CONCEPT PAPER

The Role of Partnerships in Community Intervention Programs

New Insights from Case Studies

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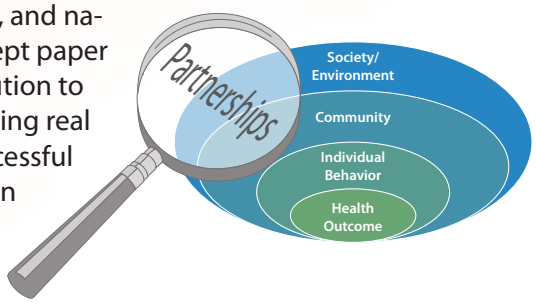
Community-based strategies are increasingly recognized for their potential to improve human health and reduce health disparities. Yet these approaches have not always delivered on expectations because the expected changes to systems, environments, or behaviors do not occur as planned. Partnerships among organizations working at various socio-ecologic levels have been identified as key elements in achieving change. Case studies were undertaken of coalitions, direct service providers, a national professional association, and national advocacy organizations to explore how partnerships were used to address complex health issues at local, regional, and national levels. This concept paper makes a novel contribution to the literature by providing real world examples of successful partnership strategies in these environments.



ALTARUM INSTITUTE
SYSTEMS RESEARCH FOR BETTER HEALTH

Community Intervention Programs: New Insights from Case Studies

INTRODUCTION

Improving health at the population level requires, in many instances, lifelong behavior change at the individual level. However, achieving and sustaining changes in individual behavior may be more feasible when systems are aligned to support behavior change—to "make the healthy way be the easy way." Therefore, efforts to improve the health of all members of a population increasingly focus on mobilizing resources or intervening at the community level. Community resources can support individual level behavior change directly—such as when a physician refers a patient to a smoking cessation quit line operated by a community organization—or indirectly by changing environments or policies or making it easier to access quality health care. Examples of the environmental change include removal of cigarette vending machines and erection of signs to discourage smoking near a building. Policy changes could include improving insurance coverage for smoking cessation supports or increasing tobacco taxes. Such changes are rarely the result of a single individual or organization's efforts. Rather, organizations must come together to enact community level changes. *Partnerships* among these organizations are a key factor in leveraging the power of community-based efforts. This concept paper presents lessons learned from seven case studies focused on the role of partnerships in promoting population health.

BACKGROUND AND LITERATURE REVIEW

Evidence is accumulating to show the efficacy of community-based strategies in improving health through changing systems.[1] Based on the experience with tobacco control coalitions, the Centers for Disease Control and Prevention (CDC) has been recommending community coalitions as a vehicle for bringing public and private partners together to establish and attain system and environmental changes to prevent chronic disease.[2] Coalitions have been recognized as particularly effective and efficient vehicles for identifying, prioritizing system change strategies, and making the changes happen.[3-8] Partnerships have been identified as playing a central role in enabling community coalitions and community-based health programs achieve systems change and address health disparities.[9] In focusing on perceived costs and benefits of partnerships, management capabilities, and organization size and composition, Shortell, Zukoski, and Alexander (2002)[10] identified characteristics of successful partnerships that guided our work. The icons in the top right column appear throughout the concept paper to indicate ways that we saw evidence of these characteristics among organizations we profiled.

§ Ability to manage size and diversity
¤ Ability to attract and rely on multiple components of leadership
∞ Ability to maintain focus
Θ Ability to manage and channel conflicts
@ Ability to recognize life cycles and "hand off the baton"
Δ Ability to "patch" or reposition assets per changing needs

Several other paradigms identified in the literature framed our case study effort. First, a ***socio-ecological perspective*** (figure 1) looks at health in relation to complex relationships among individuals, their environments, institutions, and organizations. ***Community interventions*** were considered in light of the mechanisms through which they have been shown to affect health or the environment. The Guide to Community Preventive Services uses this rubric to assess evidence for the effectiveness of community interventions in supporting clinically-based efforts.[11] Partnerships were considered in light of the Mobilizing for Action through Planning and Partnerships (MAPP) framework. Developed by the National Association of County and City Health Officials in cooperation with the CDC's Public Health Practice Program Office, MAPP assesses dynamics in four areas to develop strategic approaches to health improvement,[12] as described in the sidebar on page 3.

