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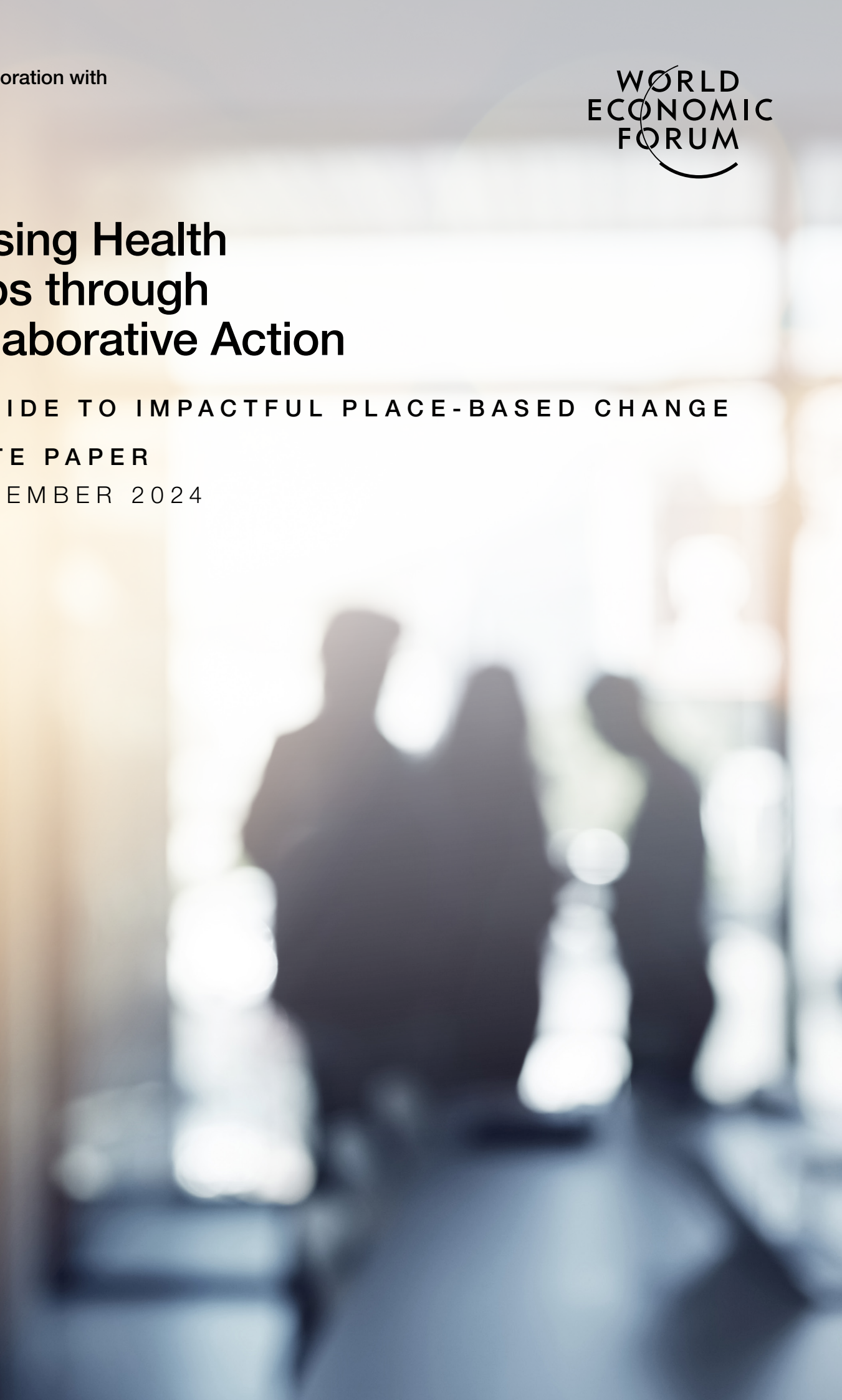


Closing Health Gaps through Collaborative Action

A GUIDE TO IMPACTFUL PLACE-BASED CHANGE

WHITE PAPER

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Foreword



Nancy Brown
Chief Executive Officer,
American Heart Institute



Joe Ucuzoglu
Global Chief Executive
Officer, Deloitte



Michelle Williams
Joan and Julius Jacobson
Professor of Epidemiology
and Public Health,
Harvard T.H. Chan School
of Public Health



Shyam Bishen
Head, Centre for Health
and Healthcare; Member of
the Executive Committee,
World Economic Forum

Fundamentally, we all deserve long, fulfilling and healthy lives – regardless of race, ethnicity, gender, sexual orientation, disability, age or location. Over the past century, we have made extraordinary advances towards this goal. Global life expectancy has risen from 46.5 years in 1950 to 71.7 years in 2022, thanks to improved access to services and technological advances.¹

However, if we examine this data more closely, stark differences emerge. Health inequities – avoidable differences in health between populations – exist between and within countries.² In 2021, Nigeria's life expectancy was 30 years lower than Japan's.³ These differences are even more striking at a community level. In Boston for instance, average life expectancy shrinks by nearly a quarter of a century between neighbourhoods just two miles apart.⁴

These health inequities are not caused by one single issue, but by a complex mix of environmental, economic and social factors. In fact, up to 80% of individual health outcomes stem from the non-medical drivers of health, many of which are influenced by the place where an individual lives.⁵ For instance, South Korean women are projected to have a life expectancy exceeding 90 years by 2030, thanks in part to the country's egalitarian distribution of services that make for healthy living conditions.⁶ Similar patterns are evident in the “Blue Zones” – communities with large numbers of centenarians – where the environment and resources allow individuals to live actively, develop social connections, eat nutritious diets and have a positive outlook.⁷ Unfortunately, many communities are not afforded the same factors.

Achieving systemic change requires coordinated action among government, private sector, academia and civil society. This is part of the World Economic Forum's core mission. The Global Health Equity Network (GHEN), a Forum initiative, aims to empower all communities to thrive. We believe that every organization is a healthcare organization, playing a crucial role for its workforce, offerings, community and ecosystem. Translating commitments into impact requires localized place-based approaches that understand community needs using existing data sources, perform comprehensive community resource mapping, and focus efforts on programmes that maximize health and well-being. By bringing together individual organizations' efforts into a coalition, community-based ecosystems can improve community health outcomes and directly impact people's lives.

