Center for Health Care Strategies

Shifting the Power Balance: Creating Health System Accountability Through Trusted Community Partnerships

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Introduction

Health care systems across the U.S. are increasingly focused on opportunities to achieve greater health equity. Cultivating meaningful relationships with their surrounding communities and involving community members in program and policy decision-making is integral for health systems to offer equitable care. By prioritizing collaborative relationships with community partners, health systems can better understand community needs and work together to design more responsive approaches to reduce health disparities and drive better health outcomes.[1,2] Empowering community members in decision-making at the health system level mirrors a fundamental tenet of the person-centered care model, which places the preferences of patients and families at the center of all care decisions.[3]

TAKEAWAYS

- Health systems that cultivate meaningful relationships with their communities and involve community members in program and policy decision-making are better equipped to provide more equitable care.
- Although health system initiatives involving community partnerships can lead to healthier communities, health systems have not historically included opportunities for the community to influence decision-making.
- This report explores the role of health system power and accountability and outlines key recommendations to guide health systems — particularly safety-net systems in communities experiencing significant health disparities — in shifting the balance to involve community members in decision-making and creating opportunities for greater accountability.

Lessons from the COVID-19 pandemic and racial reckoning following George Floyd's murder are driving health systems' growing interest in advancing health equity. The pandemic underscored the need for culturally responsive strategies in addressing the public health crisis and also pushed the health care workforce to a historic level of burnout. At the same time, the long overdue focus on systemic racism forced many in health care to confront their roles in perpetuating racial health disparities.[4,5]

Health systems — particularly safety-net systems in communities experiencing significant health disparities — are eager to identify new approaches to achieve health equity, including shifting the organizational culture from one narrowly focused on the bottom line to one that prioritizes the concerns of their local communities. After all, community members include both the patient population *and* the workforce that make up a health system. Health systems that prioritize community partnership can have a more positive impact in their role as both a health care provider and employer.

This report outlines practical approaches to guide health systems in more meaningfully involving local community members and being more accountable to the communities they serve. These strategies are drawn from a national exploration made possible by the Robert Wood Johnson Foundation and led by the Center for Health Care Strategies

(CHCS) in partnership with Center for Health + Justice Transformation. To understand opportunities for developing more community-driven and accountable health systems, the partner organizations conducted a literature review and interviews with safety-net health systems, identified for their leadership in this area, as well as community-based organizations, and subject matter experts (see acknowledgements for interviewee list). This report summarizes key findings for developing health systems that are more accountable to communities. Drawing from these key themes, it also outlines practical considerations to guide health systems in shifting the power balance to involve community members in decision-making processes and creating opportunities for greater accountability.

Developing More Community-Driven and Accountable Health Systems: Key Findings

The following section describes key themes that emerged from the interviews on how health systems can become more accountable to their surrounding communities. Cultivating strong relationships with community members is at the root of these themes and this section includes principles for strengthening relationships between health systems and communities.

Recognize the Role of Power and Accountability

Many safety-net health system leaders interviewed said that the current environment and heightened focus on health disparities has encouraged them to reflect on how to truly advance equity, including the role of power and accountability. Interviewees acknowledged that many safety-net health systems have historically not only set the health care delivery and research priorities in the communities in which they operate, but they have also shaped the urban landscape with their large physical footprints and real estate power. With this history at the top of mind, many interviewees are seeking meaningful ways to bring patients and community members into planning and decision-making structures, as well as uplift the voices and concerns of patients and community members of color, who have been disempowered by traditional systems of care.

