiveness in several areas, especially now that WIHA has completed its initial start-up phase and is ready to expand and refine its work.

Inclusiveness for WIHA is not only about strengthening relations with communities of color. It also includes serving more LGBT individuals, more people in the community-based long term care system (who have sufficient cognitive capacity to benefit from the programs), and more adults of all ages with or without disabilities.

Increasing inclusion at WIHA has several dimensions. It involves board and staff composition; ensuring the cultural competence of all Leaders and Master Trainers; making appropriate adaptations in program format, curricula and materials to fit specific target audiences; adaptations in outreach and marketing strategies; and developing new partnerships with respected organizations within communities of color.

MAJOR NEW WIHA EFFORT REQUIRED — The planning participants had a number of promising strategy ideas for WIHA to incorporate in its future strategy for increasing inclusiveness:

1) Learn from what’s working — e.g., the Wisconsin Alzheimer’s Institute and UW Comprehensive Cancer Center and innovative approaches in Washington, Michigan, and California featured in the Atlantic Philanthropies’ study of organizations involved in evidence-based programs.

2) Before approaching new prospective partners in various communities of color, WIHA needs to think through the actual and perceived “value added” for a church, a local inner city organization, etc. Otherwise WIHA’s motives may be unclear.

3) In approaching various communities of color or other underserved populations, WIHA should start by asking — “What does your community need from WIHA?”— rather than assume that WIHA’s current core programs are what the community needs or wants.
4) When a program audience consists solely or primarily of members of a community of color, WIHA should make it a high priority to recruit and support Leaders who “look like the participants.”

5) WIHA should expend the time and effort necessary to establish relationships with Tribal Health Directors and community health workers in the Hispanic community to team up with them to implement WIHA programs.

6) Before implementing a WIHA program focused on a particular underserved community, WIHA staff and Leaders should become well-informed about that community. This includes learning about “food deserts,” transportation obstacles, health care access and other considerations that directly relate to the new behaviors the WIHA programs are intended to achieve.
Strategic Principle 5

WIHA will examine its current internal structure and relationships with key partners to ascertain what’s working, what’s not, and how to make improvements for the future.

Maintaining a strong, vibrant, and efficient set of relationships within the complex partnership that WIHA and its partners have created inevitably carries challenges. On the other hand, a voluntary partnership of strong, autonomous partners with a common vision has some distinct advantages over a single organization trying to do it all. No one in the planning discussions questioned the validity of the partnership model for carrying out the WIHA mission. But there was a recognition that there are some concerns regarding the current state of the partnership and that it is possible that some improvements could be made.

During the pre-meeting mindmapping and interviews, a number of participants expressed concerns regarding WIHA’s:

1) Organizational structure
2) Level of team feeling and cohesiveness
3) Chain of accountability
4) Decision-making processes
5) Level of dependence on GWAAR
6) Level of collaboration with CAARN

SEPARATE FOLLOW-UP PLANNING DISCUSSION — It was agreed that these concerns should be discussed by a smaller number of people who work together regularly to carry out WIHA’s functions.

1) Developing a comprehensive proposal and strategy to pursue a designation as the state’s “Prevention Agency” (Strategic Principle 3)

2) Developing a more formal and comprehensive model for partnerships with health systems and insurers (Strategic Principle 3)

3) More aggressively pursuing Medicare and/or Medicaid reimbursement for WIHA programs (Strategic Principle 3)

4) Developing a much more effective set of strategies to increase the inclusiveness of WIHA, its partnerships and its programs (Strategic Principle 4)

5) Analyzing WIHA’s internal structure and relationships with key partners and identifying/implementing ideas for improvements (Strategic Principle 5)
Appendix 1 — Participant List for 4/2/14 Planning Meeting

FACILITATOR
Lynn Breedlove

BOARD
Paula Brabec - Former Clinical Nurse Specialist, Aspirus Wausau Hospital
Linda Hale - Section Chief, Wisconsin Department of Health Services, Division of Public Health, Bureau of Community Health Promotion, Family Health Section
Gina Green-Harris - Director of Milwaukee Office Outreach, Programs & Services, Wisconsin Alzheimer’s Institute
LaVerne Jaros - Director, Aging & Disability Resource Center (ADRC) of Kenosha County
Robert Kellerman - Executive Director, Greater Wisconsin Agency on Aging Resources, Inc. (GWAAR)
Cynthia Ofstead - Director, Wisconsin Department of Health Services, Office on Aging
Debbie Paavola - Director, Waushara County Department on Aging Services
Harvey Padek - Consultant, Health Care Partnerships
Sinikka Santala - Former Director, Wisconsin Department of Health Services, Division of Long-Term Care
Gail Schwersenska - Former Director, Wisconsin Department of Health Services, Office on Aging
Marsha Vollbrecht - Director, Senior Services - Aurora Health Care - WIHA President
Lora Wiggins, MD - Chief Medical Officer, Wisconsin Department of Health Services, Division of Health Care Access and Accountability

