CIVIC HEALTH ALLIANCE

CIVIC HEALTH COMPACT

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Introduction

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Background/Context

In this brief, we look to establish the case for incorporating civic engagement ideals into the frameworks of health systems to improve the health of their patients, employees, and communities. We offer a theory of change to leverage the power of health care delivery organizations to optimize civic engagement amongst these entities.

To begin our inquiry into this task, we looked to operationally define civic engagement. Collating a variety of resources, civic engagement was defined to encompass the variety of ways individuals and collectives of people or organizations participate in their communities and public life, in service of addressing issues of public concern or improving community conditions. In order to advance civic engagement in partnership with their communities, health care organizations must cultivate a shared foundation of understanding the history of discrimination and strucural racism that has perpetuated inequities over many years. Health is shaped by myriad historical, political, environmental, genetic, and behavioral factors. Immediate interdisciplinary, multi-sector, community-inclusive action must be taken to help break down these inequities.

As Don Berwick so poignantly states in his Moral Determinants of Health, physicians must fight against the structural racism that pervades the lives of our patients, particularly those who are most vulnerable and experience the inequities of the social determinants of health. Traditionally, the health care system is seen as a series of "repair" shops, but facilities are not focused on prevention of this damage—we must expand the role of the physician from "healer" alone to an agent who promotes a healthy life from the moment these inequities begin. And civic engagement practices are a piece of this puzzle that can work towards alleviating such inequity.

Critical to our efforts is operationally defining the link between civic engagement and health/healthcare. While the literature on this topic is still growing and changing by the day, there is significant evidence to corroborate this connection.

In terms of health outcomes, studies have shown that [1] participation in civic engagement is associated with improved mental health, higher income, and higher education, [2] voting is associated with better self-reported health in later years of life, and [3] civic activity is associated with improved well-being. Importantly, the earlier these behaviors began, the more beneficial they were to health. These and many similar studies reveal the capacity of voting to have a substantial impact on the health of individuals, in many different environments.

Importantly, these effects are generalizable—they are not restricted to any particular setting. The findings should encourage us about the possibility of bringing such intervention to health care, which has already been piloted and proven successful, including through a voter registration drive at two clinics in the Bronx, a young adult primary care clinic, and in systematic, national-scale voter registration efforts. Thus, civic activity has clearly been shown to be associated with improved health, and it can be effectively piloted within the health care setting.

Experts in the space agree on the foundational importance of civic engagement to health. In fact, Sheri Johnson of the University of Wisconsin-Madison suggests that they have a bidirectional relationship. As she states, "civic engagement, like affordable housing, a living wage, and a good education, is a social driver of health status, affecting the health of both engaged individuals and society." Thus, she goes on to state: **"the health of members of a democratic society and the health of the democracy are intertwined."**

Between April and June 2022, the Civic Health Alliance convened representatives from 17 organizations to co-design the Civic Health Compact. Panelists included representatives from health care delivery organizations (6), community-based organizations (4), and national networks dedicated to improving health and civic engagement (6). A list of panelists can be found on page X. Participating panelists attended three 75-minute Roundtable sessions to discuss:

- Innovative practices for civic engagement within health centers
- Metrics for evaluating success
- Accountability processes to ensure transparency going forward
- Barriers and facilitators for health systems to serve as leaders in community civic engagement
- Establishing internal policies and practices that promote civic engagement

Below is a high level overview of the three Roundtable session agendas:

Roundtable #1:
Shared Initial feedback on primary drivers of systems change

Roundtable #2: Refined and prioritized secondary drivers of systems change

Roundtable #3:
Refined measures. Identified bright spots, tools, & resources to support health care delivery organizations in implementing change ideas.

We would like to highlight some key takeaways from the roundtables, namely:

Our vision of civic engagement includes, but is not limited to, voter participation. We acknowledge that several historically oppressed communities are excluded or restricted from participating in state and federal elections (e.g. undocumented individuals, people currently incarcerated or with a history of incarceration). We endeavor for all individuals to be able to participate in the collective betterment of our communities (e.g.. participation in local redistricting, public comment, organizing and advocacy).

BACKGROUND \ CONTEXT

Theory of Change

The Model for Improvement, developed by the Association of Process Improvement, is a framework for developing, testing and implementing changes leading to improvement. It has been adopted by the Institute of Healthcare Improvement as its primary framework for quality improvement initiatives. The Model for Improvement includes two core components:

1. Three essential questions to help guide improvement work
    a. What are we trying to accomplish?
    b. How will we know whether a change is an improvement?
    c. What changes can we make that will result improvement?

2. The Plan, Do, Study, Act (PDSA) cycle tests and implements changes identified in answering the model's three core questions.

WHAT ARE WE TRYING TO ACCOMPLISH?

The first question speaks to the power of coming to agreement on an aim that feels aspirational yet achievable, as well as clear to all team members and relevant stakeholders involved. When possible, an aim should clearly articulate:

Experts in the space agree on the foundational importance of civic engagement to health. In fact, Sheri Johnson of the University of Wisconsin-Madison suggests that they have a bidirectional relationship. As she states, "civic engagement, like affordable housing, a living wage, and a good education, is a social driver of health status, affecting the health of both engaged individuals and society." Thus, she goes on to state:

What: What, specifically, are you seeking to improve?

How Much: By how much are you trying to improve something?

With/For Whom: What population(s) are you focused on?

By When: By what date do you hope to achieve your goal?