While no health system interviewed believed their system has fully achieved accountability to the communities they serve, many offered examples that illustrate an evolution toward this approach. Hennepin Healthcare, a Minneapolis-based safety-net health care system, which predominantly serves people of color, shared how their leadership team — including their board — had to exercise deep humility in responding to their local community's outcry during the pandemic and racial reckoning. Amy Harris, Hennepin's Population Health Program Director, noted, *"The death of George Floyd was in Minneapolis, not far from our facility. With that, and of course the role of the pandemic, there was an amplifying factor of community dynamics and a long-standing trust issue that*

was blown wide open." She shared how Hennepin leadership's ability to be open-minded, participate in conversations with the community, and really listen to the community's anger and pain, was necessary to start an authentic journey toward becoming a more trusted partner. The system launched a Health Equity Department that is focused on increasing local participation and decision-making, including hiring community consultants to execute their community health needs assessments and using a consensus decision-making process to determine initiatives stemming from the assessment.

Understanding Key Terms

Power is the ability to direct or influence outcomes. Being **accountable** is to be held responsible or forced to justify the use of power. The power of health care systems is manifested in numerous ways throughout their communities. For example, health systems exercise power in deciding which service lines to expand, shaping access to services in the community and making a value statement about institutional priorities. They have power over patient experience and service quality and over what data they collect and release to the public. Health systems have hiring and purchasing power, wielding significant influence over local economies, particularly related to real estate and capital investments. Understanding the many kinds of power that health systems hold is integral to identifying how power can be shared with community members and how health systems can be accountable to community voice.

Community is often used as a catchall term, but how community is defined has deep implications for how health systems approach community-empowered work. In different contexts, community might refer to the health system's patient population, or to the geographic community in which the health system or a specific facility is based. Community may also be used to refer to a specific demographic or racial/ethnic group whose outcomes the health system is particularly concerned with. Every health system embarking on community-driven work likely has multiple target communities in mind. Being clear about which "community" is being engaged and why is a necessary first step.

Prioritize Meaningful Relationships with the Community

Interviews with health systems revealed a tension between prioritizing opportunities to strengthen community relationships with the ever-present burden of managing financial limitations. However, many health systems interviewed were willing to take steps without a clear case for return on investment. Some interviewees shared that even relatively small investments in staff time and resources in relationship-building with communities can have significant impact. As with personal relationships, it can start small — with individuals — and grow over time to involve the larger organization. Jazandra Barros, former Community Partnerships Manager of Southside Community Land Trust, which partners with Lifespan Health System in Rhode Island, described opportunities to bypass hurdles and find ways to engage with a huge health system. Barros said, *"There are barriers inside every health care system, but if there are some core people within it who care, who are willing to move things forward despite frustrations, to find workarounds, that is really important for small community-based organizations."*

Guiding Principles for Building Relationships with Community

The interviewees described how positive relationships were at the core of any successful partnership. They also revealed that the recipe for building strong relationships at the health system/community level is not too unlike building relationships at the one-on-one level. Below are some guiding principles for cultivating relationships between health systems and the communities they serve.

- ***Acknowledge harm.*** As a first and essential step to building partnerships with community members, health systems need to be both honest and vulnerable. Rishi Manchanda, CEO of HealthBegins noted, "*Part of the process is being able to acknowledge history, and then apologize for any harm that your institution knowingly or unintentionally caused to the community. Acknowledging harm is a step towards open dialogue and thinking about how to then provide redress, which is one of the key mechanisms to build health system accountability for health equity.*[6] *It's about earning trust by first acknowledging and then providing redress for any harm and mistrust that the health care system created*."

  One health system leader interviewed recognized that some health systems might perceive acknowledging the harm they may have caused a community as a sign of weakness — or a PR mistake. This health system leader noted the opportunity to frame this conversation as a public declaration that the health system understands and accepts responsibility for any past harm caused. Providing this public declaration allows health systems to articulate a new course going forward that includes community voice and seeks to prevent future harm. Dan Swayze, Vice President of Community Services for UPMC Health Plan, shared how UPMC established listening sessions with community partners after the murder of George Floyd. He said, "*We approach these community-based organization leaders and say, 'We know we've made a ton of mistakes. Let's be completely transparent. We have a bunch of well-intentioned people here … please help us understand what we need to do differently.' That is how we have opened the dialogue*."