Place-based approaches have a long history, but achieving tangible and lasting impact that addresses health disparities remains challenging. Factors such as fragmented engagement, short-term investments and limited community buy-in are significant obstacles. Drawing on insights from cross-sector leaders, this white paper offers practical guidance for organizations committed to improving the health and well-being of communities.

The journey towards global health equity is a collective endeavour that demands the concerted effort of individuals, communities and organizations worldwide. Together, we must work towards building a world where we all thrive.



Executive summary

Organizations can amplify the impact of place-based strategies through community ownership, a rigorous analytical approach, purposeful partnerships and a sustainable operating model.

Despite increasing life expectancy, significant differences in health outcomes exist between and within countries, known as health disparities. Health equity is the pursuit of elimination of these disparities; it's the fair and just opportunity for people to fulfil their human potential in the many aspects of health and well-being.⁸ Achieving health equity requires identifying and addressing the root causes of multifarious inequities: systemic racism and bias, structural flaws in health systems, and inequities in the drivers of health (which go beyond healthcare to social, economic, environmental and commercial factors).⁹

The place where an individual lives is where conditions for healthy outcomes are fostered. Place-based approaches – which comprise collaborative, community-led and long-term work in a defined geographic location – offer a powerful mechanism to build healthy, inclusive and resilient communities. They bring stakeholders together to fight common challenges and drive sustainable, collective impact.

This paper is based on research, interviews and case studies, and outlines four principles that can help promote effective place-based change.



Community ownership and empowerment

Community ownership empowers local organizations and individuals to design, implement and maintain place-based strategies to meet their community's needs, while being supported by a network of engaged collaborators.



Rigorous analytical approach

Place-based efforts should stem from a rigorous analytical approach that draws on local and reliable data sources to pinpoint the set of factors that maximize health and close the gaps in long-term outcomes.



Purposeful and lasting partnerships

All organizations have a role to play in health equity. They must leverage the differentiated expertise, perspectives and networks of a diverse group of collaborators across the public and private sectors and civil society to create comprehensive and dynamic solutions.



Sustainable and execution-oriented operating and governance model

Efforts should be designed with a strong operational backbone and “the end in mind” to bring about positive and lasting transformation across the healthcare, social, economic and environmental realms.

It's a collective societal responsibility to recognize the impact of place on health outcomes. Every organization has a role to play: to help their employees achieve optimal health and well-being, to advance healthy products and services – through

local community efforts, and through the power of their ecosystems. By embracing place-based approaches, it is possible to create healthier and more resilient communities for all.

Understanding place-based change

As health disparities persist, place-based change allows for tailored programmes and coordinated efforts to meet multiple community needs.

What is place-based change?

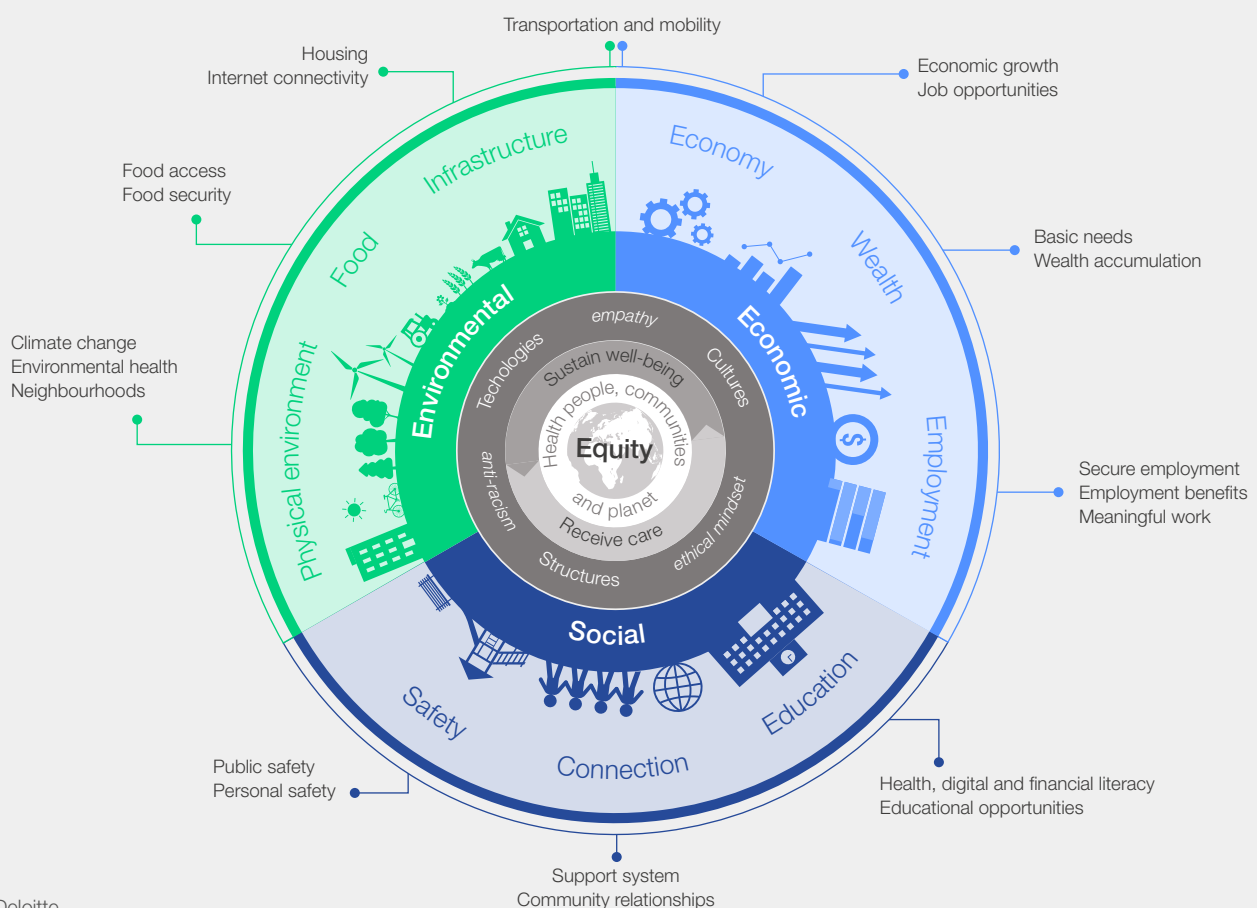
The importance of place lies in the unique social, economic and environmental factors that influence individuals' health and well-being. In fact, up to 80% of individual health outcomes stem from the non-medical drivers of health – such as well-paying employment, healthy food and climate.¹¹ Achieving health equity requires identifying and addressing the root causes of inequities within a place: systemic racism and bias, structural flaws in health systems, and inequities in these drivers of health.¹²

Community refers to a group of people sharing common interests, concerns or identities.¹³ For this paper, it's the group of people in a physical location that an effort is serving, all of whom have diverse

skills, resources and experiences to contribute.¹⁴ The near-ubiquitous adoption of the internet has led to virtual communities; although powerful forums, they're not considered in this context.