WHAT CHANGES CAN WE MAKE THAT WILL RESULT IN IMPROVEMENT?

The third question addresses the importance of creating a Theory of Change. While an aim statement articulates what you are seeking to improve, your Theory of Change helps to visualize the system you are trying to impact and its components.

Several tools exist to visualize Theories of Change, including driver diagrams, logic models, fishbone diagrams, etc. The particular tool used is less important so long as it helps your team create a clear line of sight between the actions you are taking and the ultimate outcomes you are seeking. For the purposes of the Civic Health Compact we have elected to use a driver diagram, which includes three primary components:

Aim Statement
Primary Drivers: 3 – 5 key components of the system that you believe are vital to achieve your aim
Secondary Drivers: Elements that would need to be in place to optimize the primary drivers

Highlighting Risks of Perpetuating Inequities in Pursuing this Work

- Risk: Steering towards incremental improvement of existing system vs. pursuing truly transformative change.
- Mitigation Strategies:

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Measures

Highlighting Risks of Perpetuating Inequities in Pursuing this Work

- Risk: Overreliance on quantitative outcomes to measure success; undervaluing stories and other qualitative data.
- Mitigation Strategies

Resources

PRIMARY DRIVER 1: DEVELOP INSTITUTIONAL POLICIES AND PRACTICES THAT PROMOTE CIVIC ENGAGEMENT	
Secondary Driver	**Resources**
1.1 Make civic engagement an organizational strategic priority	
1.2 Embed voter registration activities into relevant workflows (e.g. new employee orientation, SDOH screenings, patient discharge instructions, etc.)	VotER has several resources available, including: Vot-ER Badges: Free for all health care workers, and can clip onto an existing ID. Patients use their personal devices to scan the QR code on the badge. Vot-ER for Telehealth: Learn how to integrate Vot-ER into telehealth appointments.
1.3 Create and communicate policies that ensure all employees, including learners and trainees, are able to vote in elections (e.g. paid time off of voting, “holding pagers,” etc.)	
1.4 Convene town halls with elected officials	
1.5 Host non-partisan voter education sessions on local issues related to health	

PRIMARY DRIVER 2: OPTIMIZE HEALTH SPACES FOR VOTING	
Secondary Driver	**Resources**
2.1 Partner with organizations where individuals in the community go to seek health-related services (e.g., senior centers, community health/free clinics, public health departments, etc.)	
2.2 Host annual voter registration drives and other civic oriented efforts (i.e. census participation, naturalization applications, etc.)	

PRIMARY DRIVER 2: OPTIMIZE HEALTH SPACES FOR VOTING

Secondary Driver	Resources
2.3 Engage marketing departments to share reminders (electronically and via signage) of upcoming registration deadlines and elections	Below you can download materials that AltaMed is using to get out the vote in the Southern California communities they serve. Additional assets can be found here. • Election 101 one pager • Los Angeles & Orange County Voting Locations • Flyer • GOTV Stay Safe Poster • My Vote. My Health. Pledge Card • Vote Plan • Door Hanger • Facebook Live video discussing the importance of the Latino vote
2.4 Consider becoming a polling precinct and/or a ballot drop off location	
2.5 If applicable, ensure there is a plan in place for hospitalized patients to vote	

PRIMARY DRIVER 3: PRIORITIZE COMMUNITY AGENCY

Secondary Driver	Resources
3.1 Actively work to earn,demonstrate, and maintain trust within the community	AAMC Center for Health Justice: The Principles of Trustworthiness
3.2 Consider becoming an Anchor Institution	Democracy Collaborative: Anchor Institution Connections Democracy Collaborative: Hospitals Aligned for Healthy Communities, including: • Inclusive, Local Hiring • Impact Purchasing • Place-Based Investing

PRIMARY DRIVER 3: PRIORITIZE COMMUNITY AGENCY

Secondary Driver
3.3 Ensure the composition of your organization at all levels is reflective of the community served
3.4 Compensate those from whom you seek content and context expertise
3.5 Serve as a neutral convener to align shared priorities/interests
3.6 Enable communities to prioritize how community benefit/investment funds are allocated

Resources to help respond to resistance from 501C3s that are concerned voter engagement may threaten not-for-profit status:

- Nonprofit Vote: Permissible Election Activities Checklist for 501c3s
- HHS guidance clarifying that FQHCs can do voter access work as long as they don't bill it to their federal funds
- Civic Health Alliance: LEGAL GUIDELINES FOR ELECTION-RELATED ACTIVITY
- VotER: FAQs re: Voter Registration in Health Care Settings

4: UTILIZE ADVOCACY LEVERS TO ADVANCE POLICIES THAT PROMOTE HEALTH

Secondary Driver	Resources
4.1 Ensure government relations and related efforts advocate for local, state, and federal policies that promote health	
4.2 Educate key stakeholders on the regulatory obligations of certain health care delivery organizations to promote voter registration	
4.3 Counter (or protect against?) misinformation that adversely impacts health	
4.4 Encourage health professional schools to embed experiential learning and education regarding the connection between civic engagement and health	
4.5 Encourage professional societies to adopt formal resolutions to promote voter participation amongst their members	Policy papers re: civic engagement, health, and equity: • American Public Health Association • Society for General Internal Medicine
4.6 Advocate for policies and practices that make it easier to vote in local, state, and federal elections (e.g. election day as a national holiday, mail in voting, etc.)	

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References