- ***Establish a health system-community partnership mission.***

  To hold the system accountable to its own goals in the long-term, interviewees shared that taking the time to define why the health system is embarking on community-driven work is important for both internal and external stakeholders. It is important for health system leaders to be explicit with their staff that community partnership is not only a social responsibility, but also a way to provide higher quality, person-centered health care. Whitney Buchmann, founder of Illustra Impact, a consulting agency focused on supporting thriving communities, shared an example of a health system's community advisory

committee whose members felt disillusioned by how little their interests were being responded to by the health system. This was because the organization had not clearly defined where it stood on the spectrum of community partnership and the infrastructure did not match the community's expectations of power-sharing. In response, the health system worked to integrate the community advisory committee — and community voices more broadly — into its work. Buchmann said, "*We worked alongside the community advisory committee to frame how their interests had to be aligned with the mission of the organization, by including them in the board of trustees and annual goals process. In doing that, we were able to align more grassroots identification of issues with organizational needs. It became an organization-wide strategy around constantly engaging community voice*."

- ***Commit for the long haul.*** All interviewees agreed that developing relationships with the community takes time because trust is earned over time. The literature also pointed to the fact that there is no substitute for time, and it is crucial to take the time to understand why each stakeholder has come to the table and why their goals might be different. As detailed in "Assessing Meaningful Community Engagement," a brief from the National Academy of Medicine, *"Sustained relationships require that the community, institutions, and relevant disciplines maintain continuous and ongoing conversations that are not time-limited or transactional. The community should be engaged at the beginning of an effort and normalized as an essential stakeholder."*[7] But interviewees also noted the frustrating reality that projects involving community members are frequently time-limited, because they are often grant-funded and/or there is often inconsistent executive-level buy-in for investing in this work for the longer term. As health systems start to see community members as assets who can guide them toward better care and research discoveries, particularly relating to social determinants of health, then more health systems will invest in infrastructure to support community partnership.[8] Committing resources, dedicating full-time staff, and establishing a permanent department are examples of key steps for achieving long-term goals for meaningful community partnership.

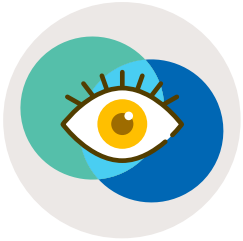
Pat Schaffner, Community Health Programs Liaison of Hennepin Healthcare, described hiring members from the community to work in collaboration with staff to design, execute, and inform their community health needs assessment process. Community members help identify solutions that are important to the wider community. She noted, "*At first, just having people willing to be at the table was a start, but they are also leery at the same time, because too many times people have been invited to a table, but then expectations are raised and dashed because nothing happens, and you invite them back the next year, and the same stories are told, and so forth. [This ongoing initiative] creates more gratifying relationships because there*

is listening but also follow-up with meaningful actions every year. We can see how trust, though fragile, is being built slowly over time."

A Unique Customer-Owner Partnership in Alaska

Southcentral Foundation's Nuka System of Care (Nuka) in Alaska is a distinguished, innovative example of the possibilities for health care systems that emphasize partnerships with community. Nuka, an integrated care delivery system serving Alaska Native and American Indian people in Anchorage and rural villages, is so convinced that working with community is the path to delivering better care that their operational principles spell out "R-E-L-A-T-I-O-N-S-H-I-P-S."[9] The first principle recognizes the primacy of the "customer-owner" relationship, a term that transforms "beneficiary" into a title meant to remind and empower patients (and their providers) of their voice in decision-making for their care and the direction of the system itself. Nuka strives to continuously hear feedback and be responsive to customer-owner feedback through surveys, focus groups, advisory committees, comment cards, etc., and an employee committee structure routinely raises improvement proposals with executive leadership.[10] This approach has contributed to securing excellent customer-owner satisfaction and improved HEDIS measures.[11] Customer-owners make up 100 percent of Nuka's board of directors and approximately 90 percent of its advisory boards. Nuka's workforce development initiatives support a channel for customer-owners to become employees (now over half of employees are customer-owners).[12] While very specific legal conditions (federal legislation codifying Alaska Native self-determination) and cultural priorities (Alaska Native recognition that physical, mental, emotional, and spiritual wellness are equally important) provided the conditions for a health system overhaul, Nuka's existence is proof that massive change is possible to improve population health outcomes and satisfaction.