Place-based approaches are collaborative, community-led and long-term approaches to building healthy, thriving communities in a defined geographic location.¹⁵ They recognize that coordinated action is required to enable systemic change, by bringing together community, government, private sector and academia to help address the root causes of disadvantage and simultaneously address multiple challenges. Approaches often have an anchor institution, a place-based entity rooted in the community and a backbone organization serving as a trusted third-party convener.¹⁶

FIGURE 1 A range of factors impact health equity¹⁰



History of place-based change

Place-based change has evolved over the past century, adapting to the complex dynamics of communities. In the mid-20th century, efforts focused on top-down urban renewal, such as economic regeneration of under-resourced areas.¹⁷ By the 1980s and 1990s, with greater understanding of social and environmental factors' influence on health, prosperity and economic development, efforts had shifted towards integrated, community-led strategies.¹⁸ For instance, initiatives such as the Comprehensive Community Initiatives in the United States,¹⁹ URBAN Community Initiatives in Europe²⁰ and the World Health Organization's (WHO) Healthy Cities Movement around the world,²¹ aimed to foster local development and enhance community health by addressing multiple dimensions of development.

As sustainable development gained momentum throughout the 2000s, the importance of local action and community ownership became evident.²² In regions such as Asia and Africa, rapid urbanization increased the popularity of decentralized local development policies, empowering communities to assume greater responsibility for their prosperity and well-being.²³ Programmes such as the Kampung Improvement Program (Indonesia)²⁴ and the Millennium Villages Project (Africa)²⁵ emphasized community participation, a strength-based approach and capacity building. Concurrently, the rise of corporate social responsibility encouraged businesses to extend their focus beyond profit, engaging in collaborative development efforts.

Since the 2010s, leading academics have put their shoulder to the wheel to advance place-based efforts for health equity. For instance, public health leader

Michael Marmot pioneered Marmot Places — local communities that adopt a long-term, whole-system approach to address multiple drivers of health.²⁶ Many healthcare systems have also restructured to support place-based, multi-sectoral approaches (e.g. Communities of Care in Singapore).²⁷ These reforms are complemented by government programmes that bring together separate department efforts to focus not only on conditions within the communities, but also on the larger systems that create and sustain them (e.g. the Neighborhood Revitalization Initiative in the United States).²⁸ Evolving methodologies now incorporate advanced analytics, leveraging geospatial data to pinpoint community needs, implement targeted programmes and evaluate outcomes. The COVID-19 pandemic accelerated the adoption of these strategies, underscoring the critical role of local and cross-sector collaboration in managing health crises and advancing health equity.²⁹

Principles for effective place-based change

Based on research and consultations with leading cross-sector organizations, this report spotlights four principles to address common challenges and maximize impact on health equity. These principles are not meant to follow a linear path but rather complement and reinforce each other.

The following sections outline the best practice and guidance for organizations for each principle. Additional resources are available on the GHEN website,³⁰ including further case studies and tools to support place-based efforts.

FIGURE 2 Principles for effective place-based change



1

Community ownership and empowerment

Community ownership empowers local organizations and individuals to design, implement and maintain programmes to meet the needs of their communities.

Implementing place-based change often requires shifting established systems, structures, environment, policies and practices. This complex change demands early engagement and co-ownership with the community, otherwise efforts can inadvertently create distrust and resistance as organizations are

perceived to serve their own agendas.³¹ Authentic collaboration means valuing community members as fellow experts and decision-makers. Relationships must be grounded in mutual trust and respect by taking the time to listen, understand needs and empower community voices.

Benefits

- **More tailored initiatives:** Communities help to set priorities, so programmes are more culturally relevant, context-specific and tailored to unique community needs, increasing the chance of success.
- **Enhanced community leadership:** Designing for community ownership fosters buy-in, strengthens social cohesion and enables long-term sustainability.
- **Efficient resource-sharing:** Efforts can pool community expertise, networks and assets to address complex challenges collectively, thereby amplifying impact.

1.1 Foster trust with community

Trust is a driver of health in its own right.³² Developing trust between traditionally siloed partners and the target community is a monumental challenge. It requires time, resources and a willingness to learn,

especially when communities have experienced histories of segregation, oppression and disinvestment. Trust also requires approaches that further reinforce and sustain it over time.

Guidance

- **Engage authentically:** Take time to understand partners' goals, strengths and limitations; community engagement is about learning and requires an open and humble mindset. Respect cultural practices, incorporating them into working methods and engagements. Take concrete steps to reduce structural barriers to participation (e.g. location, language and compensation). Acknowledge how past interactions may influence the present-day dynamic and demonstrate what will be different going forward. Be thoughtful about what is being asked of the community and what is being offered in return; the work should be mutually beneficial, additive and meaningfully supportive of shared priorities.
- **Identify trusted voices:** Champions are essential for building partnerships, garnering community support and advocating for continued provision of resources.³³ They are often trusted community leaders who serve as catalysts for change, such as faith-based organizations (e.g. Channels for Hope for Ebola)³⁴ or community health workers (e.g. NHS CORE20PLUS Ambassadors).³⁵ Map community leaders and recruit equitably across partners, working with them to build trust, gain commitments and mobilize additional champions.

1.2 Co-create solutions and shift power to community

To create relevant, effective and sustainable programmes, there needs to be a balance between “top-down” and “bottom-up” perspectives.³⁶

Organizations should be willing to work on equal terms, creating a platform for community voice in design and decision-making.