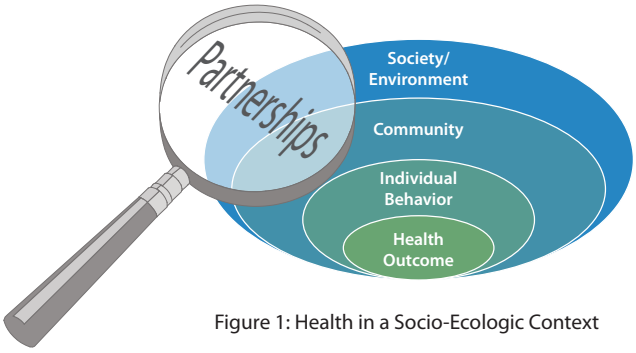


Figure 1: Health in a Socio-Ecologic Context

METHODS

To provide practical guidance to those seeking to improve health by leveraging community resources, case studies were undertaken of seven organizations working to improve health by operating at multiple socio-ecologic levels. Information gleaned from a range of settings provides a window into how partnerships can address barriers to population health improvement and sustain their efforts. Following a review of literature on community-based initiatives, a research team designed an interview protocol to uncover promising practices in developing and maintaining community-based partnerships.

The literature review revealed community coalitions to be complex systems with poorly understood internal mechanisms. Therefore, this investigation was considered exploratory, seeking common patterns or narratives about coalition formation, stability, and sustainment. The team sought to collect "real world" information about the benefits and challenges of partnerships, to uncover detailed processes that community organizations use to create and sustain partnerships, and to evaluate the impact of partnerships on intervention outcomes. Collectively, the team sought a deeper understanding of the tools and structures needed to lead systems change at the community level.

The interview protocol was designed to stimulate discussions between the interviewee and a designated individual associated with a community-based program that could lead to practical, actionable advice for other multisectoral partnerships that are starting or are ongoing. An initial draft questionnaire was pilot tested with internal colleagues and with a key informant from a community coalition. These tests led to a refinement of the approach to interviewees and to the wording and order of questions. A training manual was prepared to ensure that interviews were standardized to the extent possible. Pilot test results were also used to develop a preliminary scheme for content coding of interviews in NVivo,® a qualitative analysis software program.

Recruitment involved two stages—identification of relevant organizations and then of informants within the organization. Organizations were selected as a convenience sample of current or former Altarum Institute clients or projects, their referrals, or through an internal directory of community-based intervention projects that was developed for another effort. We sought to identify organizations or coalitions of diverse size and type of interventions. Within each organization, we sought informants whose responsibilities collectively spanned a range of functions, such as fund-raising and coalition management, or who were more distantly connected through partnerships.

Prior to conducting interviews, the interviewers reviewed publicly available information about each organization to gain basic familiarity with their mission and methods. Two-person teams conducted the interviews. After explaining that interviewee and organization identities would not be revealed, interviewees were asked to consent to participating and to audio-recording of the conversation. Qualitative analysts coded interview transcripts to highlight significant themes. Initial findings were reviewed with the interview teams and then refined. Case studies were then prepared for each organization that described major obstacles and promising practices for forming and engaging in multisectoral coalitions or partnerships. These case studies are summarized here. To preserve confidentiality and improve readability, some quotations were slightly modified. Strategies reflecting partnership characteristics identified by Shortell et al. (2002) are highlighted with icons as shown previously.

Evidence-based community- and health system-based interventions can support primary care interventions by:

- Reinforcing health care providers' recommendations to their patients;
- Identifying effective community-based and health care system-based programs to which providers can refer their patients for additional education and support (e.g., quit lines that supplement physician smoking cessation counseling); and
- Identifying effective health system supports for health care providers (e.g., provider reminder systems)."[11]

The Mobilizing for Action through Planning and Partnerships approach to improving community health includes these components:

- The community themes and strengths assessment identifies the interests and perceptions of stakeholders;
- The local public health system assessment measures the capacity of the public health system to provide needed services;
- The community health status assessment determines the health status, quality of life, and risk factors in the community; and
- The forces of change assessment identify dynamics that affect the community or local public health system.[12]

CASE STUDIES

CASE 1: COUNTY COALITION FOCUSED ON CHILD HEALTH ISSUE

MISSION AND OBJECTIVE

Using advocacy and policy development, improve the environment for families and children. Work across sectors to create and support partnerships to coordinate efforts to improve children's health.

OPERATIONS

Volunteer champions lead each of seven domains, supported by a paid staff. A work plan guides each domain's efforts, and an evaluation plan is used to assess progress. The coalition hosts topical events to cultivate relationships. Such events also serve to communicate coalition priorities, and provide a common language for understanding the health issue of interest.