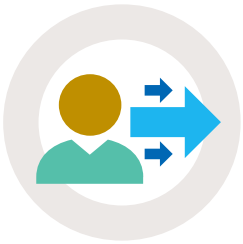
- ***Practice radical transparency.*** Interviewees revealed that it is beneficial for health systems to lean into greater transparency, even when they might not be used to acting in this manner. Being transparent about sharing data about the health of the community served by the health system provides a starting place for honest conversation between health systems and community partners. Mike Van Kuelen, Co-Founder/Partner of Open Path Resources, a community-based organization in Minnesota, noted that understanding the risk factors, incidence, and program types available to address a particular illness can help give community members the necessary context to provide meaningful feedback. He noted, "*Health care systems say, 'Let's go to the community and find out what they want.' But the community has too little preparation — they may not know the context or the data. A lot of what we do is restructure those relationship experiences to help health care*



providers reframe, 'First, present what you know. And then let community respond, set priorities, and ask questions.'" Interviewees also shared that health systems could share outcomes data in need of improvement with greater intentionality, including highlighting and tracking disparities and trends within the community.

Interviewees stressed that health systems need to be upfront with communities about what a health system can and cannot do. Community members might focus on the vast resources and political clout of these institutions and expect fast progress, but health systems are highly regulated and constrained in many ways. Kevin Wake, Patient and Family Advisory Committee Chairperson at University Health in Missouri, shared how hospital staff explained to the committee at the outset that there would be limits in scope to the level of feedback that the hospital could act on. Being upfront about expectations provided helpful context and clear parameters for what realistic changes the committee could suggest.

The Affordable Care Act's requirement for non-profit health systems to conduct triennial community health needs assessments (CHNA) and the related the Internal Revenue Service's (IRS) Community Benefit Standard provide non-profit health systems with other opportunities for greater transparency. By law, the CHNA must be made publicly available, but there is no requirement for how the process is conducted.[13] Several of the non-profit health systems interviewed discussed using CHNAs as an opportunity for deepening their community partnerships by hiring community leaders to conduct the CHNA, which yields richer community input. Jeremy Cantor, Senior Consultant at JSI Research & Training Institute, shared that health systems should push themselves about where there are opportunities for communities to have power, not just input, in decision-making processes. One example is for health systems to share decision-making power for designing the implementation strategies that are made in response to community needs identified in the CHNA. Doing so would better ensure that the input of the community is also reflected in the priorities and plans of the non-profit health system. Additionally, communities could be offered opportunities to collaborate in allocation decisions for "community benefit" spending. The IRS' Community Benefit Standard requires non-profit hospitals to justify their tax-exempt status — which amounts to billions annually — by investing surplus dollars into patient assistance and community health improvements, which are broadly defined.[14] Non-profit health systems can use these dollars to fund community needs, so long as they are identified in the CHNA.[15]



- ***Build community relationships across a continuum.*** There are various models of community and health system partnership ranging from initial engagement to more in-depth relationships. The literature review revealed examples of several possible spectrums for community and health system collaboration, including the illustration below from Facilitating Power's "The Spectrum of Community Engagement to Ownership."[16,17,18] Interviews and the literature review uncovered many examples of safety-net health systems that have taken steps to engage community, usually using a consultation framework where community input is sought. More advanced steps along the continuum that involve greater involvement of community for decision-making will require health systems to step out of their "comfort zones." As Carrie Bridges Feliz, Vice President of Community Health and Equity at Lifespan said, "*We need leaders in health systems to create the conditions that allow hospitals to be a little bit more willing to take risks. It requires approaching the public with a collaborative intent, not being fearful, and building trust.*"

