



The American Hospital Association's

**CENTER FOR
HEALTHCARE
GOVERNANCE™**

Learnings on Governance from Partnerships that Improve Community Health

Lessons Learned from
Foster G. McGaw Prize Recipients

Advances in Health Care Governance Series

**Community
Partnership
Profiles**

Summaries of Study Organization Community Collaborations

Allegiance Health

Allegiance Health is a community-owned, locally governed health system in Jackson, Michigan. Comprised of more than 40 different facilities, the 480-bed health system has served south central Michigan since 1918. Allegiance Health’s mission is to “lead [its] community to better health and well-being at every stage of life.” Its vision is to “create Michigan’s healthiest community through exceptional health care and inspiring a passion for wellness.”

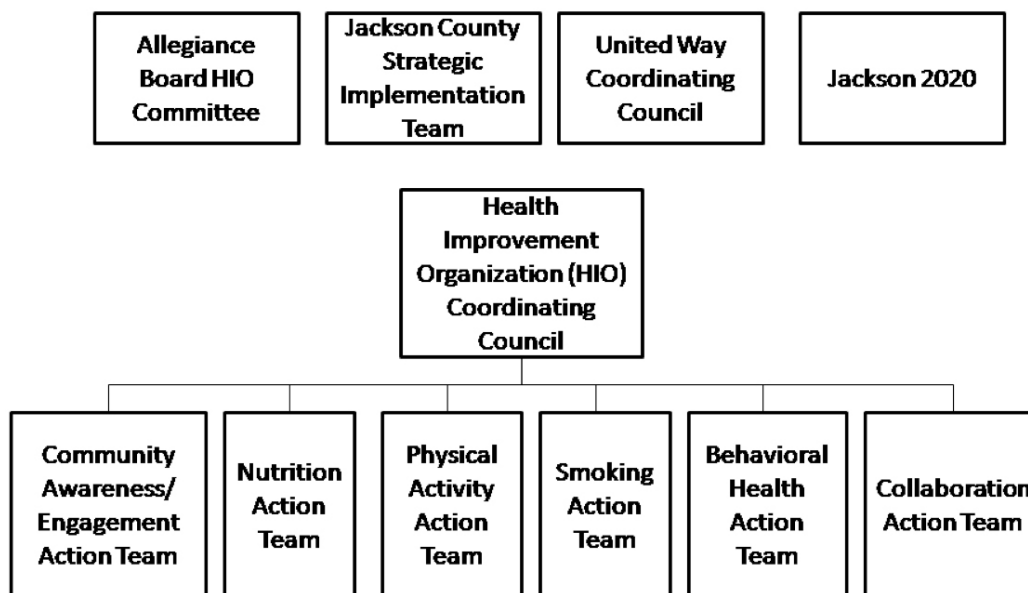
Governance Model

Community-Based Governance with Allegiance Health “Backbone” Support

Model Highlights

- Allegiance Health, Jackson County, the United Way, and many other partners work collaboratively through the interlocking priorities of education, financial stability and health to address community needs.
- A Health Improvement Organization (HIO) Committee of the Allegiance Health Board of Trustees is comprised of voting members (community representatives and board members) and non-voting members (Board Chair, CEO, Chief of Staff, and Director of Prevention and Community Health).

- The committee serves to provide high-level oversight of Allegiance Health’s investment in community health improvement through support of community collaboratives and integration of wellness and prevention into clinical systems.
- An HIO Coordinating Council (HIO CC) comprised of more than 30 community stakeholders serves as the community’s health planning committee and provides reports to the Allegiance Health Board HIO Committee, the Jackson County Strategic Implementation Team and the United Way Coordinating Council.
- The HIO CC oversees the HIO’s development of “a culture of continuous health improvement in our community.”
- HIO CC principles are to put community first, build community capacity to promote health, use an integrated approach to health, and to be data-driven.
- The HIO CC takes the leadership role for health related community initiatives.
- The HIO CC reviews data, sets community health improvement priorities, and engages and organizes partners in support of common community health goals, determining various roles and responsibilities.



- Through the HIO CC, the work of partnering agencies is focused, aligned and coordinated to avoid duplication of efforts and wasted resources.
- Health Action Teams (HATs) complete the work required to achieve measurable outcomes for strategies identified by the HIO CC.
- HAT members are individuals with an interest in the team's work. HIO CC participating membership is not required.
- HAT strategy champions are identified for each strategy in the HIO's Community Action Plan.

Reporting

- A balanced scorecard for Customer Driven Excellence, Personal and Community Health, Financial Vitality and Learning and Innovation serves as an organizational dashboard for Allegiance Health; updates are provided regularly to the AH Board of Trustees. The Board HIO Committee has responsibility for oversight of Personal and Community Health scorecard metrics.
- The HIO CC provides periodic reports to the Allegiance Health Board HIO Committee, the Jackson County Strategic Implementation Team, and the United Way Coordinating Council.

Staffing

- Allegiance Health provides the operating staff to run the HIO, including an epidemiologist. Two leaders hold dual appointments by both Allegiance Health and Jackson County.

Resources/Funding

- Through targeted alignment of community benefit funds, Allegiance Health provides backbone staffing and funding for additional Health Improvement Organization functions and strategies.
- Jackson County government has continued to increase budget allocation to HIO activities through the health department, including financial support for Community Health Assessments and health education staffing to support execution of Community Action Plan strategies.

- United Way of Jackson (UW) and Jackson Community Foundation have aligned health-related philanthropic funding with the HIO Community Action Plan.
- Each partner allocates resources to strategy implementation in their area of expertise
- HIO members also partner on grant applications with support from the backbone organization to bring additional state, federal, and foundation funds into the community to support HIO strategies.

Advice to Others

- Come to a shared understanding about the health system's role as an integrator supporting a community-wide effort and building a sense of community-ownership.
- Giving up control of the agenda drives better input, participation and commitment from others, contributing to stronger partnership.
- Recognize that one organization alone cannot do the work.
- CEO and board interest, vision and leadership are key components.
- Essential characteristics of community collaborative leadership include passion, humility, consensus building, and change agency.
- Depth and breadth of organizational partner leadership are critical. Success can't be dependent on one person's vision or leadership. If that one person leaves, efforts will fall apart.
- Continuous focus on effective mechanisms for diverse community and partner engagement is vital.
- Be willing to invest in engaging outside expertise as needed.
- Dedicated staff is required to ensure sustainability of collaborative efforts.
- Be flexible and adaptable to learn and embrace emergence of new issues and opportunities.