KEY BARRIERS AND *STRATEGIES USED*

- Domain leads felt overwhelmed by the workload and an unending list of potential and actual partners. *The coalition hired staff members to recruit and maintain partnerships.*
- Because health and environmental policies are regulated by different levels of government, the interest of agencies did not always align when seeking policy changes. *Coalition members learned about the methods and language used by different sectors and undertook collaborative activities where partners could work on less contentious areas first.* Once personal relationships were built, it was easier for the sector members to address their areas of conflict when tackling more challenging policy changes.

ANALYSIS

§ Managing size and diversity was a significant challenge for this organization. They sought an expansive set of partners to overcome barriers to making policy change, often recruiting organizations at the grassroots level though hosting large events. Recognizing that this strategy was overwhelming a small staff, they proposed limiting partner recruitment to the executive level and established guidelines to use in maintaining partnerships. ¤ Respected community leaders were used to attract new partners when needed. ∞ They also recognized the need to focus attention on a shared and central effort, using an annual strategic planning retreat to establish goals and review progress. Δ The coalition routinely incorporated evaluation into project activities to see the impact of its efforts.

"It is easy enough to get a group of health care individuals together because they understand why they should care about [health topic]....It's a very different scenario to talk with business owners and city planners about why they should care about [health topic]."

"There are a lot of people doing a lot of things about this problem in this region. I think one thing that's been a plus for the initiative is to be able to tap into all the stuff that is going on. But the negative is then, if you're not careful with that, people see this as an opportunity to take advantage of all the work they are doing and now putting it under the rubric of the initiative. That's the yin and yang of this partnership."

"…all of that organic bubbling up of excitement and work is fantastic but right now we are in need of that one big thing that we can all put our efforts into."

CASE 2: URBAN COALITION ADDRESSING CHILD HEALTH ISSUE

MISSION AND OBJECTIVE

The coalition advocates for prevention around a particular health topic through funding research, education, programs, and community organizing. A diverse set of activities include clinical care, community development, legislation, and cultural affairs. It also seeks to aggregate data that can be used by all partner organizations.

OPERATIONS

With a grassroots focus, the coalition mobilizes more than 2,000 participants from nearly 1,000 organizations from seven sectors. Each sector's workgroup has a program budget and a full-time community organizer tasked with facilitating collaborations. Two members of each workgroup participate in an executive committee to set priorities.

KEY BARRIERS AND *STRATEGIES USED*

- The health issue addressed by this coalition results from complex interactions involving all levels of the socio-ecologic model. Solutions may require years to develop, implement, and show an effect. *They recruit partners from sectors that address all levels involved. Process evaluations enable them to see success in intermediate outcomes.*

- Corporate interests are, at times, at odds with the coalition's objectives. *A corporate advisory committee was established to align corporate practices and products with coalition goals. Their financial contributions are segregated from other funding; funds are used for marketing tests of solutions and public education activities.*

ANALYSIS

¤ The coalition draws most of its staff members from the communities in which they will work as organizers. ∞ Recognizing that each partner has its own priorities, the coalition seeks to focus on objectives that serve both sides of partnerships. Θ By segregating corporate funding from program operations, they are able to push for alignment of corporate interests with the coalition's health objectives. Δ As a mature organization, resources are adjusted to address emerging priorities by using paid community organizers who can focus on programs when needed, but maintain other responsibilities as well.

"The key has been investing tremendous resources into community organizing staff and providing multiple potential methods of communication. Not everybody is an email person so you've got to have people who can work the phones. Some people read their email newsletter and others need hardcopies mailed out to them."

"What we've discovered and rediscovered is you can't expect your partner organizations to do anything but act in their own self interests. So a church organizing a farmer's market is going to still go ahead and do that farmer's market if that's what their congregants want them to do regardless of whether it flies in the face of what the other partner organizations want to see done. The goal is to make sure there is something that ties them together again, either the prevention message and evaluation plan, or an ongoing set of communications activities."

CASE 3: HEALTH CARE EMERGENCY PREPAREDNESS COALITION

MISSION AND OBJECTIVE

This coalition was formed to coordinate regional medical responses to national and local disasters and emergencies. They are establishing the infrastructure required for a response and, during an emergency, would coordinate response operations and communications.

