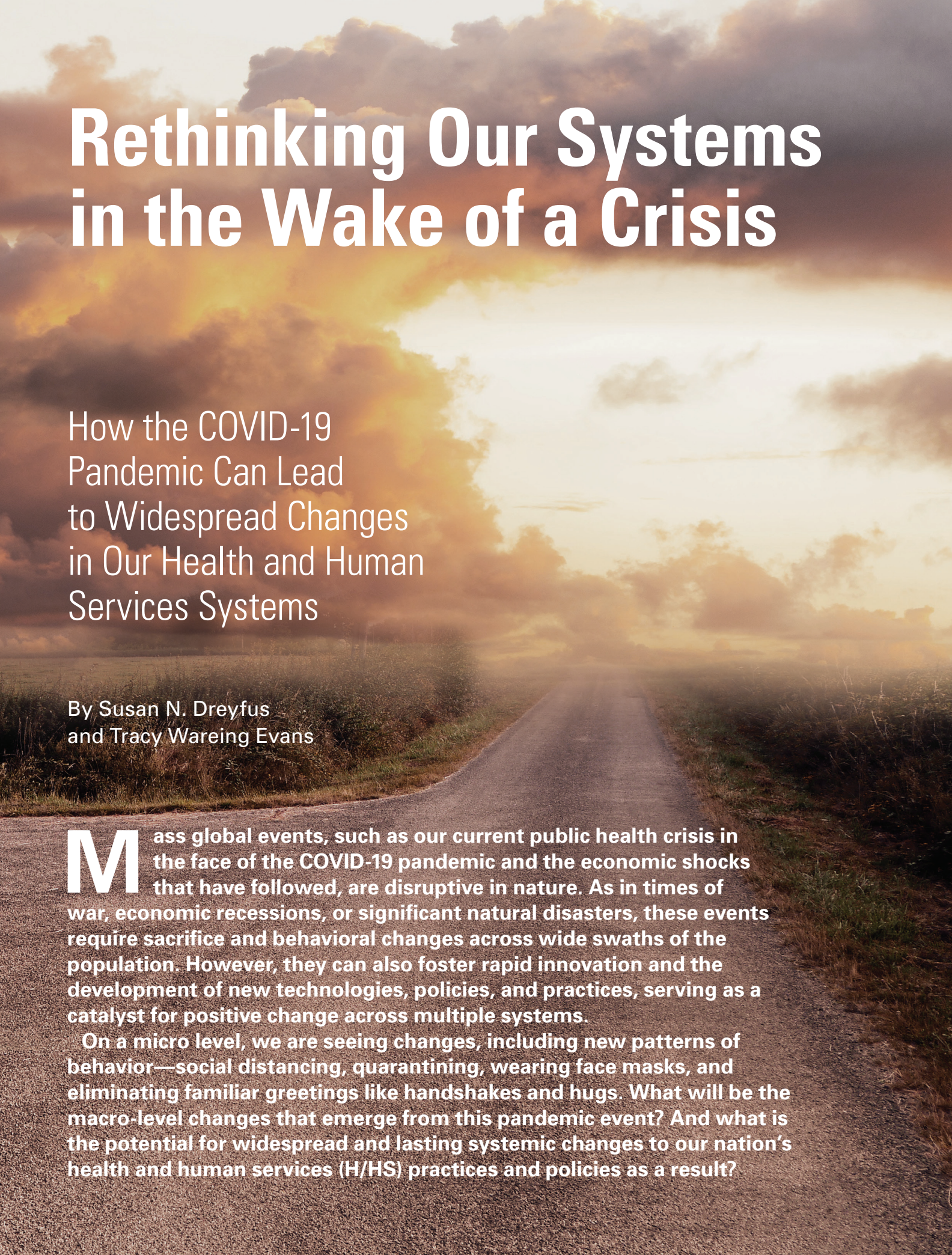

Rethinking Our Systems in the Wake of a Crisis

How the COVID-19 Pandemic Can Lead to Widespread Changes in Our Health and Human Services Systems

By Susan N. Dreyfus and Tracy Wareing Evans

Mass global events, such as our current public health crisis in the face of the COVID-19 pandemic and the economic shocks that have followed, are disruptive in nature. As in times of war, economic recessions, or significant natural disasters, these events require sacrifice and behavioral changes across wide swaths of the population. However, they can also foster rapid innovation and the development of new technologies, policies, and practices, serving as a catalyst for positive change across multiple systems.