COMMUNITY PARTNERS

Allegiance Health

- AARP of Michigan
- Allegiance Health
- AstraZeneca Healthcare Foundation
- AWARE, Inc.
- Community Action Agency
- CareLink of Jackson
- Catholic Charities of Jackson
- Center for Family Health
- Community Members
- Dahlem Conservancy
- Family Service & Children's Aid
- Fitness Council of Jackson
- Great Lakes Industry, Inc.
- Green Market at Allegiance Health
- Jackson Chamber of Commerce
- Jackson City Parks and Recreation
- Jackson College
- Jackson Community Foundation
- Jackson County Administration Jackson County Youth Center
- Jackson County Health Department
- Jackson County Intermediate School District
- Jackson County Substance Abuse Prevention Coalition
- Jackson District Library
- Jackson Health Network
- Jackson Tobacco Reduction Coalition
- Jackson YMCA
- Jackson 2020
- Juvenile Justice Coalition
- LifeWays
- Marriage Matters Jackson
- Michigan State University Extension
- Meridian Health Plan
- Michigan Purchasers Health Alliance
- Partnership Park Downtown Neighborhood Association
- United Way of Jackson County
- YMCA Storer Camps

Crozer-Keystone Health System

Crozer-Keystone Health System is based in Springfield, Pennsylvania. Comprised of five hospitals, a comprehensive physician network and other facilities, the health system serves the five-county Delaware Valley region, including the city of Philadelphia. Crozer-Keystone Health System's mission is a commitment *"to the improved health status of those we serve. Through a seamless, user-friendly continuum of quality health services including primary and health promotion, acute and long-term care, through rehabilitation and restorative care, Crozer-Keystone will deploy its resources in a cost-effective and community-responsive manner."*

Working in partnership with our physicians and other health professionals, we will seek to forge new alliances with other community health and social service organizations.

Working with our community, our goal is to build a healthy place to live and work, and a sound environment in which to build and maintain our families."

The health system's vision is *"To be a system that:*

- *Commits to its academic mission to educate both current and future clinicians and caregivers.*
 - *Explores and implements new technologies for delivering care, and embraces legitimate complementary forms of care in response to changing consumer demand.*
 - *Fosters leaders who take up the challenges of advocacy and innovation on the local and national levels.*
 - *Constantly strives to build partnerships within our community to meet the emotional, physical and spiritual needs of those we serve.*
 - *Creates an environment where each board member, employee, physician, and volunteer uses his or her creativity, learning and skills to promote the health and wellbeing of our patients, their families and communities, and each other.*
- *Accepts responsibility for being the steward of community health resources and conducts its affairs in a manner that preserves and enhances the availability of appropriate services for future generations."*

Governance Model

Broad Engagement with Community Boards

Model Highlights

- Absent a public health department, Crozer-Keystone Health System (CKHS) fills the void by engaging in a variety of community partnerships in accordance with its mission, *"we will seek to forge new alliances with other community health and social service organizations."*
- CKHS carries out partnerships under the direction of its governing board, quality of care committee and in collaboration with the Delaware County Health Advisory Board (DCHAB) and Delaware Valley Healthcare Council (DVHC), among others.
 - The CKHS quality of care committee meets monthly and reviews quality measures, including those with direct connection to the health of the community. CKHS' Community Health Education Department staff provides community health needs assessment reports, data analyses, and recommendations for program priorities and implementations.
 - DCHAB was established to oversee efforts a county health department would typically conduct, e.g. emergency drills, stockpiling supplies, disease outbreaks, etc. It facilitates the development of community partnerships to address identified health issues such as teen pregnancy; tobacco use; suicide prevention; health literacy; access to insurance/care for children; perinatal period of risk, and child death review.
 - DVHC has been the convener to facilitate a collaborative approach to the community health needs assessment (CHNA) process for the region.

- Philadelphia Health Management Corporation (PHMC) provides data collection and compilation for hospitals and health systems. PHMC works collaboratively with CKHS Community Health Education staff to develop its CHNA.
- The CHNA is used to provide direction and focus for collaborations with partners and leaders to address local health concerns. Many stakeholders rely on the information obtained from the CHNA for their own strategic purposes, such as a tool for evaluation and planning in their local organization and throughout the county, i.e. local legislators, local governmental agencies, non-profit organizations, etc.
- The Delaware County Department of Intercommunity Health Coordination serves as a resource and referral center on public health issues, and coordinates the DCHAB.
- CKHS’ board and administrative leaders serve on multiple community boards. First-hand participation and engagement strengthens partnership networks and offers better understanding of community needs and community assets. This enables implementation of best practice strategies to meet identified needs and facilitates support of community initiatives at the highest level of the organization. CKHS’ Community Health Education Department members also sit on multiple community boards as partners and in leadership roles.
- CKHS Community Health Education Department leadership sits at the CKHS executive level, which strengthens consistent board awareness of community needs, CKHS’ partnerships, and advancement/achievement of community health improvement goals.

Reporting

- Reports are made to the board quality of care committee by CKHS’ vice president of community health and the Community Health Education Department, which in turn reports back to the health system board.
- The board reviews collaborative agreements, and joint meetings are held with collaborators. Program leads, including collaborators’ leads, present directly to the board. This ensures visibility of partnerships with the board, brings the expertise and knowledge of those in program leadership to

the board, and ensures board member questions are answered by those most knowledgeable.

- The DCHAB provides a quarterly report, distributed by the Department of Intercommunity Health and the Delaware County Medical Society.

Staffing

- Community Health Education Department leadership sit at the executive level, which helps to maintain consistent board awareness of community needs and CKHS’ partnerships, and progress toward goals.
- The Delaware County Health Advisory Board is staffed by three individuals from the Department of Intercommunity Health Coordination and is funded by the county. Advisory board participants contribute their time; and organizations may loan staff to coordinate, oversee and lead initiatives. In-kind services are shared and all contribute resources and staff expertise.
- CKHS hires from the community to carry out projects undertaken with grant funding. This provides individuals with training and experience, which can be taken back into the community when a grant terminates.