OPERATIONS

A network of health care organizations and providers have committed to participating in a coordinated emergency response for a large metropolitan area. Members agree to share relevant information, participate in training and drills, and maintain updated plans. An executive body was formed to coordinate preparedness planning activities plus actual response during an emergency.

KEY BARRIERS AND *STRATEGIES USED*

- As a direct service provider, it was essential to ensure tight operational control in a disaster, but involvement of an extensive network of organizations was required to serve a large population with diverse needs. *Criteria were developed to limit membership to stakeholder organizations focused on health care, but other opportunities were made available to engage non-member organizations.*
- Coalition members compete in the marketplace but are required to share information and cooperation for emergency preparedness planning and training. *Staff anticipate areas of conflict and ensure that coalition work time is productive for partners.*

ANALYSIS

§ Development of two categories of participation allowed the coalition to maintain focus on health care with its core members, while encouraging a broader group of organizations to connect through a partnership designation. The coalition regularly develops new services to keep partners and members engaged and focused on the initiative's objectives. ¤ Member organizations are allowed to vote while partners may attend meetings and serve on committees, but not vote. Government agencies are non-voting partners. ∞ Staff members vet requests to make sure they are within the effort's scope and mission before committing to new endeavors. Θ The coalition used evaluation tools to demonstrate that preparing for and providing service during emergencies was more efficient and effective when done through the coalition than in isolation. @ With a growing and changing membership, the coalition developed a standardized orientation program for new members and partners. To assure sustainability, the

organization is exploring charging organizations to participate in the coalition.

"We've got over 1,100 long-term care facilities in our community, and that's a huge number for us to try and interface with. So for now we've prioritized trying to work with the nursing homes, as an example, because they have the kind of more severe level of patients. So we tend to prioritize based on impact on the community because they are such large numbers."

"At the end of the day, nothing can replace sitting across the table from your peers."

CASE 4: FEDERALLY QUALIFIED BIRTH CENTER

MISSION AND OBJECTIVE

Provide prenatal, birth, postnatal, gynecological, and primary health care to low-income women and their families. Through partnerships, provide affordable care to improve health outcomes for women and their families.

OPERATIONS

An umbrella organization brings together several organizations to provide prenatal care, a birth center, a program to improve outcomes for babies, an early childhood development center, and well-women gynecologic care for all ages. The umbrella organization owns and manages the physical space, oversees collaboration among the three service providers, and is responsible for evaluation and advocacy. Articles of incorporation and bylaws govern a board, which includes representatives from each provider organization. Programs are funded by government and foundation grants, health insurance (mostly Medicaid), and other donations.

KEY BARRIERS AND *STRATEGIES USED*

- All of the clinical organizations currently use paper charts but recognize the need to convert to electronic health records. *The organizations are working together to select a common product from the same vendor to optimize appropriate exchange of patient information when needed.*
- The health care savings that are believed to result from the services provided by these groups accrue to other stakeholders such as Medicaid. *Therefore, the organization collects process and outcomes data where possible to demonstrate their value to potential funders.*

ANALYSIS

∞The endeavor sought to demonstrate that health disparities around birth outcomes could be reduced through provision of patient-centered care. The umbrella organization has an ambitious aim of providing continuity of services that are ordinarily highly fragmented. By focusing on a patient-centric view, the founder sought a small number of diverse partners who could provide needed services. Other prospective partners were rebuffed because their missions were considered peripheral. Θ Colocating services has facilitated communication and efficiency in addressing patient and family issues. Monthly meetings of all of the partner organization boards have been a valuable way to anticipate and resolve organizational conflicts. Thus, rather than referring patients out for needed services or treatment, the umbrella organization has brought the services together for patients. @ The member organizations are at different levels of maturity and both formal (board meetings) and informal (face-to-face) methods are used to address operational matters. As the organization matured, personnel who could perform many functions for a new, small organization were replaced with those possessing more specialized skills. Succession planning for the founding director will be essential for ensuring the organization's continuing growth and success. Δ The collaborating organizations review proposal guidelines together to make sure that they don't duplicate efforts or compete against one another for funding that could benefit all of the agencies.

"[Partner selection] is mission driven. We're trying to put health care in a social context. Prenatal care is more than checking a value, listening to a heartbeat and measuring your tummy. If you want good outcomes you've got to do a whole lot more than that….groups for parenting, fathers, and teens. We can't do this all ourselves."