On a micro level, we are seeing changes, including new patterns of behavior—social distancing, quarantining, wearing face masks, and eliminating familiar greetings like handshakes and hugs. What will be the macro-level changes that emerge from this pandemic event? And what is the potential for widespread and lasting systemic changes to our nation's health and human services (H/HS) practices and policies as a result?

A Historic Look at a Pandemic's Impact

There is some historical precedent for imagining major shifts in policy and practice as a result of a global pandemic. Take, for example, the 1918 flu pandemic,[1] which infected 500 million people worldwide and led to 675,000 American deaths. One of the major impacts of that pandemic was the transformation of the U. S. public health system.

Up until that time, doctors were mostly single-entity health care providers, either working for themselves or funded by charities or religious institutions. As a result of the virus, the United States took steps to consolidate health care, establishing national health standards and practices and launching epidemiology studies and a national disease reporting system. This became the basis for our current public health system.

Similarly, the COVID-19 pandemic, and the inequities among communities of color that it has highlighted, is forcing the H/HS ecosystem, made up of community-based organizations, government, and the philanthropic sector, to rethink policies and practices in H/HS delivery. These shifts provide both challenges and opportunities as we navigate a "new normal." And making the new normal a *better* normal will require a focus on equity, greater flexibility, new generative partnerships, adaptive thinking, prioritizing outcomes over service delivery, and stronger advocacy among leaders in the field.

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Pulling Back the Curtain on Inequities in Health Outcomes

As the disease has progressed across community after community, it has put a spotlight on the long-standing and glaring inequities in our current health care system—inequities that our nation has failed to confront or address for far too long.

This impact is being felt among communities of color and families with low income who are disproportionately Black, Latinx, and Native American.

APM Research Lab recently released a report[2] showing that African Americans are dying from COVID-19 at a rate three times that of Whites. More than 20,000 African Americans have died of COVID-19 to date, a number that is .05 percent of the African American population.

Some states are seeing even larger disparities, including Kansas, where African Americans are dying at a rate seven times that of Whites; Michigan and Missouri, where deaths among African Americans are five times that of Whites; and New York, Louisiana and Illinois, where the death rate is three times that of Whites.

In a statement,[3] U.S. Surgeon General Jerome Adams acknowledged the challenges of growing up in poorer communities of color, stating "the chronic burden of medical ills is likely to make people of color especially less resilient to the ravages of COVID-19."

While it is true that African Americans experience a number of health factors that make them more susceptible to COVID-19, including higher levels of heart disease, lung disease, and diabetes, the factors behind their disproportionate levels of contracting and dying from COVID-19 are more complex.

Human services professionals[4] are increasingly focusing on the conditions and lack of equitable opportunities in which people are born, grow, live, work, and age that might shape their health. These factors comprise the social determinants of health[5] and can have a far greater impact on overall health than primary health care. Social determinants of health include socioeconomic status, educational success, access to quality health care, food security, income equality, reduced stress, and more.

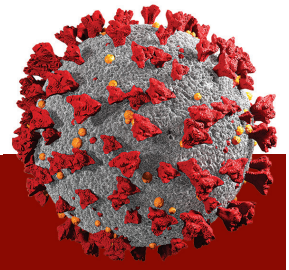
What is becoming clear is the extent to which these underlying conditions are driving health outcomes and are the reason for many of the health inequities we are seeing across this pandemic. For example, low-income families are more likely to face unemployment or may not have the option to stay home from work or practice social distancing. As majority members of the gig economy, they cannot afford to miss a paycheck or the access to insurance that employment brings. They also may not live in an area where social distancing is possible, given the concentration of families and family members living in tight quarters in urban neighborhoods.