Guidance

- **Co-create initiatives:** Incorporate diverse perspectives, local knowledge and cultural context through co-creation to boost community adoption.³⁷ Use human-centred design to involve community members and incorporate lived experiences. Community engagement is about learning and people will bring their personal views, experiences and emotions; come with an open mindset and harness this as a creative base for collective action. Allow for modifications as the work evolves to build trust and confidence.
- **Embed an equal decision-making process:** Active community participation requires individuals to be valued and heard. The governance model should enable community members to have influence over the initiative’s direction, approach and outcomes, aligning with its commitment to equity. Be transparent about decisions, clearly articulating the rationale and process.
- **Facilitate community leadership through broad outreach:** Explore participatory methods to identify innovations.³⁸ Crowdsourcing, such as challenge contests or “design-athons”, can generate more creative programmes. Platforms, such as the World Economic Forum’s UpLink, facilitate challenges to identify start-ups and innovations like YesSF.³⁹ Involve the public at various stages, such as in judging panels or as contributors, to increase community involvement.

1.3 Focus on capacity building

When a backbone organization departs, the community can struggle to sustain initiatives due to lack of resources, time or skills. Place-based

efforts should build the capacity and capability of individuals, organizations and the community to lead ongoing health equity work and sustain momentum.

Guidance

- **Create conditions for sustainment:** Invest in expanding the skills, knowledge and resources needed within the community to sustain the initiative. Use community capacity assessments to guide and co-create training initiatives in, for instance, data analysis, quality improvement, leadership or finance, as necessary. Combining these skills with long-standing infrastructure, such as monitoring and evaluation systems, supports communities to meet future needs and promote continuous improvement.
- **Take time for collaboration:** When starting out, communities may be at varying levels of readiness for change. Develop a phased approach that begins with relationship building, progresses as trust develops and empowers the community when sustained. Allocate additional time in less receptive areas for communities to gain trust.
- **Learn from like-minded communities:** Tap into the wealth of experience from similar communities. Foster peer coaching relationships to share experiences, successes and failures, promoting a culture of innovation and learning. Platforms, such as GHEN’s Partnership Platform, create space for initiatives to connect with one another.

BOX 1 | Stronger Places, Stronger People (SPSP) – Australian government

SPSP fosters community-led change by empowering local governance bodies, deepening community engagement and establishing adaptable infrastructure to address evolving needs.

SPSP is a government-backed initiative aiming to disrupt disadvantage and improve well-being for children and families in 10 communities by 2029.⁴⁰ Each community, supported by a backbone organization, convenes local partners across sectors to enable community-led change.

Each partnership embeds the community voice in decision-making processes through local governance bodies. For example, the Far West Community Partnerships (FWCP) board is composed of the five aboriginal community leaders it represents. They use an ethical decision-making framework that combines data from the community and the government.

Co-creation and community listening is a fundamental principle. In the city of Logan, some women had limited trust in healthcare providers, reporting language and cultural barriers, and therefore didn't access care during pregnancy. The community-driven, place-based Logan Together initiative facilitated a co-design process involving 500 women from diverse backgrounds and over 20 organizations. Four community "maternity hubs" were established with a spiritually and culturally safe midwife-supported care model.

Communities also receive capacity-building funding to develop the skills and infrastructure to implement community action plans. For instance, the Gladstone Region engaging in action Together (GRT) initiative established data infrastructure to understand community needs. After facing increased human service demand in the community, GRT convened a working group with government, corporates and civil society to map current capacity, understand changing demographics and develop local planning solutions. With each partner sharing its data, the Gladstone Region Well-being Data Hub was established as a community-built and -owned data resource to identify and quantify community impacts.⁴¹

Early evidence from the 10 communities demonstrates improved well-being among children and families in these communities. For example, Logan's maternal hubs led to a 42% decrease in the number of birth parents receiving nil or inadequate antenatal care, with estimated savings of more than AUD 500,000 million from reduction in birth interventions.⁴²

BOX 2 | Unki Community Health Programme – Anglo American

The Unki Community Health Programme creates long-lasting change by collaborating with trusted local faith-based leaders, investing in capacity building and implementing community-led governance.

In Zimbabwe, the Chironde community faces high HIV (human immunodeficiency virus) infection rates among adolescents and children, early marriages and low attendance of mothers at antenatal care. The Unki Community Health Programme convenes cross-sector organizations, including a local faith-based organization, a young women's network, a local clinical partner and public sector entities, to promote community health through rigorous data analysis and community ownership.

With funding and expertise from Anglo American, community partners collaborate with civil society groups to design, implement and monitor layered services. These include water, sanitation and hygiene (WASH) improvements and behaviour change communication, with targeted support packages for vulnerable groups. Programmes focus on capacity building, such as providing training to build and maintain WASH infrastructure, leadership and monitoring skills, peer mentorship and training for behaviour-change facilitators. As the community is predominantly Christian, trusted traditional authorities and faith-based

leaders are engaged to co-create solutions and foster community buy-in, resulting in increased participation and behaviour change.

The community-led governance model uses forums such as water point committees to make joint decisions with local expertise – empowering the community to lead the changes they want to implement. Local data is used to inform programme focus and alignment by identifying evolving needs, adapting programmes through iterative design and creating long-lasting outcome change.

The initiative has boosted community infrastructure, raising adequate sanitation coverage from 22% to 65% (and targeting 80% by 2025), and has improved uptake of clinical services. For instance, enrolment and retention in care for children and adolescents living with HIV has increased, with a 92% viral load suppression rate among those enrolled. Scale-up is planned for 2026, integrating with national and local public-sector frameworks.

2

Rigorous analytical approach

Place-based change should stem from a rigorous analytical approach to pinpoint the factors that maximize health and well-being and close the gap in long-term outcomes.

The factors that lead to disparities are complex and, in many cases, established systematically over decades. While there is no simple solution, addressing certain factors may have a greater effect on health outcomes and disparities. To truly

maximize impact on investment, organizations should make meaningful use of data analytics to understand the key factors that lead to healthy outcomes, continually monitor impact, and evolve programmes accordingly.

Benefits

- **Enhanced outcomes:** By understanding which programmes yield the best results, programmes can allocate resources and investments to maximize impact on health outcomes.
- **Continuous improvement:** With clear goals and corresponding metrics, the impact of programmes can be monitored and data-informed adjustments made.
- **Clearer communications:** An analytical framework provides a common language between partners and a clear rationale for decisions to promote collaboration, alignment and accountability.

2.1 Focus on the drivers that maximize longevity

Often, initiatives focus on more visible or less complex challenges. However, these do not typically improve health equity or health span. By

leveraging population health science, there's an opportunity to maximize health impact by focusing on the key drivers of poor health and early death.