Resources/Funding

- Financial challenges make it difficult for CKHS to maintain its position in the community. Government and insurance payments are tightening, and grants are more competitive. Application and receipt of many grants helps CKHS fund specific community health programs.
 - Although money may be tight for CKHS, keeping people healthy is its mission. Fulfilling the mission may drive down revenue, but CKHS believes it’s the right thing to do. If programs are cut, it’s very difficult to go back to the community later, because trust with the community will have been broken.
 - Community health requires commitment to doing the right thing, and program commitments must be long-term. CKHS’ philosophy is to do more with less. Providing services not available elsewhere for those unserved and underserved is a priority for CKHS and its partners.

Advice to Others

- There is too much need to address alone; work collaboratively.
- Partnerships are flexible and change with the issues being addressed. Assume leadership in some partnerships, but also let others assume leadership.
- Essential elements of community partnership:
1) Networking, trust, relationships, and focus on the mission; 2) The strength of the partners' commitment to the mission makes a difference; and 3) Leadership of all groups must trust one another.
- Who an organization sends to participate in a coalition is an indication of their prioritization or value stake in the coalition and its work.
- Individuals must understand their role as a coalition member vs. self-interests when representing the coalition to the public.
- Ensure readiness and sustainability of a coalition before advancing; don't move too fast.
- Community partnerships require dedicated staff. Success is difficult to achieve if individuals must balance competing priorities.
- Success requires the ability to ask how the hospital/health system can best use its resources to address community health.

COMMUNITY PARTNERS

Crozer-Keystone Health System

- Academia – Widener University, Swarthmore University, Neumann University, West Chester University, Temple University, PA State and Cooperative Extension, Delaware County Community College, etc.
- ChesPenn Health Services (FQHC)
- Chester and Vicinity Ministerial Group & Delaware County Parish Nurses
- Chester City Health Department and Healthy Chester Coalition
- Chester Communities that Care
- Chester Environmental Partnership
- Community Action Agency of Delaware County
- Cenutro de Apoyo Comunitario-Hispanic Ministry of Delco
- CHIP/Medicaid and Medicare MA Providers
- Delaware County Intermediate Unity & Delaware County Library System
- Delaware County Medical Society and Delaware County Coroner's Office
- Delaware County Office of Intercommunity Health Coordination
- Delaware County Office of Behavioral Health, Planning and Services for the Aging (AAA)
- Delaware County Schools and School Nurses-public, charter, private
- Delaware County Suicide Prevention Task Force
- Delaware County Teen Pregnancy Coalition/Nurse Family Partnership/Cribs for Kids
- Delaware County Tobacco Free Coalition
- Delaware County Healthcare Council
- Fox Chase Cancer Centers & Susan B. Komen Foundation
- Healthcare providers such as Main Line Health system, Fitzgerald Mercy Hospital
- Health Promotion Council
- Holcomb Behavioral Health Systems & Child Guidance Resource Center
- Immigrant and Refugee Resettlement Task Force of Upper Darby School District
- Multicultural Community and Family Services
- PA State Health Center
- Pathways PA and Family Support Line
- Philadelphia Union
- Safe Kids Coalition & Public Citizens for Children and Youth
- The Food Trust
- United Way
- Upper Darby Weed and Seed and Upper Darby Welcome Center

Henry Ford Health System

Henry Ford Health System is a not-for-profit health system in Detroit, Michigan. Comprised of multiple hospitals, medical centers, a large group practice and health plan, the health system has served a tri-county area of Southeast Michigan, including Detroit, since 1915. Henry Ford Health System's mission is *"to improve people's lives through excellence in the science and art of health care and healing."* Its vision is to *"transform lives and communities through health and wellness—one person at a time."*

Governance Model

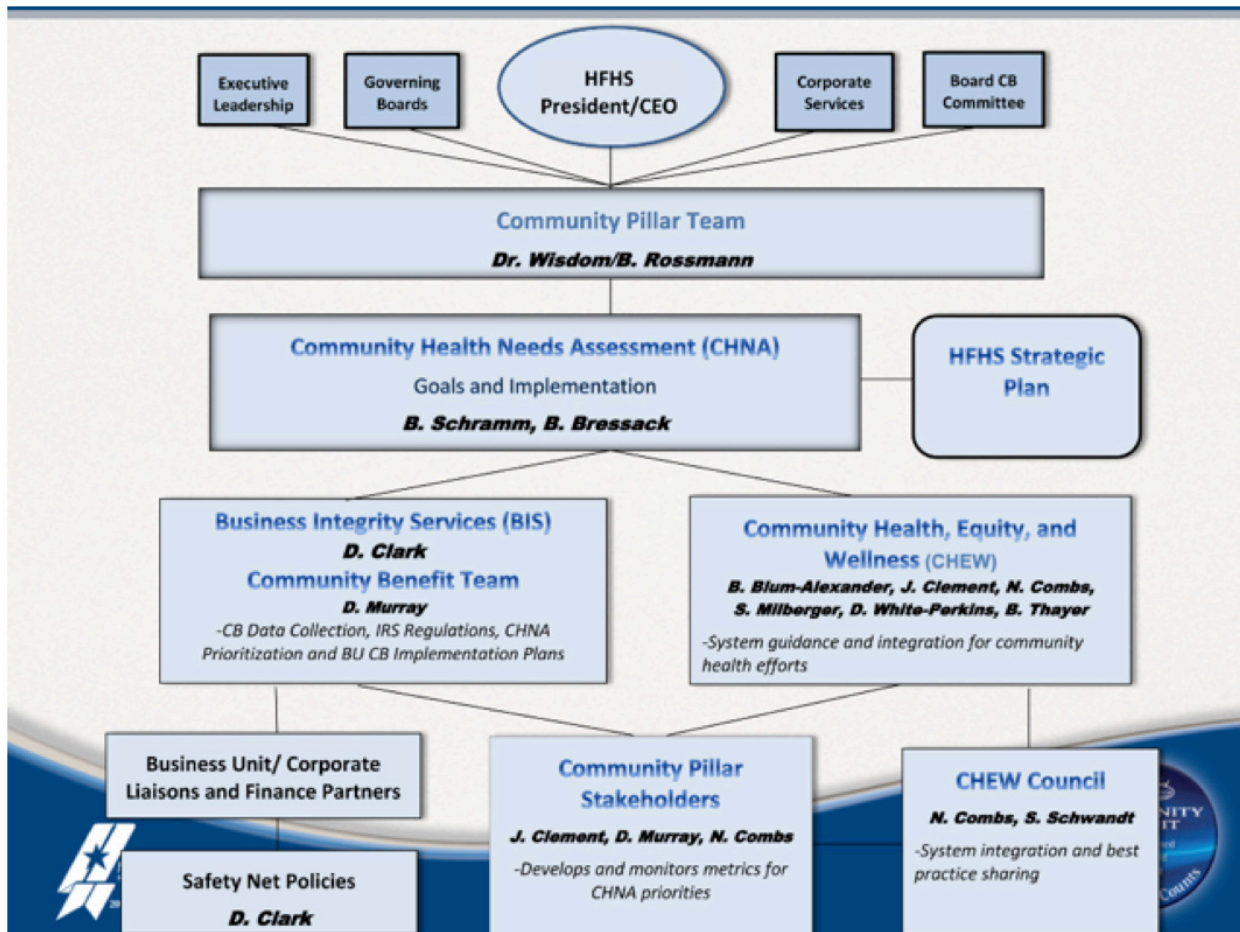
Grassroots Entrepreneurialism Guided by Strategic Pillar

