

A non-traditional alliance for addressing health equity, well-being and social needs

Piotr Bialowolski, Dorota Weziak-Bialowolska, Eileen McNeely

Harvard T.H. Chan School of Public Health

Extended abstract

Introduction

There is a strong belief that community-based activities can play a role in improving health and well-being of populations. World Health Organization¹ perceives communities to play an important role in creating a supportive environment for healthy decisions and reducing sedentary life styles. Not only do community-based activities affect those engaged but also create rippling effects on the well-being of individuals up to three degrees of separation in the social network². Robert Wood Johnson Foundation seeks to establish a Culture of Health with the promotion of health actions beyond the public health and health care sectors and by fostering collaborative efforts of institutions from different fields³.

As a new approach to forging these cooperative actions, we studied a novel community arrangement. In sync with these objectives, we examined whether a financial incentive (hereafter also referred as the program) offered by a non-profit financial institution (a federal credit union, henceforth called FCU) to foster community well-being can stimulate participation (at a household level) in community-based activities offered by a whole health community provider (YMCA) as part of a collaborative, comprehensive, place-based wellness & well-being program that builds upon the respective strength of both institutions. The mission of the FCU is to build financial security for its members and YMCA strives to develop individual and community thriving. To foster family and community well-being, in 2016-2018 FCU incentivized its members to visit the YMCA by increasing the rate of return in their

savings account. The rate of return depended on the frequency of visits in YMCA of all household members, thus was not restricted to a specific family member. The aim was to engage families, not just individuals, in a set of activities to improve well-being with a common place to anchor health goals in the community.

Methods

The program targeted the community that was identified by the 2015 Community Well-Being Rankings and Access to Care⁴ as experiencing considerable financial hardship and also physical well-being deficiencies¹. This ranking inspired FCU and YMCA (business and anchor institutions) to partner in an effort to address the physical, financial and social aspects of the well-being and consequently, by a comprehensive place-based program, to improve health equity and reduce loneliness, the two major public health problems in the American society and worldwide⁵⁻⁷. The effectiveness of this type of cooperation of two institutions, which are neither hospitals, medical campuses, universities nor public schools – the usual anchor institutions⁸⁻¹³ – has not been widely adopted nor studied yet.

The aim of this study was to examine whether the program offered by FCU in collaboration with YMCA was effective; specifically, whether the financial incentive offered by FCU led to an increased participation in community-based activities offered by the YMCA and further to an improvement in well-being, health and social connectiveness.

The study followed a multi-mode design: to examine the role that the financial incentive played for the participation in the activities proposed by the community-based institution, (1) we investigated

¹ Although the community ranked in the second quartile of the 190 listed communities on their five elements of well-being: purpose, social, financial, community, and physical, it ranked in the 4th quintile according to the physical well-being, and in the last quintile according to the financial well-being.

account balances of 75,149 households (1108 participating in the program) along with their community provider participation records (YMCA participation); (2) using two waves of the Health and Well-Being Survey (HWBS)² we conducted an impact evaluation of the program; (3) we piloted a small sensor study to evaluate biometrics and momentary well-being, self-reported health outcomes and social connectives over 3 months in a small sample (n=29) via daily survey and wearables; (4) by conducting 28 in-depth household interviews (among 14 individuals and their household members), we examined opinions about the program, internal motives to participate in it and perception of impacts on health and well-being for them and their family.

Results

We found that the participation in community activities offered by YMCA was not influenced by the financial incentive, mostly due to the weakness of the incentive. However, some positive effects on momentary well-being outcomes of sport-related YMCA visits was depicted. No effect of non-sport-related community experience was found. Also, no effect of the community activities was found on physiological health, self-reported health and well-being outcomes. The qualitative feedback from the in-depth interviews provided evidence on how YMCA engagement rallied other household members and seemed to foster a sense of connectedness in the community.

The findings corroborate that implementing community-based interventions is not straightforward. The improvements in the design (i.e., competitive financial incentive) and marketing of the program should be considered to improve its efficiency.