Guidance

- **Focus on what matters most:** To identify programmes that produce significant health improvements, an examination of the holistic factors and relationships that contribute to health outcomes is required, considering their prevalence and interaction.⁴³ For example, substance exposure of mothers was linked to poor health outcomes for children.⁴⁴ However, a long-term comparison of children's cognitive and behavioural outcomes highlighted no difference with maternal substance use, while poverty had a substantial effect.⁴⁵ This implies that resources should focus on addressing childhood poverty, rather than in utero exposure to substances. In many cases, research demonstrates that early-life and upstream factors are critical drivers of many adult outcomes, such as material deprivation, early childhood education and childhood adversity. This approach requires analytical capability; programmes should work with academic partners (such as universities, think-tanks and research agencies) to design pragmatic research that can inform implementation.
- **Tailor initiatives proportionate to need:** Programmes should balance universal population health interventions with targeted actions proportionate to population needs and levels of disadvantage.⁴⁶ This approach balances equity and fairness, cascading to the most vulnerable, while allowing for diversity and difference.

2.2 Balance data collection methods and understand limitations

Each community has varying stakeholder perspectives, complex dynamics and differences in data access, integration and quality. Analysis must adapt to what is available, balancing sources and methods to comprehensively understand community

needs. It must also leverage opportunities to build disaggregated data infrastructure and use new technologies to enable more effective predictive and evaluative programmes.

Guidance

- **Employ quantitative and qualitative methods:** Create data circles that combine both quantitative and qualitative data to generate actionable insights through disaggregation and triangulation of data, maintaining a comprehensive data matrix throughout. Utilize quantitative data, such as health and demographic statistics, to quantify the problem and disparities. Augment data, test hypotheses and understand lived experiences through community listening and ethnographic research, ensuring that representative and diverse voices foster deeper understanding.
- **Recognize limitations:** Inaccuracies, incomplete collection, inherent biases and reliance on anecdotal evidence are examples of factors that can compromise data reliability.⁴⁷ There may be data gaps and limited interoperability across organizations. Recognizing and documenting these limitations helps prevent misinformed decisions or inaccurate conclusions. Scrutinize sources and validate findings using trusted leaders where possible. When embarking on a new programme, consider whether to strengthen current data systems or integrate a new sustainable system, rather than creating a parallel stream.
- **Utilize AI tools:** By analysing large datasets, AI algorithms and predictive modelling techniques can identify mortality patterns, forecast problems for high-risk disadvantaged populations, predict health behaviour and simulate targeted programmes. Be cautious of how the algorithm is trained and use ethical systems that have been developed using responsible AI principles.⁴⁸

2.3 Monitor outcomes and evolve programmes accordingly

Communities are dynamic – efforts must adapt to their changing needs. Too often, impacts are evaluated at the initiative's end when there is little

opportunity for course-correction. Monitoring and evaluation should be a continuous process to evolve programmes with community needs.

Guidance

- **Develop a strategic framework for learning:** Use a logic model to assess progress, outlining indicators for output and both short-term and long-term outcomes. This should balance measurable indicators (e.g. changes to infrastructure) with complex structural challenges affected by factors that are not always attributable to the work (e.g. health outcomes). Implementing a shared-measurement system for collective impact helps facilitate alignment and mutual accountability. Involve all partners, including community members, to define learning objectives. Create a culture that celebrates successes and encourages learning from failures to continuously improve and make progress.⁴⁹
- **Measure the health and economic impacts of investments:** A financial impact metric demonstrates how health or other economic indicators (e.g. economic activities and worker productivity) improve for each dollar spent on a course of action.⁵⁰ This understanding of how programmes enable long-term community health equity can help shape strategies and be used for communications.
- **Contextualize targets:** Health inequities are affected by complex political and economic factors, making it difficult to measure their impact on health due to attribution, timescale, complexity and external factors.⁵¹ Understand programme limitations and embed these into the strategic framework to understand relative success.

BOX 3 | **HealthyNYC – New York City government**

HealthyNYC aims to increase New Yorkers' life expectancy to 83 years by 2030 by targeting the seven leading causes of death with specific, evidence-based activities, and reporting progress annually.

The life expectancy for New York City (NYC) residents dropped dramatically from 82.6 years (2019) to 78 years (2020) due to the pandemic, representing the biggest and fastest drop in lifespan in a century. It has yet to recover. Racial and ethnic inequities persist, with Black New Yorkers having the lowest life expectancy, at 76.1 years.

HealthyNYC is a campaign convening cross-sector citywide stakeholders to increase life expectancy to 83 years by 2030, which would be the longest life expectancy ever recorded in NYC.⁵² To reach this goal, the city has defined specific mortality reduction targets for the seven leading causes (or “drivers”) of death in NYC, expected to avert an estimated 7,300 preventable deaths. These achievable, forward-planning goals were developed and modelled by epidemiologists and population health experts, who analysed local

vital statistics data across race, place and time.

HealthyNYC Strategy Maps are logic models aimed at reducing mortality rates by highlighting the evidence-based activities linked to the seven drivers of mortality for maximum impact. These maps emphasize the role of prevention in reaching each goal and consider cross-cutting factors such as access to care, climate change, mental health and social needs. Strategy Maps were created by NYC Health Department experts and informed by the agency's rich history of community and stakeholder engagement, and by neighbourhood-level surveillance data, programme evaluation data and current literature on the comparative mortality impact of specific programmes.

Progress on the defined goals will be monitored and reported annually.

BOX 4 | **Community Support Hub - Kaiser Permanente (KP)⁵³**

The KP Community Support Hub uses a data-driven approach to deeply understand members' needs, personalize interventions and measure effectiveness through robust real-world research and evidence.

Research and experience suggest two-thirds of KP's nearly 13 million members have at least one social factor impacting their health.⁵⁴ Through cross-functional, multidisciplinary collaboration, the Kaiser Permanente Community Support Hub provides end-to-end social health support for members, identifying social needs and referring members to existing social health programmes offered by a robust network of thousands of community-based organizations and government assistance programmes.

Interventions are personalized, proactive and targeted to improve health outcomes. Members' social needs are understood through standardized screening surveys and by mining medical records using natural language processing (an artificial intelligence subfield).