Model Highlights

- Overall guidance and direction for Henry Ford Health System's community health improvement initiatives is carried out by the system board, a Community Pillar Team, a Community Benefit Team, and a Community Health, Equity, and Wellness (CHEW) Council that focuses on system guidance and integration of community health efforts into the system's strategic plans.
- Governance "on the ground" is carried out at a task force level. Task forces operate through a "collective impact model" and an "entrepreneurial governance" culture. Each has a well-defined purpose/mission that is approved and embraced by task force partners. No single partner has power over or controls the task force.
 - The primary emphasis at this level is on being nimble, flexible and innovative, defining needs and matching resources both inside and outside the organization to meet them, and determining multiple ways of financing mission and objectives of the partners and those they serve.
 - The task forces capitalize on developing "organic relationships" that already exist in the market, where partners know one another and share a common perspective on needs and opportunities. The work of each task force and the way decisions are made about resource allocation is different from task force to task force. The health needs being addressed and the range of partners involved in the details of

implementation symbolize the "entrepreneurial governance" ethic embraced by HFHS, its board, the boards of its affiliates and the task forces themselves.

- While the task forces are not directly involved in pure governance oversight and decisions, they have a significant voice in setting community health improvement strategies and initiatives, and focus on the root causes of poor health, including socioeconomic and the social determinants of health. Direction and decision-making is highly collaborative, and HFHS strives not to be perceived as an organizer or controller of the work of the task forces.
- The Community Pillar Team's role is to work "up, down, sideways and diagonally, concurrently." It is responsible for carrying out the Community Health Needs Assessment (CHNA). It meets quarterly to discuss strategies and strategic outcomes. It has a performance dashboard, and is responsible for creating an implementation plan resulting from the Community Health Needs Assessment, which is incorporated as part of the system's strategic plan. It is responsible to Henry Ford's governing boards, executive leadership, the president/CEO, and a community benefit committee of the system board.
- A System Community Benefit Team is responsible for community benefit data collection, ensuring compliance with IRS regulations, prioritization of activities emerging from the Community Health Needs Assessment and development of business unit community benefit implementation plans. In addition, each Henry Ford Health System business unit has (or will have) a community benefit committee that meets quarterly to ensure that community health improvement initiatives are built into the organizations' operations plan. The overarching goal is to ensure that everyone in the organization understands what community benefit means, and their individual role and accountability in helping to ensure success. These committees report to the operating boards, which report to the system board.



Reporting

- The Task Forces have historically utilized progress measurements as the primary way of determining whether they are achieving their mission and objectives. The system is now in the process of converting its emphasis to focus instead on outcomes. A reliance on challenging outcomes as the primary measure of success will enable each of the task forces to define progress and performance gaps, and determine new initiatives, financial resources, and/or new partners required to close the gaps.
- Results of the health improvement initiatives undertaken by HFHS and its many partners are highlighted in the system's annual community benefit report.
- Learning that takes place from task force work is shared when appropriate with other task forces,

enabling them to consider and potentially utilize the practices and ideas of task forces working on different initiatives.

Staffing

- Co-chairs of the Community Pillar Team are senior-level executives responsible for overseeing HFHS's community service and community health improvement initiatives. The pillar team is responsible to the system's governing board, executive leadership, the president/CEO, and the Community Benefit Committee of one of the system's hospitals.
- Staff support and other resources for HFHS's community health improvement and community benefit initiatives are provided in a broad range of ways by its task force participants, based upon their role and resources.

Resources/Funding

- Funding for the various task forces is derived from a variety of sources, primarily including HFHS, the participating organizations themselves, in-kind contributions and grants.
- HFHS is conducting a thorough inventory of all of its community health improvement and community benefit activities in order to understand where it is spending the majority of its efforts and resources. The system is also conducting its next Community

Health Needs Assessment (CHNA), which will include a “gap analysis” of its partnerships in order to determine where additional partners are needed to magnify the impact of its efforts.

- When new needs are discovered, the system and its partners are typically able to find funds to help address those needs. The operating principle is that if the need is critical, the resources will be identified.

COMMUNITY PARTNERS

Henry Ford Health System

- State and local offices of organizations such as the National Kidney Foundation of Michigan and the March of Dimes
- Multiple foundations
- Wayne State University, University of Michigan, the Detroit Community-Academic Urban Research Center, Ecumenical Theological Seminary and other academic institutions
- School districts
- State and local health departments
- Detroit's three other competing health systems
- Matrix Human Services and other social service agencies
- Community centers, Skillman Good Neighborhood alliances, other neighborhood organizations and community development groups
- Michigan Nutrition Network at Michigan Fitness Foundation, The Greening of Detroit and other urban farming, food assistance and fair food initiatives
- Nurse-Family Partnership, Black Mothers' Breast Feeding Association and other maternal/child health organizations
- Ruth Ellis Center
- Detroit Area Agency on Aging, PACE Southeast Michigan and other senior services organizations, health policy, advocacy and service organizations such as the Institute for Population Health, Authority Health, and the Greater Detroit Area Health Council
- United Way 2-1-1
- REACH Detroit
- 100 Black Men of Greater Detroit
- City Year Detroit
- The Center for Understanding Environmental Risk at Wayne State and other environmental organizations
- Michigan Rehabilitation Services
- New Detroit, Michigan Roundtable for Diversity and Inclusion and other equity, diversity and cultural competency organizations
- Free clinics and federally qualified health centers
- Education and literacy services
- Numerous multicultural and ethnic organizations
- Great Start Collaborative and other collective impact stakeholder groups
- Interfaith and denominational alliances such as the Interfaith Leadership Council of Metropolitan Detroit, and more than 100 faith-based organizations including churches, synagogues, mosques and more