THE SPECTRUM OF COMMUNITY ENGAGEMENT TO OWNERSHIP

STANCE TOWARDS COMMUNITY	Ignore	Inform	Consult	Involve	Collaborate	Defer to
	0	1	2	3	4	5
IMPACT	Marginalization	Placation	Tokenization	Voice	Delegated Power	Community Ownership
COMMUNITY ENGAGEMENT GOALS	Deny access to decision-making processes	Provide the community with relevant information	Gather input from the community	Ensure community needs and assets are integrated into process and inform training	Ensure community capacity to play a leadership role in implementation of decisions	Foster democratic participation and equity via community-driven decision-making; Bridge divide between community and governance
ACTIVITIES	• Closed-door meeting • Misinformation • Systematic	• Fact sheets • Open houses • Presentations • Billboards • Videos	• Public comment • Focus groups • Community forums • Surveys	• Community organizing and advocacy • House meetings • Interactive workshops • Polling • Community forums	• MOUs with community-based organizations • Community organizing • Citizen advisory committees • Open planning forums with citizen polling	• Community-driven planning • Consensus building • Participatory action research • Participatory budgeting • Cooperatives

Adapted from "The Spectrum of Community Engagement to Ownership." Facilitating Power. 2019 Available at: https://www.facilitatingpower.com/spectrum_of_community_engagement_to_ownership.

Implementation Considerations

This section outlines six essential considerations to help health systems in shifting the power balance to involve community members in decision-making processes and creating opportunities for greater accountability.

1. Secure Leadership Buy-in

When it comes to building trusting relationships with community partners, many health system representatives interviewed acknowledged that they were on a learning curve. The literature review revealed a gap in examples of safety-net health systems that are investing in building out their community partnership mission and programming, despite it being recognized as an important value-add to the work of health systems. Interviewees noted that a lack of focus on community partnerships can be due to a variety of factors including concerns about overpromising to communities or being weighed down with the business lines of their work.

Interviewees from systems where leadership had backgrounds in direct patient care or public health shared that these leaders more readily recognized the value of community partnership activities. They understood the role of community and could more quickly draw the connection between grasping community needs and priorities, including the impact of specific social determinants of health, and the resulting improved health system performance as a result of that input and engagement.

Interviews identified potential opportunities for engaging community voice even in health systems where leadership did not have public health or clinical backgrounds. One example came from a health system where leaders worried that a new community partnership initiative could set them up for receiving more community input than they could reasonably respond to. Health system staff communicated clear expectations with the community from the outset, which set the tone for an initiative that is still operating successfully after several years and has become a highly anticipated process enjoyed by health system leadership.

Because health system leadership buy-in is essential to achieve more meaningful community collaboration and further health equity, safety-net health system leaders need more support in this area. Many health system leaders interviewed said they lacked a strategic framework for designing more meaningful community partnership approaches. Leadership development activities such as learning forums or peer-to-peer exchanges would give safety-net health system leaders the opportunity to learn best practices. Such forums could highlight positive examples from the field — including initiatives led by leaders of color — who are championing this work. Additionally, trainings for health system leaders on trauma-informed care could also provide

additional context about why the shift toward community partnership and decision-making could be transformative.

2. Include Your Workforce in Community Partnership Activities

"Community" is typically discussed as separate from the "health system," but the health system's workforce is often made up of community members. UPMC, for example, illustrates how place-based hiring can provide greater community involvement and representation throughout the organization. Through its "Pathways to Work" program, UPMC actively recruits future health system employees from the surrounding communities by hiring over 200 people (who are also members of UPMC's Medicaid health plan) per month across its entire network. UPMC also has a community-led job training program called "Freedom House 2.0" that trains people recruited from the community to work in a variety of health care careers.