A social risk score is calculated from multiple personal, clinical and community-level attributes to identify individuals with social health needs and to inform targeted outreach. For example, KP is partnering with a national grocery delivery service provider to assess the effectiveness of free deliveries of healthy groceries to low-income members at high risk of diet-related diseases.⁵⁵ Additionally, interventions are developed in response to specific community needs, identified

through a robust tri-annual analytical process and dialogue with local partners.⁵⁶ For instance, during the 2021 heat wave in Oregon, clinical data was used to identify members whose health conditions put them at heat-related health risk. KP collaborated with a local community partner to provide hundreds of air conditioners at no cost to these members the following year.⁵⁷

Real-world evidence and rigorous research measure the effectiveness of interventions. After a referral, follow-ups are performed to understand whether the service was utilized, to what extent the member's needs were met and how effective the intervention was. Cohort studies are conducted for interventions and adjusted for confounding factors, ensuring that the improvements observed are statistically significant and attributable. This approach leverages the knowledge and experience of experts to create effective solutions for social needs and to support continuous learning.

More than 2.6 million members were screened for social needs in 2023 and 350,000 members were connected to vital programmes that provided immediate and longer-term relief.⁵⁸ The hub focuses on supporting low- to rising-risk members, while care teams continue to focus on helping members with more complex needs.

3

Purposeful and lasting partnerships

Place-based change should engage a diverse group of partners to leverage their differentiated expertise, perspectives and networks to create comprehensive solutions.

Often, there will be several initiatives operating independently in a community. Lasting change cannot be achieved alone; it requires coordinated action across partners to address complex

challenges. Aggregating siloed efforts into a place-based coalition requires a common understanding, shared commitment and unified approach.

Benefits

- **Amplified impact:** Collaboration allows pooling of resources, expertise and influence for a more coordinated approach and scaling to larger systems.
- **Greater innovation:** Diverse perspectives spark innovative solutions, leading to more creative and effective strategies.
- **Shared accountability:** Each partner’s vested interest fosters commitment and sustained efforts.

3.1 Take a whole-of-society approach

A whole-of-society approach involves all sectors – government, business, academia, non-profits and community organizations.⁵⁹ It acknowledges

that health is influenced by multiple sectors and healthcare alone cannot address these matters.⁶⁰

Guidance

- **Identify decision-makers and influencers:** Perform ecosystem mapping to identify key initiatives, individuals and their interconnections. Prioritize key decision-makers, distinguishing between those with true decision rights and those who need to be informed. Exercise caution to avoid potential corruption risks and understand individuals’ motivations.
- **Involve systemic and local actors:** Addressing deep-rooted challenges requires multilayered interventions; convene partners from different levels to bridge grassroots efforts with broader systems. Early engagement with government aligns initiatives with policies and fosters shared commitment. Universities or other thought-leading institutions provide diverse perspectives from varied experience. In Philadelphia, for example, a diverse set of 40+ organizations including local community groups, academia, businesses and the city and state governments convene quarterly to collectively address the Black maternal health gap.⁶¹
- **Identify a trusted backbone organization:** Effective partnership requires navigating complex governance structures and diverse stakeholder priorities. Identify a trusted and respected convener to bring people together, challenge existing ways of working and deeply understand community needs. They should remain impartial and unbiased, with no conflict of interest between investments and overall health equity impact.

3.2 Articulate a common place and purpose

Coordinating diverse stakeholder missions, priorities and efforts can be complex. Place-based efforts

require participants to work towards a shared vision through unified approaches to tackle issues jointly.

Guidance

- **Set clear parameters on place:** Clearly define a geographical focus area to align stakeholders.⁶² Balance breadth and focus to capture community nuance, while influencing the wider system. Aligning with local government boundaries can provide a well-established and replicable system.
- **Focus on shared outcomes:** Articulate an outcome-focused purpose that unifies partners for long-term goals. Build on the aims of current initiatives and define a common problem – partners will probably have slightly different definitions. Utilize research, data and contextual understanding to develop a compelling story; it can be a useful tool to align stakeholders and mobilize resources, e.g. the Regional Blueprint for Inclusive Growth for the Greater Washington Partnership.⁶³
- **Ground the coalition in shared values:** Develop guiding principles that reflect collaborative ways of working and current approaches for engagement, and create a sense of collective responsibility. This should guide democratic and transparent practices, rooted in accountability, trust and co-ownership among partners.

3.3 Leverage partners' strengths and define roles

Successful place-based approaches take time to understand existing community dynamics. A strengths-based approach builds off existing assets, resources and capabilities to strengthen

community ownership and maximize potential.⁶⁴ Clearly defining roles and responsibilities of each partner, while aligning with interests and feasibility, fosters effective collaboration.

Guidance

- **Understand the ecosystem:** Map the strengths and weaknesses of existing projects, organizations and people while undertaking ecosystem mapping. Understanding available and untapped resources helps gauge capacity, enable resource-sharing and inform investment strategies.
- **Build on existing initiatives:** Rather than starting from scratch, look for opportunities to scale existing community initiatives aligned to the vision. Catalyse partners' influence as employers in the community to create a healthy work environment.⁶⁵
- **Define roles based on strengths:** Identify roles that leverage partners' capabilities, aligning to organizational goals, their level of operations and their influence. Clearly communicate expectations and the level of expertise. Be realistic on what's possible, allowing for flexibility.

BOX 5 | **Tingbjerg Changing Diabetes (TCD) – Novo Nordisk⁶⁶**

TCD is a dynamic, cross-sector partnership that mobilizes local resources and strengthens networks for collective community action to achieve positive and measurable changes in health outcomes.

Tingbjerg is a public housing area located about eight kilometres north of Copenhagen city centre, characterized by high ethnic diversity and featuring signs of social vulnerability. Prevalence rates of chronic diseases are high compared to other parts of Copenhagen with almost 10% of adult residents diagnosed with Type 2 diabetes compared to an average of ~4% for Copenhagen.

Tingbjerg Changing Diabetes is a long-term community-based initiative that applies the “supersetting” approach – the coordinated engagement of multiple stakeholders in multiple settings to attain amplified impacts from comprehensive interventions.⁶⁷

TCD has partnerships across the public sector, private sector, civil society and academia and spans health promotion, social development, housing, education, employment, environment, day care, culture and other sectors. Local stakeholders and untapped community resources are identified by mapping physical infrastructure, settings, organizations and social networks to inform the coalition and its programmes.

In accordance with the supersetting approach, TCD partnerships rest on a foundation of mutual trust, shared values and principles. The partnerships therefore require less steering and are maintained through dynamic and loose governance structures. This helps legitimize individual partners to contribute whatever resources they possess when and where they can, and enables these to be used in the best way possible for the common good. The initiative started among a small “coalition of the willing”, and is gradually expanding to numerous partners over time.