Memorial Hospital of South Bend/Beacon Health System

Beacon Health is a community-owned, not-for-profit health system based in South Bend, Indiana. The hospital, now with 526 beds, has served St. Joseph County, Indiana since 1893. Beacon Health System's mission is *"to enhance the physical, mental and emotional well-being of the communities we serve."* The health system's vision is *"to achieve:*

- *Innovative health care and well-being services of the highest quality at the greatest value*
- *Easy access and convenience*
- *Outstanding patient experiences*
- *Ongoing education involving physicians, patients and the community"*

Governance Model

Strategic Seeding of Innovative Community Interventions

Model Highlights

- Beacon Health System funds its community health program on the philosophy of collective impact and application of a variety of strategies to address complex community issues. Its program strategy is to engage community groups to develop ideas and strategies to bridge the traditional "sick care" model of service delivery with innovative interventions and outreach to move to a "health and well-being" model of care.
- Beacon Health System tithes 10 percent of previous year's excess operating revenue to be invested as "seed money" in community health initiatives. Initiatives must a) evidence organizational alignment with the health system's mission, vision and values; b) address one of the health priorities identified in the community health needs assessment; and c) align with Beacon Health System's intent statement focusing on "the triple aim" (*Pursuing the Triple Aim* by Maureen Bisognano, and Charles Kennedy (ISBN-13: 978-1118205723, Jossey-Bass; May 2012).
- The system supports activities to train Beacon associates to get at the very foundation of care experiences, in addition to improving the health of populations in the community, and reducing the per capita cost of care.
- Partnerships are guided by a Tithing and Community Benefit Investment Policy, which requires actionable, measurable activities that generate an impact upon the community.
- Programs must demonstrate an ability to provide treatment, promote health as a response to identified community needs, and meet one of the following community benefit objectives:
 - Improve access to health care services;
 - Enhance the health of the community;
 - Advance medical or health care knowledge; and
 - Reduce the burden on government or other community efforts.
- Programs must serve the indigent, at-risk, minority, medically underserved and most vulnerable populations. Beacon Health System also believes innovative approaches are important to cultural and community change.
- Beacon Health System's board has governing authority over the hospital's community health and community benefit programs. Each Beacon Health hospital, including Memorial Hospital of South Bend, has a Community Benefit Council or Community Health/Engagement Council. The council's role is advisory; it is responsible to bring forward opportunities in the community, evaluate and make recommendations regarding applications for funding and review the progress of funded programs or projects. The council is comprised of board members, hospital associates and non-medical representatives from the community.
- Applicants for tithing fund support propose the framework of a project and define its greatest impact. Use of a logic model* in the application identifies metrics and helps to determine how a project will be executed and will move the needle for some aspect of community health. Funding criteria evaluated by the council focus on work that is evidence-based, collaborative, actionable, measurable, aligned with the community health needs assessment (CHNA), targeting vulnerable populations, innovative, supportive of behavioral change, able to be replicated, sustainable and is linked to a budget and organizational capacity.

Reporting

- An annual report is made to the Memorial Hospital of South Bend Board regarding programs' progress, including metrics and cost information.
- Through use of the logic model, data, measures, and outcomes are identified on a project-by-project basis. The council and board review project reports for progress toward goals and results. Programs may receive additional years of funding if metrics indicate progress toward community impact or change.

Staffing

- The hospital's Community Health Enhancement Division is responsible for executing community outreach efforts. This team provides training opportunities for interested applicants and works closely with them to develop viable applications.

Resources/Funding

- Beacon's 10 percent tithe of the previous year's excess operating revenue provides the foundation for supporting neighborhood efforts. The dollar amount ranges based upon the economics of the health system and community. Community Benefit provides the resources for community

partnerships. Grants help to support staffing, curriculum, program development and evaluation.

- Beacon operates from an "abundance mentality," believing there is always a way to fund great ideas, particularly those that demonstrate creativity and innovation in problem solving.

Challenges and Advice

- Partnership missions must align and advance the hospital/health system's mission.
- Work should leverage each partnership's resources and complementary talents to create a synergy in which one plus one equals more than two.
- You can't throw money at a problem; you must develop good relationships with partners and constituencies served.
- Work with organizations that understand true partnership.
- Challenges arise when working with partners who are well-intentioned, but accustomed to working alone. Change comes when they see the value of collaboration.
- It's easy to identify a need, but change requires focus on results.
- Use of the logic model is a key to success.

* The Logic Model process is a tool that has been used for more than 20 years by program managers and evaluators to describe the effectiveness of their programs. The model describes logical linkages among program resources, activities, outputs, audiences, and short-, intermediate, and long-term outcomes related to a specific problem or situation. Once a program has been described in terms of the logic model, critical measures of performance can be identified. (McCawley, Paul F. "The Logic Model for Program Planning and Evaluation." www.cals.uidaho.edu/edcomm/pdf/CIS/CIS109.pdf. Accessed August 27, 2015).

A second, similarly excellent model was developed by Texas Health Resources. Using a hybrid, based upon the two, or one over the other, is acceptable. The Logic Chain Analysis supports the predevelopment of an activity, training, and behavioral change; this format holds our partners to accountability the we demand, and consequently will fund.

