# Culture of Health

and realigning RWJF Human Capital programs in that context



#### **Overview**

Outline our Culture of Health vision

Frame our human capital work in Culture of Health context

Seek your insights

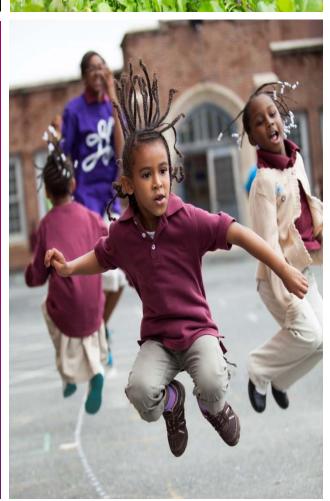








We are striving to build a Culture of Health that enables all Americans to live longer, healthier lives now and for generations to come.





Where parents and their kids have safe places to play, and where being active is second nature and fun!



Where everyone has access to affordable, quality, health care...





...and where health care providers and communities can work together to keep us healthy as well as heal us when we are sick







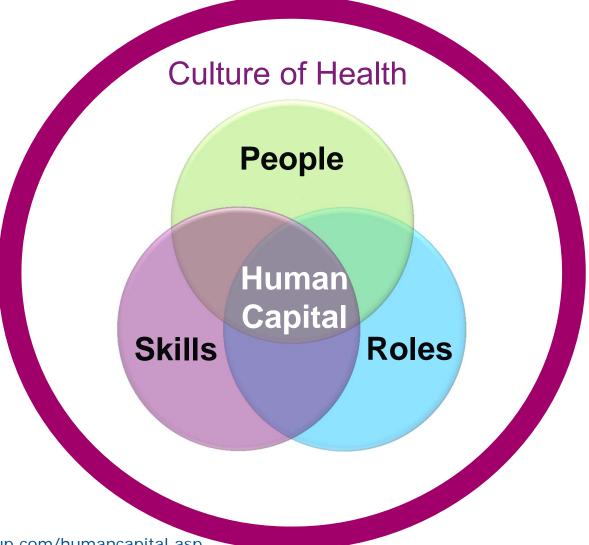


### Where your zip code...

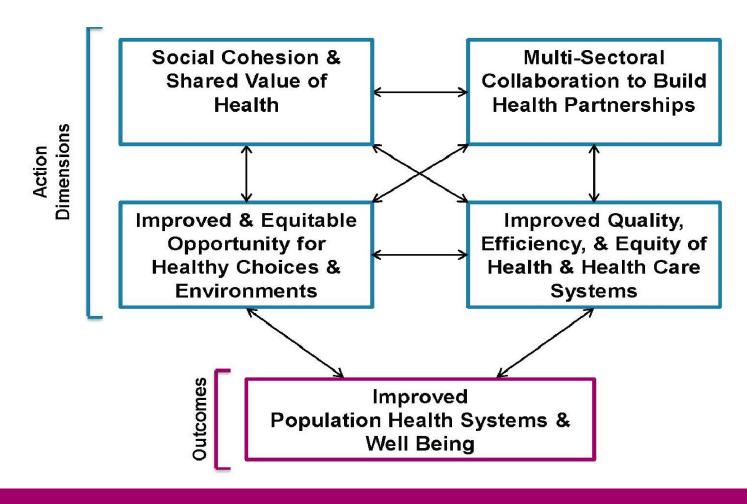
is not associated with how long you are likely to live

# Aligning Human Capital Programs with New Vision

#### **Human Capital...in context**







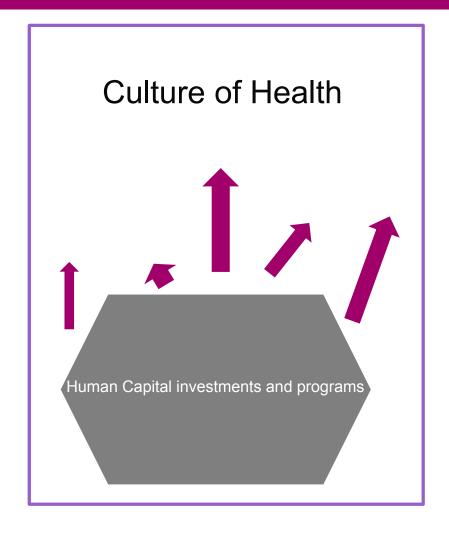
How do we develop the research leaders and practice leaders who will drive ACTION toward building a Culture of Health?