Unpublished findings from analysing national health register data indicate that Type 2 diabetes incidence rates among adult (18+) residents of Tingbjerg have stabilized, while still increasing in Denmark as a whole. The supersetting approach has proved effective in creating trust among stakeholders and community members and aims to be scaled to other neighbourhoods across Novo’s 40+ “Cities for Better Health”.

FIGURE 3 | **The supersetting approach**



Source: Cities for Better Health⁶⁸

BOX 6 | MSD for Mothers – MSD

MSD takes a holistic approach to improving maternal health through strong public-private partnerships, harnessing the strengths of each collaborator towards a shared goal.

A maternal death occurs almost every two minutes globally, with ~95% occurring in low- and lower-middle income countries.⁶⁹ MSD for Mothers aims to create a world where women do not die while giving birth, and operates in over 70 countries through several place-based initiatives.

Each place-based initiative convenes diverse partners and key decision-makers to prevent childbirth-related deaths. In Nigeria, for example, MSD collaborates with a consortium of cross-sector stakeholders, harnessing their strengths to implement multiple interventions in quality maternity care and contraception. For instance, IntegratE is an intervention that expands contraceptive access through local, private drug stores. Co-funded by MSD and the Bill & Melinda Gates Foundation, it is delivered by five partners with unique roles in research, advocacy, training and digital infrastructure.⁷⁰ Another effort, Saving Mothers Giving Life (SMGL), is co-funded by USAID and MSD. It has expanded access

to high-quality, comprehensive maternity care in areas with high rates of maternal mortality, working closely with local government authorities, community-based organizations and an implementation partner, Pathfinder International.

Critical to success is grounding the coalition in shared values and goals. For example, the MSD for Mothers' Safer Childbirth Cities in the United States initiative aligns coalitions across 20 cities to make these cities safer, more equitable places to give birth.⁷¹ Each coalition adapts the objectives, partnerships and interventions to the local context. The national Community of Practice, led by the Association for Maternal and Child Health Programs, facilitates mutual learning and strengthens capabilities in coalition-building, stakeholder engagement and sustainability efforts.

To date, MSD for Mothers has reached more than 30 million women worldwide, as part of MSD's goal to reach more than 50 million women by 2025.

4

Sustainable and execution-oriented operating and governance models

Efforts should be designed with a strong operational backbone and “the end in mind” to bring about positive and lasting transformation across social, economic and environmental realms.

Traditionally, many projects are time-limited and rely on short-term funding, with investors and donors expecting results within a few years. However, addressing complex social challenges often takes decades to show significant health improvements.

Sustaining momentum beyond initial implementation requires ongoing commitment, ample resources and a robust operational backbone with a clear long-term goal.

Benefits

- **Increased likelihood of success:** A shared commitment to the longer term increases the chances of achieving desired outcomes and making sustained, impactful change.
- **Economic and social resilience:** Establishing infrastructure enables communities to adapt to evolving needs more effectively and overcome adversity.
- **Deeper commitment from partners:** Setting upfront long-term expectations demonstrates commitment, defines an end goal for sustainment and encourages greater buy-in from partners.

4.1 Create a system of shared accountability and implementation rigour

Creating and implementing place-based efforts requires coordination, time and effort to align the individual pieces. Often these efforts are under-estimated and under-resourced.⁷² Robust

accountability systems and a coordinating team are essential for making progress and keeping the work a priority.

Guidance

- **Create a team and supporting mechanisms:** The expectation that collaboration can occur without supporting infrastructure is a frequent reason for initiatives faltering.⁷³ A coalition requires a separate, dedicated backbone team to plan, manage and support the initiative, including facilitation, communications, data collection, reporting and administrative tasks.

- **Establish proportionate governance structures:** Effective governance structures help guide the initiative’s direction, operationalize the vision and support accountability, without being overbearing. Tailor the governance framework to the collaborative’s needs, culture, norms and available funding. Clearly document the purpose of each committee, the level of authority granted and whether it is time-bound or established to exist as long as the project.
- **Align to project management best practice:** Implement structures to facilitate alignment and track progress, including a comprehensive project plan, reporting processes and communication mechanisms. The project plan should align with the strategic learning framework, be co-developed with partners based on what is feasible and incorporate reflection periods for adaptation. Establish a reporting structure to monitor goals and collective impact, enhancing internal and external storytelling.

4.2 Design the model with “the end in mind”

Pockets of excellence exist within our communities, but often these models remain unknown and struggle to continue when scaling to other communities. Often,

those that succeed, plan for the desired legacy at the start and develop a model that is adaptable to other communities.

Guidance

- **Invest in underlying infrastructure:** Develop scalable infrastructure that can grow with demand and evolve with needs, such as modular facilities and adaptable service delivery models. Customizable and replicable technology solutions are particularly effective for cost-effective scale up, community empowerment and providing quality data to inform programmes.
- **Design with sustainable resourcing:** Ensure consistent staffing and sufficient funding for sustainment and long-term planning. Resourcing should be designed to match workload and demand, so that the model can be effectively continued. This model should align with a phased approach for capacity-building, using initial resources to demonstrate impact and empower the community over the long term. Balance highly-skilled roles with opportunities for those with less time and experience, creating a more inclusive and scalable model.
- **Identify opportunities for scaling during design:** Identify similar communities where your intervention model can be replicated early but remain adaptable in the shorter term. This flexibility engenders relevance and responsiveness to changing dynamics, and empowers the community to adjust the model based on their evolving needs.

4.3 Have a long-term plan, linking to broader system priorities

Building trust and achieving meaningful impact requires time, yet organizations often face pressure to demonstrate immediate results. A phased

approach can secure funder commitment through “quick wins”, while aligning the longer-term goal with broader system priorities enables coordinated efforts.

Guidance

- **Plan for measurable “quick wins”:** Balance long-term goals with shorter-term projects to demonstrate change is possible and align with investors’ shorter time horizons. A strategic learning framework is a useful tool to demonstrate how inputs drive to the desired outcomes.

- **Align with health system priorities:** Position the initiative to complement local priorities, such as government policies, to work collaboratively towards the same goals. Engage with local and regional governments during design or after initial impact to maintain alignment and discuss scaling possibilities.
- **Identify funding streams early:** Traditional models with finite funding linked to the financial year may not suit long-term collective action.