COMMUNITY PARTNERS

Memorial Hospital of South Bend/Beacon Health System

- University of Notre Dame
- St. Joseph County WIC
- 100 Black Men of Greater South Bend
- Minority Diversity Leadership
- Men's Barbershop Health
- After-school African American Literacy Councils
- "Voyages" Afro-centric summer programs for boys
- Minority Health and Diabetes
- South Bend Community School Corporation
- Other community hospital's including St. Joseph's Regional Medical Center and Indiana University Health Goshen Hospital
- Elkhart County Health Department
- St. Joseph County Health Department
- Bendix Family Physicians
- Department of Children's Services
- United Way of St. Joseph County
- Perdue University Extension Staff
- Indiana Health Center
- Ray and Joan Croc Corps Community Center
- O'Brian Fitness Center
- Charles Martin Youth Center
- YMCA/YWCA
- Michiana Information Health Network
- Schools
- St. Joseph County's Head Start Consortium
- Compton Family Ice Arena
- Unity Gardens
- Augustus F. Hawkins Literacy Center-Charles Martin Youth Center
- Center for the Homeless
- South Bend Group Violence Intervention
- Trauma Center Community Liaison
- Oaklawn Community Mental Health Center
- Juvenile Justice Center and Probate Court
- Family Justice Center
- South Bend Police Department
- Youth Services Bureau
- Boys and Girls Clubs of St. Joseph County
- Family and Children Serves
- HOPE Ministries
- La Casa de Amistad
- Bashor Children's Home
- South Bend Career Academy
- Martin's Supermarkets

Mt. Ascutney Hospital and Health Center

Thirty-five bed, not-for-profit Mt. Ascutney Hospital and Health Center has served a nine-town area in Windsor County, Vermont and Sullivan County, New Hampshire since 1933. Mt. Ascutney Hospital's mission is *"to improve the lives of those we serve."*

Governance Model

Community Governance with Intentional and Inclusive Representation

Model Highlights

- A Community Health Foundation Advisory Board, a separate 501(c)(3) "sister" organization to Mt. Ascutney Hospital and Health Center (MAHHC), reports to the MAHHC board. Comprised of community members and MAHHC's executive team, the foundation advisory board is financial agent for many community not-for-profit organizations, including management and reporting for grant funds secured to support many community health activities. It is not a fundraising board.
- The Windsor Area Community Partnership (WACP) also governs community services. WACP members must be established and demonstrated leaders representing a constituency in one of 15 key sectors of the community (youth, parents, business community, media, schools, youth-serving organizations, law enforcement agencies, religious or fraternal organizations, civic and volunteer groups, health care professionals, state and local agencies with expertise in the field of substance abuse, town government, other organizations involved in reducing substance abuse, seniors, and mental health agencies). Members seek to connect agencies, community leaders and constituencies in a coalition that promotes the health and well being of the community. WACP serves as a community hub, and provides strategic planning, improves communication and networking among government agencies, and with intentional representation, provides oversight for activities designed to address the needs of the community, promote health and reduce high-risk behaviors specific to substance abuse. Partnership work conducted by members is generally work agencies would conduct independently, but through the WACP, work is focused, aligned and coordinated to avoid duplication of efforts and wasted resources.
- To carry out WACP work, subgroups have been established, including:
 - Mt. Ascutney Prevention Partnership (MAPP), dedicated to addressing substance abuse at the policy and environmental strategies level.
 - Windsor Area Drug Task Force, a coalition dedicated to reducing substance abuse in the community.
 - PATCH Community Services Teams, a concept requiring agencies to work as a team, continuously and consistently dedicating the same worker to the PATCH (with a defined geographic community) so that teamwork can be sustained and workers become specialized and familiar with the people, community and other interagency teammates in PATCH.
 - Each PATCH custom-tailors itself to the culture and needs of its community.
 - PATCH teams may be supported by a dedicated Community PATCH Coordinator.
 - The Windsor Connection Resource Center (WCRC) provides a variety of resources to support PATCH teams.
- The Windsor Health Service Area Coordinated Care Committee (HSA) has recently been established by Vermont's Blueprint for Health and OneCare Vermont, which directs the establishment of community-oriented health system collaboratives, of which the Windsor HSA is one. The HSA's purpose is to bring leaders and community health care providers together to improve the community's health care and health care experience. It will be integrated with established programs.

Reporting

- WACP strategic goals and objectives are updated annually. Progress on goals and objectives in the priority areas identified by the Community Health Needs Assessment is reviewed at WACP's

monthly meetings. Progress on goals and objectives outside of the priority areas is reviewed annually.

- The WACP is integral to the conduct of the community health needs assessment (CHNA), providing input regarding needs to be addressed, setting targets for improvement and monitoring outcomes. The CHNA report is submitted to the foundation for review and approval, and then to the MAHHC board for review and approval.
- The WACP's formal, written goals and objectives and an annual report are submitted to the foundation board for review and approval and are reported to the MAHHC board, but not subject to approval by the board.
- Partners are responsible for disseminating WACP's work, progress and results to their organizations and to the community at large.
- Foundation reports are different for each organization (fiscal reporting). The foundation also reviews the partnership's reports on goals, objectives and progress and reviews results of CHNAs.

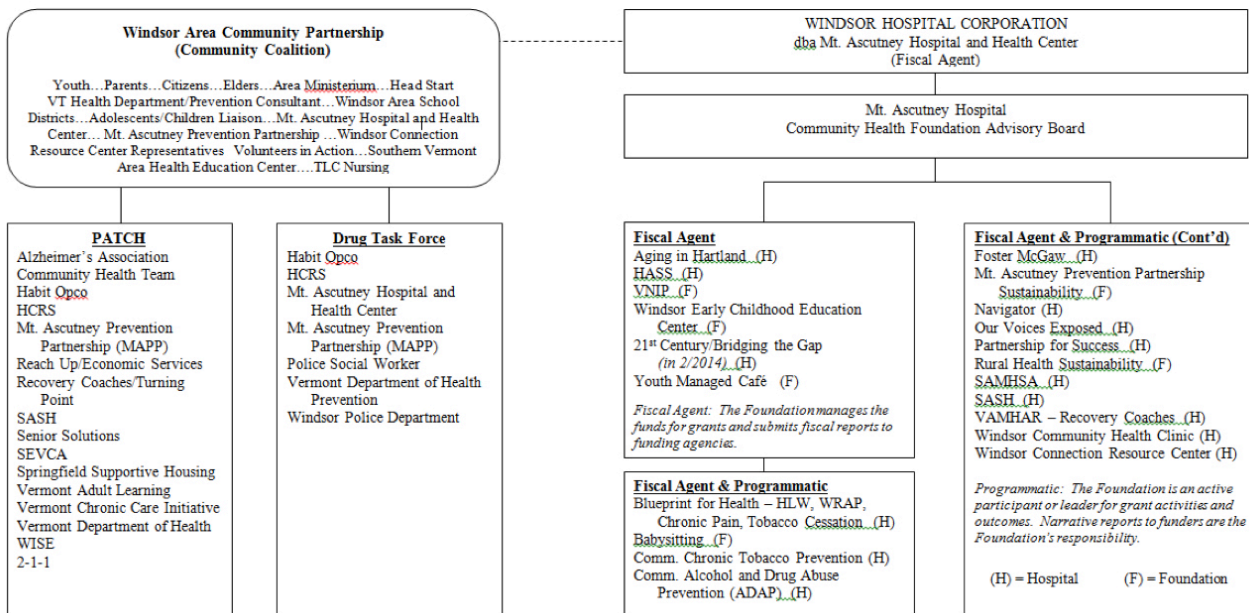
Staffing

- A MAHHC director of patient care services oversees community health services and serves on and chairs many of the boards and/or committees.
- 4.7 FTEs staff MAHHC's community services. Staffing costs are supported by various grants secured by the foundation.