Through advancing neuroscience[6] we are also learning a lot more about the physical and psychological impacts of toxic stress that can result from systemic racism, poverty, and violence. Brain science has shown us that years of stress can contribute to negative physical and behavioral health outcomes, which can manifest in chronic conditions and autoimmune disorders. Additionally, adverse childhood experiences,[7] known as ACEs, are more common among people of color and, when compounded with the constant experience of the stresses created by subtle and explicit discrimination, create an even greater risk for chronic disease.

The Imperative of Human Services in Positive Health and Well-Being Outcomes

A 2018 report, "A National Imperative: Joining Forces to Strengthen Human Services in America,"[8] commissioned by the Alliance for Strong Families and Communities and the American Public

About This Series



This is the first in a series of essays focusing on the adaptive and disruptive challenges that the COVID-19 pandemic brings and the steps we can take as a nation to rethink our systems in the wake of this crisis. The goal of the series will be to serve as a call to action and road map for leaders in government, health and human services, and the philanthropic sector to address the challenges our nation faces and move toward a system that will respond not only to this challenge but to the ones to come.

Human Services Association (APHSA), illustrated the value of community-based human services organizations (CBOs) in improving health outcomes.

A healthy human services ecosystem has a direct and measurable impact on people's lives, enabling them to lead healthier, happier, more stable, and more productive lives. It is an essential ingredient in our society to ensure everyone can achieve their full potential.

But it is a role woefully undervalued in the United States.

While our government's per capita health care spending totals more than $10,000 per person per year, much higher than most other developed countries, we are not seeing the commensurate returns on our nation's health. In fact, in a Brookings Institution study,[9] the United States ranks near the bottom among economically developed nations in a number of key health outcome metrics, including life expectancy, infant mortality, and deaths from complications or preventable diseases.

Strikingly, the research[10] revealed that, while the United States outspends its peers on health care, it massively underspends on human services. This was in direct contrast to other developed nations whose human services spending relative to health care spending is three times larger than in the United States.

While there are clearly other factors driving our nation's disproportionality in health care spending, the relationship between social determinants of health and negative health outcomes has become increasingly apparent. In fact, data[11] from the Bassett Healthcare Network show that only 20 percent of health outcomes are actually attributable to health care. The remaining 80 percent is tied to socioeconomic factors, health behaviors, and physical environment. The role that human services and supports plays in addressing these social determinants, as well as the toxic stressors of ACEs, is critical to this conversation.

Challenges Facing the Human Services Sector

In addition to outlining the disparities in H/HS spending, the National Imperative report also outlined the challenges faced by the human services sector, particularly among nonprofit CBOs.

Among the challenges highlighted is the financial state of CBOs, which is integral to the effectiveness of the human services ecosystem. Possessing little or no cash reserves, nearly one in eight CBOs are technically insolvent, with total liabilities exceeding total assets. The challenges they faced a year ago, which have been magnified in the face of the pandemic, include operational shortcomings, financial stress, capacity limitations, and a lack of public understanding about their vital role in keeping children, families, and seniors healthy.

The financial challenges confronting community-based nonprofits are complex and are the result of a broad range of factors. Among them is the fact that most government contract funding and philanthropy traditionally do not cover the full cost of providing services and the necessary capacities to support them. Government contracts for essential services also create cash-flow problems since, unlike with grants, payments are not made until after the work is completed and can be subject to long and unpredictable delays.

How the Human Services Sector Can Shape Systems Change in the Age of COVID-19

The current crisis presents both an opportunity and a mandate to reimagine our H/HS systems in the context of the social determinants to better serve children, families, communities, and our nation as a whole. As our nation adapts radically to changes this pandemic has forced upon us, leaders across the H/HS sectors are engaged in dialogue and seeking ways to scale and spread innovative, cross-system strategies to better serve all communities in this new normal.

While not envisioned at the time, the National Imperative report actually provided clear guidelines for how we can reimagine H/HS post-pandemic for all participants in the human services ecosystem to achieve breakthrough results and transform H/HS delivery.

The report identified five "north stars"[12] to address the challenges or roadblocks faced by the sector, calling for a shift in focus from service provision to outcomes, improving the capacity for innovation, establishing generative partnerships, adopting new financial strategies, and reforming the regulatory environment.