² 4296 FCU members participated in the first wave out of whom in the follow-up survey participated: 114 FCU who had the incentivized account, 259 YMCA members, who did not have AHW account and 1075 respondents, who neither were YMCA nor had the incentivized savings account; in total 1448 adults participated in both waves and provided data for the impact evaluation of the program;

Conclusions

This research evaluated a collaborative effort between a business (a federal credit union) and an anchor institution (YMCA, a whole health community provider) to directly impact community members' health, well-being and social connectiveness. The co-operation introduced several innovations for a broader impact. First, a novel business product, i.e., a savings account that rewards increasingly higher levels of activity (visits of all household members) at the YMCA with increased savings rates, was offered to stimulate engagement with healthy communities and financial well-being. Second, individual choice, suitability, and flexibility in meeting health needs were of prime concerns of the collaboration. Specifically, by rewarding participation at the YMCA, individuals could have chosen among a number of well-being offerings to fulfill multiple needs for recreation, learning, socialization, health, and volunteering. This approach contrasts with incentives or interventions that focus on a single behavior, such as a specific activity or “step counts”, or the reduction of risk for a particular disease. Third, the aim of the collaboration was to reward place-based activity. Since community engagement offers a chance to build social bonds through affiliation, socialization, and common experience¹⁴⁻¹⁶, by stimulating this engagement further enrichment of participants' well-being and feeling of belonging was intended to be achieved. Additionally, increased individual well-being could aggregate to healthy communities. Fourth, by setting the incentives at the household level, the aim was to increase the support between household members in attaining individual health goals and to reward cooperative efforts to attain the financial rewards, and possibly, to offer additional financial stability for participating households.

References

- 1 World Health Organization. World Health Statistics 2018: Monitoring health for the SDGs. Geneva, 2018.
- 2 Fowler JH, Christakis NA. Dynamic spread of happiness in a large social network: Longitudinal analysis over 20 years in the Framingham Heart Study. *BMJ* 2008; : 1–9.
- 3 Martin LT, Warren ML, Weiland S, Acosta JD, Chandra A. How Cultural Alignment and the Use of Incentives Can Promote a Culture of Health. *Rand Heal Q* 2018; **7**: 1–9.
- 4 Gallup Healthways Well-Being Index. 2015 Community Well-Being Rankings and Access to Care. 2015 http://info.healthways.com/hubfs/Well-Being_Index/Gallup-Healthways_State_of_American_Well-Being_2015_Community_Rankings_vFINAL.pdf.
- 5 Olds J. The lonely American: drifting apart in the twenty-first century. Boston, MA: Beacon Press, 2009.
- 6 Marmot M, Friel S, Bell R, Houweling TA, Taylor S. Closing the gap in a generation: health equity through action on the social determinants of health. *Lancet* 2008; **372**: 1661–9.
- 7 King M. Working to Address the Loneliness Epidemic: Perspective-Taking, Presence, and Self-Disclosure. *Am J Heal Promot* 2018; **32**: 1315–7.
- 8 Vize R. Hospitals as anchor institutions: How the NHS can act beyond healthcare to support communities. *BMJ* 2018; **361**: 1–2.
- 9 Silverman RM, Lewis J, Patterson KL. William Worthy’s Concept of “Institutional Rape” Revisited. *Humanity Soc* 2014; **38**: 158–81.
- 10 Harkavy I. Engaging urban universities as anchor institutions for health equity. *Am J Public Health* 2016; **106**: 2155–7.
- 11 Goddard J, Coombes M, Kempton L, Vallance P. Universities as anchor institutions in cities in a turbulent funding environment: Vulnerable institutions and vulnerable places in England.

- Cambridge J Reg Econ Soc* 2014; **7**: 307–25.
- 12 Green A. Living heritage: universities as anchor institutions in sustainable communities. *Int J Herit Sustain Dev* 2013; **3**: 7–19.
- 13 Taylor, Jr. HL, McGlynn L, Luter DG. Back to the Future. Public Schools as Neighborhood Anchor Institutions: The Choice Neighborhood Initiative in Buffalo, New York. In: Patterson KL, Silverman RM, eds. *Schools and Urban Revitalization Rethinking Institutions and Community Development*. New York, NY: Routledge, 2013: 109–35.
- 14 Pearce E, Launay J, Machin A, Dunbar RIM. Is Group Singing Special? Health, Well-Being and Social Bonds in Community-Based Adult Education Classes. *J Community Appl Soc Psychol* 2016. DOI:10.1002/casp.2278.
- 15 Lyons A, Fletcher G, Farmer J, *et al.* Participation in rural community groups and links with psychological well-being and resilience: A cross-sectional community-based study. *BMC Psychol* 2016; **4**: 1–10.
- 16 Ross A, Searle M. Age Related Differences in Neighborhood Sense of Community: Impacts of the Neighborhood Environment and Leisure Time Physical Activity. *Int J Community Well-Being* 2019; **online fir**. DOI:10.1007/s42413-019-00018-w.