Resources/Funding

- The foundation's role is to review issues, approve need-based allocations and maintain financial viability of programs.
- Significant support comes from grants, which are obtained and administered by the foundation. Some are secured by partner organizations themselves. For a fee, MAHHC staff provides grant management services, which helps to pay staff compensation.
- Members of the WACP donate in-kind services and resources.

MT. ASCUTNEY HOSPITAL AND HEALTH CENTER
COMMUNITY HEALTH ORGANIZATIONAL CHART



Advice to Others

- Sufficiency of resources is a challenge. As budgets for various partners are reduced, their participation in WACP is restricted. Staff reductions prevent WACP meeting attendance, as do office consolidations/moves.
- Partnership success lies in the right leadership, including capable financial management.
- Staff stability and support for governance contributes to partnership success.
- WACP success is dependent on cooperation and collaboration. New individuals may have different levels of expertise and interests, and may value the partnership differently than prior individuals. Rebuilding knowledge and relationships as individuals transition from key leadership positions in their own organizations is a challenge.
- The WACP has benefited from strong partnerships with state government and schools. The state has approached the foundation and WACP seeking fiscal management for some of its social service programs/organizations.
- Seek out best practices.
- Adopt a culture and commitment to collaboration and relationships as a longitudinal, strategic approach. Recognize this is not a “fad.”
- Give away credit. Only through partnership can change be made; all roles and all contributors should be celebrated.

COMMUNITY PARTNERS

Mt. Ascutney Hospital and Health Center

- Mt. Ascutney Hospital and Health Center
- Mt. Ascutney Prevention Partnership
- Windsor Community Health Clinic
- South Eastern Vermont Community Action
- Thompson Senior Center
- Windsor County Head Start
- Windsor Southeast Supervisory Union – School District
- Sullivan County Service Link
- Support and Services at Home
- Bayada Hospice
- Healthcare and Rehabilitative Services
- Senior Solutions
- Southern Vermont Health Education Center
- Vermont Adult Learning
- Windsor Police Department/County Sheriff's Department
- Department of Children's and Families/Economic Services
- Vermont Department of Health – Springfield and Hartford District offices
- Children with Special Health Needs
- Vermont Chronic Care Initiative
- Aging in Hartland
- Cedar Hill long-term care
- Windsor Connection Resource Center
- Blueprint for Health – Department of Health Access
- Springfield Supported Housing
- Agency of Human Services
- Change the World Kids
- WISE – Domestic violence agency
- Springfield Area Parent-Child Center
- Wyndham Windsor housing trust
- Reading, Windsor, and Woodstock food shelf's
- Building Bright Futures
- Habit Opco – medication assisted therapy for prescription drug addiction
- Windsor on Air – public radio
- Rotary (Windsor)

Palmetto Health

Palmetto Health is comprised of more than 10,000 team members, physicians and volunteers working together to fulfill Palmetto Health’s vision: to be remembered by each patient as providing the care and compassion we want for our families and ourselves. The system includes five acute-care hospitals—Palmetto Health Baptist, Palmetto Health Baptist Parkridge, Palmetto Health Children’s Hospital, Palmetto Health Heart Hospital and Palmetto Health Richland—as well as an expansive physician practice network, dozens of affiliated clinics and specialty care practices and a 501(c)(3) foundation. Palmetto Health’s mission is “[commitment] to improving the physical, emotional and spiritual health of all individuals and communities we serve; to providing care with excellence and compassion; and, to working with others who share our fundamental commitment to improving the human condition.”

Governance Model

Strategic Investment and Leadership in Community-Driven Health Improvement Initiatives

Model Highlights

- Privately owned Baptist Hospital and county-owned Richland Memorial Hospital merged to form Palmetto Health. A commitment was made to provide care for the uninsured and underinsured, including a promise to extend care beyond the walls of the organization to *“improve health, meeting people where they are, where they have need, and collaborating with others who share the same concerns.”* Each hospital made an initial investment of \$750,000 to be dedicated to community health initiatives as *determined by community members*. Additionally, pledges to make an annual tithe of 10 percent of the bottom line and to spend a minimum of \$15 million within the first five years on community health improvement services were made.
- A chief community health services officer was hired to lead a Community Outreach Task Force in determining how to spend the initial \$1.5 million and disburse the tithe. It was decided that money would not be disbursed for simply performing services, but to change outcomes. Although the initial provisions for the task force have sunset, the task force has continued in its role as the “eyes and ears” of the community; and members are considered ambassadors in the community.
- The board’s community health committee is responsible for overseeing community health status and making recommendations regarding the community’s health and Palmetto Health’s activities. About a dozen established community health advisory groups provide insights and advice on Palmetto Health’s specific health initiatives, helping to shape themes, messages and agendas.

Reporting

- Staff make most reports to the committee and to the board. Members of the committee and the board review reports and ask questions. Indicators are included, measuring health improvement in areas such as diabetes, health education, cardiac and cancer, and the number of people reached. They also measure the number of people with a primary care physician or medical home, as well as the number of people seen as outpatients or in the emergency department rather than a physician’s office.
- Once a year, a formal, annual report is developed and distributed to the public.
- Palmetto Health holds a town hall meeting each year, which is attended by board and task force members. The first hour is devoted to Palmetto Health’s presentation of an annual report by the chair of the community health committee. The second hour is devoted to hearing feedback from members of the community.

Staffing

- The chief community health services officer reports to the CEO and to the community health committee, and has “a dotted line” relationship to the Community Advisory Task Force.
- The chief community health services officer has six direct reports. In total, including full and part-time individuals, about 100 people staff Palmetto Health’s community health services.