CASE 5: COMMUNITY HEALTH CENTER

MISSION AND OBJECTIVE

Provide high quality and effective health care services with particular sensitivity to the needs of those economically disadvantaged. Medical, dental, vision, behavioral health, prenatal care, and health education are offered at about a dozen community locations.

OPERATIONS

The community health center (CHC) is governed by a volunteer board of directors, 51% of whom are required by funders to be patients. To ensure a holistic approach to patient care, the CHC established partnerships with faith-based organizations, schools, many sectors of government, and the justice system. Operations are federally funded, with Medicaid reimbursement for medical services provided.

KEY BARRIERS AND *STRATEGIES USED*

- The CHC lacks personnel who can evaluate the value of services delivered or partnerships. *They rely instead on university partners to collect and analyze this data.*
- The economic downturn has created additional pressures on already thin resources. *By remaining open to nontraditional partnerships, the CHC gets considerable support from volunteers (e.g., for landscaping) and access to the opportunity to purchase in bulk everything from supplies to insurance.*

ANALYSIS

§ This organization engages an ever-growing list of partners to meet the needs of both patients and of the organization itself. ¤ Formal agreements are used to govern partnerships that are especially significant or subject to regulatory requirements. @ They recognize that they are at a point where more formal management structures are needed. Δ They would like to be able to assign project managers to oversee relationships with the most important partners.

> *"It used to be that community health centers were really competitive with one another and one day we woke up and went 'duh. Why are we reinventing the wheel?' It used to be that if another organization asked for some examples of grants we write, the reaction was, 'that's top secret stuff, can't share anything.' But a new administrator said 'Sure, help out wherever you can.' And the more people you help, the more people that help you. The community health center world really changed when we started doing that."*

CASE 6: FOOD SECURITY COALITION

MISSION AND OBJECTIVE

This national organization supports the capacity of community-based efforts to improve nutrition and health, especially among low-income communities.

OPERATIONS

Partnerships are formed to facilitate changes in policy, the environment, and systems of food production, distribution, and consumption. Specifically, they facilitate technical assistance, research, and policy advocacy to local organizations working with schools, colleges, farmers, and government agencies in areas related to agriculture, health, nutrition, land use planning, etc.

KEY BARRIERS AND *STRATEGIES USED*

- Organizations have occasionally misunderstood their role, resulting in either unmet expectations or the belief that they could act under a greater degree of authority than had been established by the coalition staff. *Through exit interviews, staff members learned about communication issues and developed clearer expectations around expected deliverables.*
- In establishing partnerships, sometimes organizations have duplicative or competing programs. *In such cases, they focus the partnership on objectives that pull on unique strengths of each organization.*

ANALYSIS

§ Recognizing that growth demanded new approaches, the coalition established more formal strategies for establishing certain types of partnership. When greater funding is at stake, the coalition issues requests for proposals to ensure transparency to the process. ¤ Strategic internal discussions are held to identify partners in certain areas such as those focused on policy or advocacy, or that perform technical assistance. @ Exit interviews have helped the coalition improve processes for dealing with partners.

> *"[In selecting partners,] we pull together partners who have different strengths and they sort of all add to the end goal."*

CASE 7: HEALTHY FOOD ACCESS COALITION

MISSION AND OBJECTIVE

This organization uses collaborations to improve access to healthy food in a local area.

OPERATIONS

Through partnerships with schools, local government agencies, community organizations, and the business community, the coalition seeks to meet local needs for improved access to healthy food. A board of directors is elected by the

approximately 300 member organizations. Individuals from member organizations serve on committees that are managed by a paid staff.

KEY BARRIERS AND *STRATEGIES USED*

- Conflicts arise between coalition member organizations with similar missions, creating role confusion and requiring tough decisions by program leaders and moderators. *The coalition assigns specific staff members as key points of contact for partner organizations, finding that personal relationships have led to improved communication with partners.*
- The coalition does not routinely evaluate its efforts or assess the value of partnerships. *Staff members are quick to acknowledge the work of partners in oral and written presentations as a way of affirming their contributions.*

ANALYSIS

§ Coalition staff members credit the informal nature of partnerships and the ability of each team or department to develop its own processes as factors in its overall success. ¤ They recognize the need to use different communication strategies with different types of partners. For example, more formal methods are used with schools than with corner store managers. ∞ While partners are often selected on an ad hoc basis, formal requests for proposals are issued when partnerships involve exchange of significant resources.

