

Emerging Patterns in Successful Partnerships Focused on Improving Community Health

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I. Overview

- Basic purpose and objectives of this study of successful partnerships focused on improving community health
- Phases of the study
- Study population
- Core Characteristics of successful partnerships
- Some key patterns or “themes” that have emerged in the process of conducting this study
- Closing remarks, and then Questions & discussion

II. Purpose and Objectives of this Study

Purpose:

This study is intended to accelerate change, encourage collaboration, and contribute toward improving a “culture of health” in American communities. The overall purpose of the study is to identify, compare, and contrast successful partnerships involving hospitals, public health departments, and other stakeholders who share commitment to improving the health of communities they jointly serve and ascertain key lessons learned from their collective experience.

Objectives:

- Locate collaborative partnerships including hospitals and public health departments that are focused on improving community health;
- Identify a set of these partnerships that have been in operation for at least two years, have demonstrated successful performance, and are diverse in location, form, and focus;
- Examine these partnerships to gain knowledge about their genesis, their organizational arrangements, their goals and how progress is assessed, and the lessons learned from their collective experience; and
- Produce insights that will assist policy makers and leaders of public and private organizations in building strong, successful partnerships designed to improve community health.

III. Phases in the Study's Methodology

1. Identify the core characteristics of successful partnerships
2. Invite partnerships in operation for two years or more and demonstrate “core characteristics of successful partnerships” to participate in the study
3. Select highly successful partnerships from the pool of nominees through a four-step process involving members of our National Advisory Committee
4. Plan and conduct site visits to a selected set of partnerships that appear to be exceptionally successful

5. Review, verify, and tabulate data obtained through the nomination process, official documents, individual interviews with partnership leaders, and small-group discussions during site visits.
6. Through qualitative analysis, determine findings, discern patterns and conclusions, and formulate recommendations for local leaders and public policy makers.

IV. Study Population: 12 Partnerships Located in 11 States

- National Community Health Initiative
Kaiser Foundation Hospitals and Health Plan
Oakland, California
- California Healthier Living Coalition
Sacramento, California
- St. Johns County Health Leadership Council
St. Augustine, Florida
- Quad City Health Initiative
Quad Cities, Iowa-Illinois
- Fit NOLA Partnership
New Orleans, Louisiana
- HOMEtowns Partnership
Portland, Maine
- Healthy Montgomery
Rockville, Maryland
- Detroit Regional Infant Mortality Reduction
Task Force, Detroit, Michigan
- Hearts Beat Back: The Heart of New Ulm Project
New Ulm, Minnesota
- Healthy Monadnock 2020
Keene, New Hampshire
- Healthy Cabarrus
Kannapolis, North Carolina
- Transforming Health in King County, Washington
Seattle, Washington

V. Core Characteristics of Successful Partnerships

- **Vision, Mission, and Values** – The partnership’s vision, mission, and values are clearly stated, reflect a strong focus on improving community health, and are firmly supported by the partners
- **Partners** – The partners demonstrate a culture of collaboration with other parties, understand the challenges in forming and operating partnerships, and enjoy mutual respect and trust
- **Goals and objectives** – The goals and objectives of the partnership are clearly stated, widely communicated, and strongly supported by the partners and the partnership staff
- **Organizational structure** – A durable structure is in place to carry out the mission and goals of the collaborative arrangement. This can take the form of a corporate entity, an affiliation agreement, or other less formal arrangements such as community coalitions.

- **Leadership** – The partners jointly have designated well-qualified and dedicated persons to manage the partnership and its programs
- **Partnership Operations** - The partnership institutes or facilitates programs and services that operate effectively
- **Program Success and Sustainability** – The collaborative partnership has been operational for at least two (2) years, has demonstrated operational success, and is having positive impact on the health of the population served
- **Performance Evaluation and Improvement** – The partnership monitors and measures its performance periodically against agreed upon goals, objectives, and metrics

VI. Some Key Patterns or “Themes” That Have Emerged from the Study of Highly Successful Partnerships Focused on Community Health Improvement

1. Across the country there is increasing focus on “population health” and “improving the health of communities.”
 - Driving forces include abundant evidence that America’s health system is under-performing in comparison with other developed nations and the shift to value-based payment methodologies, perhaps accelerated by ACA.
 - There is growing recognition that the public health and the hospital / medical care communities should collaborate much more closely in improving the health of communities they jointly serve.