Other health systems interviewed employ local, grassroots community leaders to work as liaisons for their periodic community health needs assessments. Bringing these leaders — who are connected to key populations in the community — into the health system enables them to hear from groups that they might have otherwise missed, including people who are homeless, refugees, parents, sex workers, etc.

3. Involve Your Workforce in Organizational Diversity, Equity, and Inclusion Engagement Activities

Several interviewees described how their community-facing staff represent the system's most underserved patients, but often the executive level does not, which raises important questions regarding systemwide representation, wages, retention, leadership development and career tracks. Research conducted by the American Hospital Association and Association of American Medical Colleges found that only 11 percent of hospital executive leadership were people of color.[19]

Some interviewees shared that it is just as important for health systems to evaluate how they address matters of race equity among their staff as it is among their patients and broader communities. Stacy Scott, Executive Project Director and Equity Lead of the National Institute of Child Health Quality, shared that in pilot testing an Equity System Audit Tool designed to address internal workplace bias, it found that the majority of staff who identified as Black had experienced some racial discrimination at work. Once validated, an organization can use this new tool for internal learning and improvement. Individual responses and organizational results may indicate a need to reconsider health system policies and culture to ensure an equitable work environment. As Kalpana Ramiah, Vice President and Director of the Essential Hospitals Institute at America's Essential Hospitals said, "*It is important to have an organizational culture that*

facilitates trust internally. Because what happens inside doesn't stay inside. The people who work in the organization go out and talk about how they are treated inside."

4. Ensure Consistent Opportunities to Invite Community Member Feedback

Many community members interviewed stated that there are not enough opportunities to ask questions of health systems and reported a sense that questions are sometimes not even welcome. Health systems should consider implementing opportunities for continuous, back and forth engagement between the health system and community members, as opposed to one-off approaches. Some of the health systems interviewed are trying to change that narrative through various approaches:

- ***Patient and Family Advisory Committees.*** One way that health systems are improving communication with the community is through robust Patient and Family Advisory Committees (PFACs) — groups of patients, family members, and staff working together to improve patient experience.[20] Deb Sisco, Manager of Patient Advocacy and Engagement at University Health Hospital in Kansas City, spent a year planning and co-designing the hospital's PFAC with staff, patients, and community before its first meeting. To be effective, PFAC members should have voice in crafting the agendas and clear opportunities to lift up broader community needs. As Kalpana Ramiah of America's Essential Hospitals put it, "*The patient perspective is not the same thing as the community perspective. Health systems should think about engaging people who live nearby who are not their patients.*" Additionally, health systems should consider compensation (e.g., speaker fees, parking passes) for community members who participate in these models, as they are offering their time and expertise.

- ***Community Liaisons.*** At the system/community level, most health systems are consolidated and large, so community members may not know how or with whom to raise issues or concerns they want addressed. Carey Rothschild, Director of Community Health Policy & Strategy at Spartanburg Regional Healthcare in South Carolina, described her position as being focused on strengthening relationships with community-based organizations and community members. Opening up communication channels and building community trust is integral to community health and brings meaningful change to the health system. For example, after a couple of Spanish-speaking patients experienced challenges with the health system switchboard, Rothschild connected with community leaders to understand how to improve their experiences and remove barriers. This work included facilitating a meeting with the health system's head of language services to share community concerns, which led to improved training for the switchboard operators and other positive outcomes that were reported back out to the community.