The report and its north stars are built from the unique lens that the human services field has on the systems that shape and support children and families across their lifespan. Key amongst them is a vital understanding that impact is not about what you do—how many people you serve, how long you've been in existence, or how far your service area reaches—it's about moving beyond the foundation of program delivery and service efficiency to root cause–driven solutions. These solutions must be generated in partnership with families and communities that are themselves most invested in achieving positive changes and making them last.

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Tulsa (BEST): Children's Services Council of Broward County (FL); City of Asheville (NC); City of Tacoma (WA); DataWorks NC; Kentucky Center for Statistics; Mecklenburg County (NC) Community Support Services; New York City Administration for Children's Services & Youth Studies Programs at the CUNY School of Professional Studies; and Take Control Initiative (OK).

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This focus on impact, known as the Human Services Value Curve,[13] serves to remind us not to lose sight of our ultimate goal: sustained well-being of children and youth, healthier families and communities, opportunities for employment and economic independence, and fairness and equity across all the places we live.

The Human Services Value Curve helped inform the National Imperative report, along with a strategy playbook developed earlier by the Alliance, to infuse research-based practices and values to guide CBOs in achieving excellence and last impact. The guidebook, "Commitments of High-Impact Nonprofit Organizations,"[14] offered a framework and foundational direction that led to the north star solutions. When applied through the framework of the commitments, these north stars offer a clear road map and path forward for the human services ecosystem that can reshape the future of health and human services for the achievement of breakthrough results that can create a more healthy and equitable society.

The North Stars—Road Map to Transformational Solutions

The following provides a brief preview of the themes of each of the five north stars from the report and how they can help reshape the delivery of more equitable H/HS in a way that will not only adapt to the challenges and inequities of today's pandemic but can prepare and guide us for future disruptive events.

Commitment to Outcomes

This pandemic, and the inequities and health disparities it has revealed, is forcing both public human services agencies and CBOs to reframe the way we lead and operate. This means shifting from a focus on services delivered (i.e., number of foster beds filled) to outcomes achieved (i.e., children successfully living with their families or children achieving other lasting permanency). This shift will enable more human services–sector participants—community-based organizations, public-sector partners, and funders—to invest in innovation and new capabilities.

It is not an easy shift to make. The long-standing systemic inequities illuminated by COVID-19, along with the growing understanding that health extends beyond health clinic care to include the social determinants, underscores the urgency for H/HS to partner more deeply to develop high-impact, equitable solutions that lead to long-term, positive outcomes in population health and well-being.

As we continue to seek ways to improve health outcomes during and after the pandemic, with an intent to move to a preventive system with upstream solutions, it is critical that public and private funders invest fully in human services as part of the community infrastructure that contributes to health and well-being. These investments must include resources that build the capacity for better outcome measurements.

Capacity for Innovation

The pandemic has demonstrated our ability to change dramatically in a matter of days and impact the context in which people live their lives. It has also revealed the consequences and challenges that arise when we implement strategies that lack a human-centered design approach, providing further support for the critical need for the human services ecosystem to invest in its capacity to innovate with community voice and lived experience at the center.

The scale of innovation that will be needed to address this challenge will require engaging all voices and focusing on community strengths that result in high-impact, sustainable solutions that further build community capacity and resiliency. Community-based human services organizations are uniquely positioned in proximity to people and communities. By increasing their capacity for innovation they can help to

achieve the required mental model shift to center on the people's well-being and focus, not on single programs, but on changing the context and social determinants that impact the ways in which people live their daily lives.

Strategic Partnerships 2.0

The pandemic, and the inequities it revealed, also vividly reflects the interdependency of systems that influence our social and economic conditions and impact our overall health and well-being. As we rethink those systems, we must consider factors like access and opportunity to quality education, nutrition, technology (especially broadband access), affordable and safe housing, economic bridge supports when employment is disrupted, access to quality and affordable health care, as well as the clear interdependencies between health care and human services in our efforts to promote public health and achieve health equity.

Ecosystem partners must come together, span traditional boundaries and strategically partner within and across sectors and systems to ensure we are efficiently maximizing resources and taking a holistic approach in partnership with communities, to build health and well-being. This will require more than the traditional focus on the provision of excellence in programs and services. It must include continual review and adjustment of our work and results leading to equitable systemic changes that bend the arc toward prevention and asset-building for people and communities.