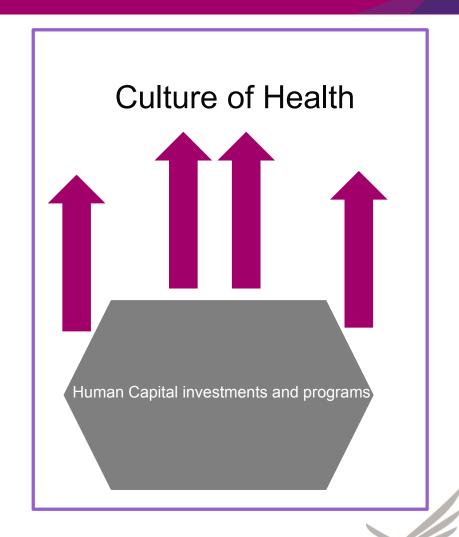
#### Constraints of current program design

- Limited number of people
- Requirement for an expensive site infrastructure
- Emphasis on practitioner-based, single profession programs
- Minimal interaction among programs
- Reliance on dated models



#### Realignment





#### **Sunsetting Programs**

**Clinical Scholars** 

Health & Society Scholars

Investigators in Health Policy Research

Scholars in Health Policy Research

Nurse Faculty Scholars

**Executive Nurse Fellows** 

Center for Health Policy at Meharry Medical College

Center for Health Policy at University of New Mexico

Nursing and Health Policy Collaborative at University of New Mexico

New Careers in Nursing

#### **Transforming Programs**

Harold Amos Medical Faculty Development

Summer Medical and Dental Education Program

Health Policy Fellows

**New Connections** 



#### **Guiding Principles for Realignment**

- Support leaders who are building a Culture of Health nationwide.
- Embrace interdisciplinary and team-based approaches when selecting program participants and developing learning methods.
- Develop more leaders and scholars who reflect our country's diverse population.
- Incorporate more deliberate leadership development and increase mentorship opportunities.
- Use advances in technology to increase the flow of ideas among leaders,
   creating networks to share ideas and connect leaders
- Significantly expand the number of leaders and scholars we support annually.

## **New Initiatives**

#### **New Programs**

**Interdisciplinary Culture of Health Research Leaders** 

**Multi-sector Leaders for Health** 

(New) Clinical Scholars

**Diversity in Health Policy Research** 

## **Common characteristics**







Participants from a variety of sectors, disciplines, and professions learning and leading together - to advance health where we live, learn, work and play

Urban planners, pharmacists, architects, educators, social workers, economists, nurses, transportation engineers, doctors, lawyers...





# **Unique characteristics**

#### **Unique Characteristics**

- Interdisciplinary Culture of Health Research Leaders
  - post-graduate researchers in academic and applied research settings
- Multi-sector Leaders for Health
  - working "in the field"
- (New) Clinical Scholars
  - terminal degree in health care field
- Diversity in Health Policy Research
  - additional emphasis on individuals who are underrepresented and disadvantaged backgrounds



#### Designing different programs...differently

Uncoupling the design phase from the implementation phase



Iterative engagement of the field

#### **New Program Design Phase**

Convene Design Advisory Committee April 2014 Release Request for Qualifications for program design May 2014

Negotiate contracts with selected entities

Aug-Sept 2014

Receive program components and design elements from contractors Dec 2014-Jan 2015

Combine components for final program design

Jan-Feb 2015

Engage the field

#### **Design Advisory Committee**

- Prioritize mentorship
- Expand beyond usual professions
- Target successful risk-takers
- Create connections among programs and with Foundation strategic priorities
- Consider regional approaches and priorities

#### **New Program Design Phase**

Convene Design Advisory Committee April 2014 Release Request for Qualifications for program design May 2014

Negotiate contracts with selected entities

Aug-Sept 2014

Receive program components and design elements from contractors

Dec 2014-Jan 2015 design
Jan-Feb 2015

Combine

components

for final

program

Engage the field

#### Bid on designing one or more programs

**Interdisciplinary Culture of Health Research Leaders** 

**Multi-sector Leaders for Health** 

(New) Clinical Scholars

**Diversity in Health Policy Research** 

# and/or...

#### Bid on developing one or more crosscutting design features that are critical across all programs

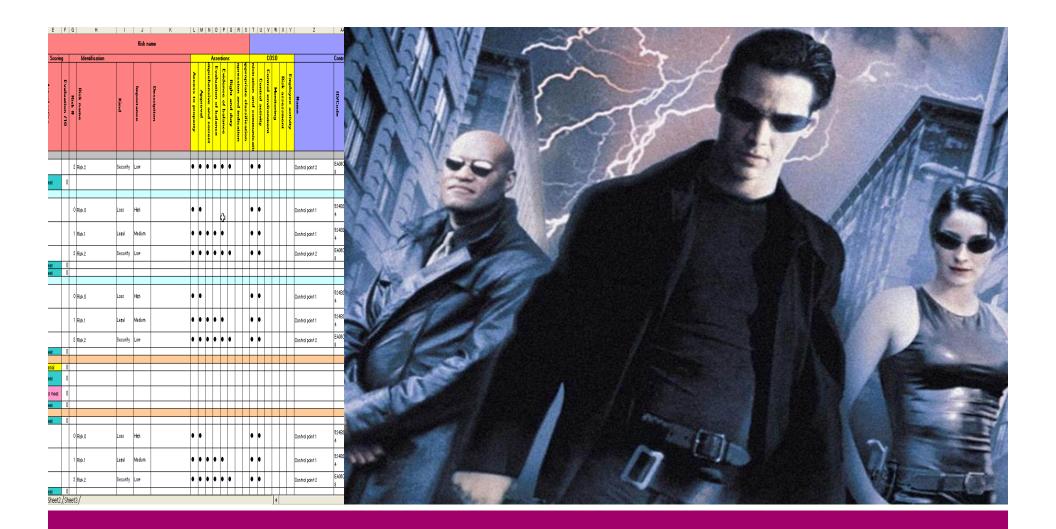
creative ways to maximize connections among participants (within and across programs)