- ***Community Coalitions or Intermediaries.*** Though not always available given the resource constraints of the social safety net, community coalitions or intermediaries can be valuable partners for health systems looking to partner more effectively with their communities. Communities that are already organized have more productive partnerships with health systems because they have had time to work together and think about what change is needed and what course of action is desired. One example is Baltimore CONNECT, a non-profit coalition of approximately 40 community, faith-based, and neighborhood organizations that advocate and connect people to health and other services. It initially formed through a federal innovation award for a multi-year randomized control trial examining if referrals to community-based organizations would impact health outcomes among a set of Johns Hopkins Health System patients.[21] Fifteen years later, Johns Hopkins continues to rely on this collaborative network to provide ongoing information about community needs and available resources. Lindsay Hebert, former Interim Executive Director of CONNECT (now Senior Director at UniteUs), described how powerful it is to see so many community-based organizations coming together regularly to support one another and improve the community. She described the ease of a Johns Hopkins' representative attending one of their meetings with a specific request, as opposed to having to call different community-based organizations to ask the same questions over and over.

  Another way for health systems to partner more effectively with community is through intermediary organizations that work to get community and health systems leaders on the same page. These organizations, such as Open Path Resources that works closely with Hennepin Healthcare and other health care organizations in Minnesota, are usually trusted by both the hospital leaders and community leaders and are able to provide a needed framework for potential interactions. For example, they can help ensure data are presented in a meaningful way, elicit feedback from community leaders, or help community leaders advocate in a way that resonates with hospital leaders. This type of trusted organization can help to limit areas for mistrust and potential misunderstanding and provide support for greater collaboration.

5. Explore New Styles of Governance

Bringing community members onto governing board is a key strategy for health systems to center community voice. At Southcentral Foundation Nuka System of Care in Anchorage, Alaska, the entire board of directors is made up of customer-owners, so they participate fully in the administration of their health care at the highest decision-making and strategic level. Southcentral is an outlier, however, as many health systems do not have that level of community or workforce representation on their boards. Research conducted by the American Hospital Association and Association of American Medical

Colleges found that only 14 percent of hospital board members were people of color.[22] Another study, published in the *Journal of General Internal Medicine*, found that 44 percent of board members from 15 of the country's most prominent non-profit academic medical centers come from the financial sector and less than 15 percent come from health care services (13.3 percent were physicians and 0.9 percent were nurses).[23]

While public hospitals may have requirements about board composition, including boards that are elected or appointments by mayors, non-profit safety-net health systems have full control of their boards. Kalpana Ramiah of America's Essential Hospitals suggested that these health systems should require their boards to include community representation, similar to policies for federally qualified health centers, which are required to have boards composed of 50 percent community members.[24] She also suggested that board leadership among health systems and community-based organizations should be bidirectional — where health system leaders develop relationships with local community organizations and join their boards and not just the other way around.

6. Support the Local Economy Through Supply Chain Contracts

Health systems are often anchor institutions in their communities. Interviews revealed how health systems can be more intentional with their contracting to support their local community partners and businesses, including through actual resource investments. One example of this is Lifespan's "Veggie Rx" program in which they partner with Southside Community Land Trust (SCLT) that supports local farmers by buying their produce for patients. Jazandra Barros, formerly of SCLT, shared that this partnership allowed farmers who normally have to find alternative employment during the off-season to continue to work throughout the year. Barros also highlighted that this is a long-term investment and said, "*You're not going to see a health outcome change within five months' worth of produce.*" It might take years to show results.

Carey Rothschild of Spartanburg Regional Healthcare shared an example of place-based investment. Spartanburg participated as one of the first partners in a local community redevelopment initiative that was primarily led by community groups. Spartanburg's investments went toward purchasing land and clearing condemned properties to support the community redevelopment plan that was designed by community members. The plan involved the construction of the new, partially subsidized residential buildings.

Looking Ahead

The road to accountability and more substantive community partnerships with health systems may be long, but the experiences of health systems explored for this report show that innovations are beginning to take root. Many safety-net health systems already conduct a variety of community *engagement* activities, but would benefit from deeper community *partnerships* that involved decision-making power, and that have been evidenced to lead to healthier communities. Given the field's focus on an equity-based approaches to system transformation, this moment presents health systems with an opportunity to take stock of their relationships with the community and consider activities to build win-win partnerships. The best practices described in this report will hopefully inform new opportunities for community partnership in other health systems across the nation.

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