Traditional approaches to partnerships must shift to generative approaches to partnership. This shift will move us from transactional, rigid and linear relationships to dynamic, inclusive, and transformational ones. It will necessitate reciprocity with all partners recognizing the unique value and assets the others bring to the table to realize transformative impact.

Financial Policies and Practices

The pandemic is trending to be the most financially distressing time for our nation in modern history, impacting multiple sectors and industries, including the human services sector. COVID-19 has triggered greater transparency on the challenges and consequences that arise when funding structures are inequitable and not outcomes centered. It has also revealed the negative impacts when public agencies cannot adapt their resources effectively, and when community-based human services organizations and other partners lack adequate access to flexible, sufficient funding for services, supports, and organizational and community capacity that are foundational to achieving positive public health outcomes and creating well-being.

All members of the human services ecosystem must have the capacity to operate for maximum performance, not only during this time of crisis but so we can seize the many opportunities we now have as a nation, to focus on ensuring all people in our nation are valued equally and have access and opportunity to flourish in their lives.

To safeguard the critical missions and roles of community-based organizations, and public and private funders, including philanthropy, the human services ecosystem must make a commitment to paying for results, fully covering costs, investing in organizational capacity, and allowing greater spending flexibility as we have witnessed in some communities during the pandemic.

Regulatory Modernization

COVID-19 has greatly accelerated the temporary easing of long-standing requirements and regulations for the purposes of emergency response to the pandemic. We need to ensure that this does not stop and accelerate regulatory modernization. Community-based organizations are notably more able to innovate, move quickly, engage communities, partner, and be agile in the pursuit of outcomes when they are not burdened with duplicative, slow, overlapping, and conflicting requirements and regulations. To ensure this momentum continues beyond the pandemic, CBOs and public-sector leaders at the local, state, and federal levels need to engage now to rid their systems of non–value-added requirements and regulations and ensure processes are in place to ensure that all new requirements and regulations accelerate efficiency and outcomes.

A Road Map Forward for Coming Together as a Nation

If we are truly going to achieve the reforms our nation so desperately needs to ensure access and opportunity for all people, regardless of race or socioeconomic status, we must embrace the fact that we are in this together and the tools and solutions to address the systems reforms are within our reach.

This includes a collective commitment to ecosystems that transcend economic, political, and common interests: a commitment to people, communities, and the outcomes they desire; building common ground; and partnering across fields, sectors, and systems at a generative level. These simple, yet paramount, principles are at the core of our collective ability to work together to achieve our strategic

vision, to push through this moment of crisis and lead us to a place where systems work together to ensure that all people and communities can thrive. Put simply, we all do well when we all do well.

By embracing the observations and north stars of the National Imperative Report we have the opportunity to create a new normal in H/HS, one we have long imagined and one that now is clearly defined and achievable. Our work will realize our dream of a realigned H/HS system that is a more responsive, front-end, preventive system that elevates the health and well-being of all people.

Our nation has been challenged before and has always risen boldly to the challenge. Based on the collective spirit, resilience, and compassion of the American people, we have never felt more hopeful in our nation's ability to meet this challenge than we do today.

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- launched a Housing Helpline, which has seen more than 500 inquiries to date;
- managed dual-language (Spanish and English) COVID-19 resources pages that have attracted more than 35,000 visits;
- proactively conducted direct outreach via text to clients about resources available to them;
- leveraged community partnerships and distributed $2 million in resources to them for emergency housing, food, and financial support for community members, along with other assistance to families and individuals in the county; and
- led the creation of the Boulder County Regional Housing Partnership, a collaborative effort—supported by every jurisdiction in the county—to triple the community's affordable housing supply by 2035.

APHSA Highlights: Alexander has served as Chair of the National Council of Local Human Services Administrators Executive Committee and as a member of the Executive Governing Board. Last year, he was recognized with the 2019 APHSA Outstanding Local Member award for his influential leadership in prevention-focused integrated services delivery. His involvement and leadership with APHSA has played a vital role in creating the robust and impactful partnerships with local communities that serve at the center of APHSA's work. Frank, thank you for your profound contributions to APHSA, the field, and most important, those we serve!