Funding needs to be flexible to respond to changing community context. When designing the model, assess the long-term sustainability requirements and be creative with resourcing – for example, by leveraging volunteers. For resources requiring continued investment, have a plan for funding considering different streams. Pursuing multi-year agreements promotes long-term sustainability, mitigating challenges stemming from disparate collaborators.

BOX 7 City Cancer Challenge (C/Can) – C/Can, Roche and other partners

C/Can has established an effective operating and governance structure to work cohesively across cities, following a plan for scaling and long-term funding through multiple partners.

Seven out of 10 cancer deaths worldwide occur in low- and middle-income countries (LMIC).⁷⁴ Despite many efforts in cancer prevention, few LMICs have a cohesive long-term plan across the patient journey. C/Can leverages cities as catalysts for sustainable change, supporting local stakeholders across sectors to collectively design, plan and implement cancer solutions. With a multi-year growth plan, this approach prioritizes local ownership and sustainability, with the objective to scale city solutions to the regional and national levels.

The model is underpinned by a collaboration between Roche and C/Can, driving shared accountability and implementation rigour. The framework includes several areas:

- **Co-creation of a shared vision and goals,** with clear objectives, areas of collaboration and engagement principles.
- **An operating model for engagement at the global and city levels,** with regular communication around planning and reporting.

- **A monitoring and evaluation framework,** including key performance indicators (KPIs), tools and a reporting structure.
- **An external communications and engagement plan** for events, speaking opportunities and external reports, as well as internal communications.
- **A clear structure for onboarding, collaboration and support,** with a designated point of contact at the city and global levels.
- **A governance structure,** outlining the accountabilities and decision-making power of the people involved in the partnerships, and limiting escalation by design.

C/Can and its partners, including Roche, have reported impacting the lives of 67.5 million people, actively supporting more than 4,200 health workers to drive transformative change, and pioneering the development of more than 100 unique cancer-care solutions.

FIGURE 4 The C/Can timeline



Source: City Cancer Challenge Foundation⁷⁵

BOX 8 | **360-Degree NCD Care Model – BRAC, Medtronic LABS and Bangladesh Ministry of Health**

The partnership has designed and implemented a scalable, technology-based model to address healthcare inequality for non-communicable diseases (NCDs), with a long-term plan for expansion and funding.

In 2019, 70% of deaths in Bangladesh were attributed to NCDs.⁷⁶ A partnership between the Bangladesh Ministry of Health and Family Welfare (MOH&FW), Medtronic LABS and BRAC addresses healthcare inequity for NCDs, focusing on diabetes and hypertension in underserved areas.

The replicable model was designed for scaling with:

- Screening and follow-up provided by BRAC's extensive team of community health workers (CHWs).
- The government's investment in NCD management infrastructure for diagnosis and treatment.
- Support through Medtronic LABS' adaptable modular digital platform, SPICE.

These elements support cost-effective expansion, empowering communities and encouraging quality care within existing primary healthcare structures.

The initiative leverages digitized care pathways, community-based screening, risk-based management and data-driven decisions to provide prevention-focused care for NCDs. By integrating technology into existing workflows, it enhances current systems without introducing new ones. Efficient implementation is enabled through clearly defined roles, mobilization of community resources and digital tools.

The initiative aims for countrywide expansion with gradual geographic spread, collaborating with additional partners, and with initial funding from the health ministry, Medtronic LABS and BRAC. This allows for tangible results and complete technology integration while funding for broader implementation.

The project had expanded across 175 facilities in two districts by 2023, reaching more than 126,000 people, with 92,000 screened, 33,000 referred for diagnosis and 15,000 enrolled.

Conclusion

Local needs are constantly changing with ever-evolving challenges. While some areas benefit from substantial investment, others remain underserved. In the prevailing resource-constrained environment, addressing these challenges can be a struggle.

Place-based change is an acknowledgement that all change is local and offers hope that more can be achieved – that individuals can live longer, more fulfilled lives. Through collaboration across government, private sector, academia and the community, coalitions should work towards a common purpose, supported by adequate resources, dedicated leadership and shared power and decision-making. By enabling community ownership, taking a rigorous analytical approach, building purposeful partnerships and designing operating and government models to last, initiatives can take a holistic approach that maximizes

impact. A growing number of effective, multi-sector collaboratives are emerging as promising examples.

The time is right to build momentum. Past efforts and a growing body of knowledge on effective approaches are available to inform impactful initiatives. Public and private funding is increasingly supporting community collaboration. Globally, there is growing commitment to change and a renewed opportunity to include the communities left behind.

Ultimately, it is the collective opportunity of the global community to recognize the impact of place on health outcomes and work towards equitable solutions. Embracing place-based approaches can create healthier and more resilient communities. It is time to seize this opportunity to drive impactful change, so that people can thrive in their own unique places.



Contributors

Authors

Hannah Blackman-Mack

Manager, Deloitte; Project Fellow, Global Health Equity Network, World Economic Forum

Ty Greene

Lead, Health Equity, World Economic Forum

David Rabinowitz

Principal, Deloitte

Sarah Shier

Senior Manager, Deloitte

Report advisers

Jay Bhatt

Deloitte Centre for Health Solutions, Deloitte

Shyam Bishen

Head, Centre for Health and Healthcare, World Economic Forum

Cyril Engmann

Senior Director, Integrated Program Quality & Impact, PATH; Neonatologist & Professor, Department of Pediatrics & Global Health, University of Washington

Mary-Ann Etiebet

Executive Director, Merck for Mothers, MSD

Judith Moore

Head, Healthcare Access and Outcomes, World Economic Forum

Bola Owolabi

Director, National Healthcare Inequalities Improvement Programme, NHS; Vice-President, Royal Society for Public Health

Alexandra Plowright

Head of Community Health and Well-being, Anglo American

Greg Reh

Principal, Deloitte

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Takeda: Bob Imberman, Linn Parrish

United Way: Nicole Cooper

US Deloitte Health Equity Institute: Nicole Kelm

Watsi: Kimmy Coseteng, Mackinnon Engen, Emily Michael, Jane Ngige-Muturi

Production

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World Economic Forum
91–93 route de la Capite
CH-1223 Cologny/Geneva
Switzerland

Tel.: +41 (0) 22 869 1212
Fax: +41 (0) 22 786 2744
contact@weforum.org
www.weforum.org