> *"[Partnering] is really built into our DNA. We don't do a lot of work without collaboration. I can point to almost no projects where we just did something. We are constantly pulling in organizations either in a consulting format or a more generic partnership, or just asking their advice on a report we are putting out and making sure they are bought into it. Because we see that as the most effective way of doing things."*

SUMMARY AND CONCLUSIONS

Interviews were conducted with staff members from seven organizations whose scopes were either national or local, and whose missions ranged from very narrow to very broad. Organizations serving health professionals have the most narrow scope; one operates at a local level and the other serves as a national membership association for individuals with a common employer. Accordingly, membership in both organizations is tightly restricted. While there is more leeway in partnerships than memberships, considerable attention is paid to avoid conflict of interest when commercial organizations are involved.

Two organizations provide clinical services in defined geographic areas. Formal partnerships tend to be used with a small number of agencies whose services are central to the mission or frequently used with clients. Colocation of services was noted as useful in ensuring frequent communication with core partners. A more expansive set of informal partners help address non-clinical factors that have direct impact on health, such as access to Medicaid.

Finally, four coalitions were assessed, all of which have expansive partnerships. Two coalitions address a specific health topic in their geographic area, using working groups to engage informal partners. Two other coalitions focus on improving access to healthy food, working with formal and informal partners both locally and nationally.

Organizations with a more clinical scope focus partnerships on traditional partners whose work is directly related to health. As scope expands to address health determinants, nontraditional partners are involved. Examples include transitional housing for people leaving prison with chronic health problems and an urban planning department whose zoning regulations affect opportunities for safe recreation. The wider the network of partners, the more difficult it is to maintain focus on the problem of interest to the interviewed organization because partner organizations each have their own foci or priorities. As such partnerships are often informal, organizations rely on workgroups and work plans to define tasks, assign responsibility, and note progress. Evaluation was sometimes used to help maintain focus, assess progress, and determine resource allocation. In short, organizations sought an optimal balance of structure and flexibility to assure effective and satisfying use of partnerships in achieving their missions.

Due to resource availability, the study had some limitations. For example, most selected organizations had existing relationships with our organization, raising the possibility that informants were less than fully forthcoming. Assurances of anonymity seemed to assuage concerns when noted during interviews. Also, our team spoke with only one or two individuals for each case study, and the position held by informants varied considerably. The deliberate decision to speak with people at different levels of, or with different relationships to, each organization was both a strength and limitation. On the plus side, this approach afforded insights that came from numerous perspectives—seasoned employees and new hires, administrative assistants and senior executives. On the other hand, we know that our perspective on any one organization was affected by the position of the key informant in the organization.

Our case studies encountered numerous examples of strategies used with, or characteristics of successful partnership as identified by Shortell et al. (2002). We hope that examples presented in this concept paper, summarized in the table below, help those seeking to start, improve, or study partnerships with or between community organizations to apply theoretical frameworks and paradigms in a very practical way.

Successful Partnership Characteristics[10]	Examples
§ Manage size and diversity	• Establish formal relationships or criteria for partnership • Establish multiple categories of connection, such as membership versus partnership • Issue formal requests for proposals when significant resources are at stake • Limit partner recruitment to the executive rather than grassroots level • Use work groups, set goals
¤ Use multiple components of leadership	• Use respected community leaders to reach out to needed partners • Recruit staff members from target population • Restrict voting to designated partners or members • Use varied methods of communication with different staff members, members, and partners
∞ Maintain focus	• Choose a small number of central goals • Restrict partners to those serving identified clinical needs • Identify a designated point person for each partner organization • Establish workgroups around specific needs • Assign paid staff members to support work groups and vet requests for partnerships or activities
ϴ Manage and channel conflict	• Colocate partner organizations to enhance communication and improve experience for clients/patients • Undertake joint activities to learn common vocabulary and establish personal relationships • Segregate corporate funding from program operations • Use formal agreements when regulatory or commercial interests are involved • Use evaluation data to have an empiric and persuasive basis for decisionmaking
@ Recognize life cycles, succession planning	• Develop standard orientation for new members and partners • Consider establishing a fee for member participation • Anticipate and plan for the departure of key personnel • Conduct exit interviews when personnel or partners depart
Δ "Patch" or reposition assets	• Use member surveys and program evaluation to determine effectiveness of resource use and determine priorities • Work closely with partners to assess funding opportunities to minimize competition and enhance likelihood of getting funded • Hire staff members who can perform multiple functions as the workload changes

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