2. Several different factors have led to creation of the highly successful partnerships in our study population.

- Strong leaders with a vision and drive; a community crisis that galvanizes community action; grants that incentivize collaboration; or some combination are present in many instances
- A cooperative community spirit and/or a prior history of successful trust-based collaboration have been helpful in providing a foundation for several partnerships.
- Most preceded the CHNA requirements that resulted from *ACA and* the PHAB standards.

3. The partnerships' mission statements all focus on "improving the health of the community(s) they serve," but their specific focus and scope vary greatly

- The missions range from very focused ("Reducing infant mortality in three neighborhoods") to very expansive ("Becoming the nation's healthiest community by 2020)."
- A partnership's particular focus and scope drive the complexity and difficulty of their work.
- To be viable, a partnership's mission and vision must inspire and drive community support and be marketed to community leaders *and* the community at-large. Thoughtful and creative "branding" is important.

4. The active engagement of many partners in the establishment and on-going operations of collaborative partnerships is essential to their sustainability and success

- It truly “takes a village” to make an impact on improving community health. And the village needs to stay engaged!
- The “missing ingredients” in too many partnerships are local businesses and health plans. This warrants concerted attention.

5. **Many partnerships continue to be challenged in developing clear, crisp goals, objectives, and metrics *and* showing the linkage between them and the overall measure(s) of population health on which they have chosen to focus**
- Too many partnerships have overly long “lists” of objectives and metrics that are difficult to track and not closely linked to specific, overall measures of population health. Clear, well-reasoned priorities are essential
 - Partnerships need to evolve beyond tracking “participation” and “process” toward measuring and reporting outcomes and impact. This is difficult but will be necessary to maintain momentum and build long-term support.

6. **Most of these successful partnerships are organized as non-corporate coalitions or affiliation models, but 11 of the 12 do have some form of “policy and direction setting” bodies in place**

- *All* partnerships are difficult to manage, especially ones with many partners and affiliates where the leaders have little decision-making authority.
- Having strong “anchor institutions” as a principal partner and/or “home base” is invaluable for relatively small, non-corporate partnerships.

7. Partnership leadership style tends to evolve toward servant leadership

- Frequently partnerships have started with charismatic leaders having deep commitment to a health issue about which they were passionate.
- As the partnership's leadership positions turn over, new leaders with the capability to achieve progress through influence and consensus-building skills are needed.
- Most partnerships are heavily dependent on volunteers who need support and encouragement to maintain enthusiasm and engagement.
- Nearly all of the partnerships would benefit by additional staff support.

8. Financial sustainability remains a significant challenge for many of these successful partnerships

- While all have demonstrated considerable success, most of these partnerships are lightly funded and several are dependent on external grants to support their operations. This dependency does not enable partnership leaders to chart long-term plans or strategies.
- Having a strong, dedicated “anchor institution” and a reliable source(s) of funding will be critical for the long term success of these collaborative partnerships. At this time, none have health plans as principal partners.

9. Many partnerships are challenged to demonstrate measurable progress in actually improving the health of the communities they serve

- All of these worthy partnerships are recognizing how difficult it is to “bend the curve” on overall measures of population such as obesity rates, infant mortality rates, etc.
- The development and use of short-term “intermediate” milestone measures and metrics that are solidly linked to longer term overall measures and demonstrating progress on these intermediate measures will be very important in maintaining and enhancing the support of key constituencies.
- Many partnerships are still early in the development of their measurement and evaluation processes and are wrestling with this difficult task.

VII. Closing Remarks; Questions & Discussion

In closing, we want to thank the many persons who participated in this study. We also want to express our team's appreciation to organizations and people across the country who have supported our efforts and helped us to understand how successful partnerships are improving community health through innovative collaboration.