WIHA STAFF
Jane Mahoney, MD, Executive Director
Betsy Abramson, Deputy Director
Kris Krasnowski, Communications Coordinator
Barbara Murray, Program Assistant
Sherri Ohly, Special Projects Coordinator

INVITED GUESTS
Jonette N. Arms - Assistant Director, Milwaukee County Department on Aging
Trisha Bailkey - Health Promotion Director, ADRC of Barron, Rusk & Washburn Counties
Jill Ballard - Community Research Associate (CAARN), Greater Wisconsin Agency on Aging Resources
Cheryl Batterman - Director, Area Agency on Aging of Dane County
Helen Marks Dicks - Policy Director, AARP Wisconsin
Anne Hvizdak - Statewide Prevention Coordinator, BADR, DHS
Mark Kaufman, MD - Manager, MAK Consulting LLC
Karen Timberlake - Director, Associate Professor, UW Population Health Institute
Appendix 2: WIHA’s “Value Added” to Various Partners and Stakeholders

1) WIHA moves proven effective programs into actual implementation and sustains the programs over time; acts as a clearinghouse for evidence based programs and information about them; “keeper of the evidence” and the data; validates programs that work; provides “one-stop shopping” for evidence-based programs (19 participants)

2) WIHA’s programs are cost effective; lower health care costs; reduce costs for insurers, Medicare and Medicaid; reduce out-of-pocket costs for older adults and their families; reduce over-utilization of hospitals. WIHA's model is part of the solution to the problem of runaway health care costs (8)

3) WIHA has a strong link to UW and the UW research community via CAARN; this enables WIHA to bring to light new solutions to problems quickly (8)

4) WIHA educates a variety of audiences about evidence-based programs and healthy aging; this creates more visibility for evidence-based prevention strategies (6)

5) WIHA has the track record and credibility necessary to assure funders and the health care system of quality results (2)

6) WIHA acts as a broker and a link between the aging network and health systems (5)

7) WIHA effectively addresses health issues that have a big impact on the quality of life of older adults; WIHA empowers older adults to live more safely, reduce reliance on the health care system and live more independently (3)

8) WIHA is a key part of an overall health care reform strategy for Wisconsin: “Better health, Better health care, Lower costs”; WIHA improves health care outcomes (1)

9) WIHA has created a statewide network to coordinate the provision of evidence based prevention programs across the state, with consistently high-quality programming (8)

10) WIHA has created a wide array of partnerships and is continuing to create new ones to expand the scope of evidence-based programs in Wisconsin (5)

11) A number of excellent staff from multiple agencies are involved in WIHA's work; this includes substantial expertise on evidence-based programs (3)

12) WIHA keeps expanding the range and scope of evidence based programs across Wisconsin (1)

13) WIHA trains the leaders and the trainers, and has built a statewide network of high caliber trainers (5)

14) WIHA provides support to local sponsor organizations, and the materials necessary for outreach. (2)

15) WIHA assures the quality of its program via various fidelity measures; WIHA only disseminates high-quality programs (3)

16) WIHA holds the state license for several programs, which is convenient and cost effective for the aging network (2)

17) WIHA provides programs that fit the mission and funder requirements of many organizations in the aging network (2)

18) WIHA meets the community health education and prevention needs of health care systems, and provides a reliable way for insurance companies to deliver prevention programs. (3)
Appendix 3: The Necessary Conditions for “Collective Impact”  
(from Winter 2011 article in the Stanford Social Innovation Review)

**Condition 1 – Common Agenda.**
Collective impact requires all participants to have a shared vision for change, one that includes a common understanding of the problem and a joint approach to solving it through agreed upon actions. All participants must agree on the primary goals for the collective impact initiative as a whole.

**Condition 2 – Shared Measurement Systems.**
Agreement on a common agenda is illusory without agreement on the ways success will be measured and reported. Shared measurement systems also enable the participants to hold each other accountable and learn from each other’s successes and failures.

**Condition 3 – Mutually Reinforcing Activities.**
Collective impact initiatives depend on a diverse group of stakeholders working together, not by requiring that all partners do the same thing, but by encouraging each partner to undertake the specific set of activities at which it excels in a way that supports and is coordinated with the actions of others.

**Condition 4 – Continuous Communication.**
Developing trust among a diverse array of partners is a big challenge. Participants need time to build up enough experience with each other to recognize and appreciate the common motivation behind their different efforts.

**Condition 5 – Backbone Support Organizations.**
Creating and managing collective impact requires a separate organization and staff with a very specific set of skills to serve as the backbone for the entire initiative. Ideally, these backbone organizations embody the principles of adaptive leadership: the ability to focus people’s attention and create a sense of urgency, the skill to apply pressure to partners without overwhelming them, the competence to frame issues in a way that presents opportunities as well as difficulties, and the strength to mediate conflict among stakeholders.