diversity across multiple dimensions and comprehensive mentorship

integrate common threads and core constructs across programs

1		Pro	cess Context	Risk name													Control														
2	2 Location			Scorin	ıg	Identification					Assertions						coso					Control points					1				
3	Pool Diagram	Lane	Process entity	Actual rating	Evaluation /10	Risk #	Risk name	Kind	Importance	Description	Access to property	Approval	mprehensive and correct	Evaluation of balance	Evidence of balance	Right and duty	oppropriate classification	nistration and communicati	Control activity	Control environment	Monitoring	Employee activity Risk assessment	<b>N</b> ame	ID/Code	Туре	Frequency	Description	Start workflow	Test	Code	Control Pattern SubTest
	SOX E	катр	le (exaggerated)																												
_						2	Risk 2	Security	Low		•	•	•	•	•	•		•	•				Control point 2	EA06CDB	Automatic	Hourly					
5			SOX Example	Meet	0									+	+		+			-	_			8							
6		<u> </u>	(exaggerated)	Meet	٥																										
7	Ba	nk											-	_	-		+			-	-										
8						0	Risk 0	Loss	High		•	•		Ę	չ			•	•				Control point 1	524B2FD 4	Manual	Daily			Read register tape	1 D5 A1 74	Review c
9						1	Risk 1	Legal	Medium		•	•	•	•	•			•	•				Control point 1	524B2FD 4	Manual	Daily			Read register tape	1 D5 A1 74	Review c
10						2	Risk 2	Security	Low		•	•	• (	•	•	,		•	•				Control point 2	EA06CDB 8	Automatic	Hourly					
11			Bank	Meet	0								_	_	-	_	_			$\neg$	_										$\perp$
12	кт	Com	Transfer Funds pany	Meet	0								-		_					$\rightarrow$	_										_
14						0	Risk 0	Loss	High		•	•						•	•				Control point 1	524B2FD 4	Manual	Daily			Read register tape	1 D5 A1 74	Review c
15						1	Risk 1	Legal	Medium		•	•	•	•	•			•	•				Control point 1	524B2FD 4	Manual	Daily			Read register tape	1 D5 A1 74	Review c
16						2	Risk 2	Security	Low		•	•	•	•	•	•		•	•				Control point 2	EA06CDB 8	Automatic	Hourly					
17			KT Company	Meet	0																										
18			ounting Department Accounting Department	Partial	0																										
20			Data Entry and Prepare transfer file	Meet	0																										
21			Approve Voucher and Entry to GL system	Not meet	0																										
22			Store Voucher	Meet	0												土														
23			es department	LI .																											
24			Sales department	Meet	0		Risk 0	Loss	High		•	•	$\dagger$					•	•				Control point 1	524B2FD 4	Manual	Daily			Read register tape	1 D5 A1 74	Review c
25						1	Risk 1	Legal	Medium		•	•	• (	•	•			•	•				Control point 1	524B2FD 4	Manual	Daily			Read register tape	1 D5 A1 74	Review c
27						2	Risk 2	Security	Low		•	•	•	•	•			•	•				Control point 2	EA06CDB 8	Automatic	Hourly					

#### **Matrix**



#### **Matrix**

#### **New Program Design Phase**

Convene Design Advisory Committee April 2014 Release Request for Qualifications for program design May 2014

Negotiate contracts with selected entities

Aug-Sept 2014

Receive program components and design elements from contractors Dec 2014-Jan 2015

Combine components for final program design

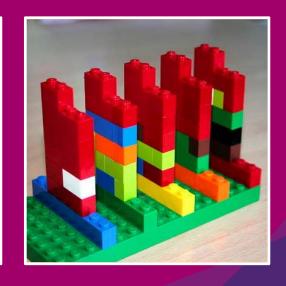
Jan-Feb 2015

Engage the field



# Combine components to create

individual programs that connect to each other and have some common threads



## **Next Phase**

#### **New Program Launch Phase**

Issue Call for Proposal for National Program Offices

Feb- March 2015

Select National Program Offices

April- Aug 2015

Launch Programs

Sep - Dec 2015

Recruit Initial Cohorts

Jan – March 2016



#### Early learnings

- Hard to find the sweet spot between being nonprescriptive and ambiguous
- Communication, communication, communication
- Real-time attention to learning and gathering input allows for mid-course adjustments



#### Summary

- Building a national Culture of Health is our "north star" at RWJF
- We have had to make some difficult decisions in order to put point ourselves squarely in that direction
- Getting there, will take all of us...

**Discussion** 

**Questions** 

Your ideas, insights, recommendations