This includes approximately 30 individuals who are part of a federal grant program, Palmetto Healthy Start.

Resources/Funding

- Palmetto Health contributes a 10 percent tithe to community services. Over the past 15 years, the amount tithed totalled \$50 million. Additionally, Palmetto Health seeks grants to help fund community health services.
- In addition to Palmetto Health's tithe, its partners contribute services. The health system's partnerships are key to providing the resources and funding necessary to support programs. Each initiative requires seeking out "who else" in the community is working on the issue, where there are synergies, and how resources can be pooled to maximize the services provided. Palmetto Health has more than 200 partnerships with local clinics, faith-based and civic organizations, schools,

neighborhood associations, social service organizations and others.

Advice to Others

- Determining the right approach to allocating resources can be challenging. When determining how to disperse money committed to community health services, deliberation should be focused on the best approach to take, "shotgun" or "rifle." Should one issue, like diabetes, be selected as the focus for resources, or should focus be on partnering with others to meet multiple needs?
- Establishing an infrastructure was mission critical, as was engaging the community in planning for it. Plans cannot be made based on what the organization thinks the community needs.
- Partnering with local clinics, faith-based and civic organizations, schools, neighborhood associations and others provides validation for the hospital or health system with community members.

COMMUNITY PARTNERS

Palmetto Health

- Carolina Hearing Aid Bank (Palmetto Project)
- Celia Saxon Health Center
- Child Life
- Christ Central Ministries
- Community Partners of the Midlands, LLC
Dental Clinic
- Eau Claire Health Cooperative
- Eau Claire Pharmacy
- Family Connection of South Carolina
- Harvest Hope Food Bank
- Home Works
- Transitions
- Free Medical Clinic
- James R. Clark Memorial Sickle Cell
Foundation
- School district, including local elementary,
middle and high schools
- March of Dimes
- MARYS breast cancer support group for
African American women
- Mental Illness Recovery Center, Inc.
- Midlands Eye Care Clinic
- Midlands Partnership Parish Nurses
- Columbia College
- Richland Care
- South Carolina HIV/AIDS Council
- Silver Ring Thing
- University of South Carolina School
of Medicine
- Walk for Life
- Welvista South Carolina Medication
Assistance Program (MAP)
- Other local clinics, faith-based and civic
organizations

St. Joseph's/Candler Health System

St. Joseph's/Candler Health System is a faith-based, not-for-profit health system in Savannah, Georgia. The 714-bed health system serves Savannah and the Low Country district of South Carolina. St. Joseph's Hospital has provided care for the community since 1875. Established in 1804, Candler Hospital is Georgia's first hospital and the second oldest continuously operating hospital in the United States. St. Joseph's/Candler's mission is *"rooted in God's love, we treat illness and promote wellness for all people."* Its vision is *"to set the standards of excellence in the delivery of health care throughout the regions we serve,"* and co-workers are inspired by the values of Courtesy, Quality, Integrity, Compassion, Accountability and Teamwork. St. Joseph's/Candler takes a holistic approach to outreach efforts and operates under the belief that wellness is much more than the absence of disease. Many social determinants impact wellness (e.g. safe and affordable housing, decent employment, education, access to primary care, transportation). Removing or reducing negative obstacles to health is at the core of every SJ/C outreach effort.

Governance Model

Governance Support for Mission-Driven Grassroots Community Programs

Model Highlights

- St. Joseph's/Candler carries out its community service/community health improvement under the authority and leadership of its board of trustees and in accordance with its mission, which is woven into every aspect and action of the organization. Board members are coached in the mission upon selection to the board and during orientation. At the top of every board meeting agenda is the CEO's report on mission fulfillment, which provides in-depth review of community health initiatives.
- The organization's mission and vision, not a separate charter, guide the work of the board's mission and ethics committee. The committee reviews results of the Community Health Needs Assessment (CHNA), conducted in collaboration with Memorial Health hospital, and monitors data to ensure progress.
- Guided by a belief in the power and success of common collaboration, the organization's community service programs include more than 50 areas of partnership and collaboration at any given time, although all outreach efforts remain fluid as goals and initiatives are reassessed.
- The St. Joseph's/Candler long-term strategic plan includes a call "to provide regional leadership" and "to initiate/coordinate programs with like-minded community organizations for systematically measuring and improving health status indicators through health promotion, wellness, and screening programs." A strategic planning committee develops the plan with input from the mission and ethics committee.
- Many of St. Joseph's/Candler's community programs and partnerships are initiated at the grassroots level. Managers are empowered to make decisions regarding initiatives and to carry forward implementation.
- Governance varies by initiative with a different structure created for each venture. Primary governance may reside with a partner or collaborator and not with St. Joseph's/Candler.

Reporting

- The board receives extensive CEO mission reports at the top of every board meeting. Reports are specific to a community benefit project's status, including related finances.
- The mission and ethics committee reviews the CHNA. A mission services staff person provides the committee with CHNA results and a recommended plan for addressing needs, documenting how the organization responds to issues.
- Data is reported and tracked to ensure progress on selected CHNA initiatives.

Staffing

- Mission services is a relatively small department (eight to 10 full-time employees) that oversees and supports many internal (pastoral care, palliative care, workplace spirituality, bio-ethics, etc.) and external (community-based outreach)

mission-driven programs of the health system. Although many of these programs are structured as separate departments and programs, organizationally, they report to the vice president of mission.

Resources/Funding

- The board finance committee is involved in governing community programs. Budget cuts typically are not made to community outreach programs. The board and committees give community programs the same level of priority as investment in technology or medical equipment.
- Grants provide funding for many programs, including partnerships in which partners secure grants. In this case, the partner then governs the program.
- Many individuals contribute unsolicited funds to support St. Joseph's/Candler mission work.

Advice to Others

- Partnerships should strive to align interests, personalities and the caliber of people involved to ensure success. Experience has shown that partnerships forged at the grassroots level inherently have sustainability.
- Build innovative partnerships in the community. Example – An organization wanted to conduct classes in the neighborhood. St. Joseph's/Candler provided space. In return, the organization provided classes in soft skills (customer service and clinical skills), and workforce training for St. Joseph's/Candler.
- No formal agreement can substitute for a driven team passionate about the mission, compassionate about the people they are serving, and engaged for the right reasons. The progression of all efforts should be based on patient need, and corresponding programs should be allowed to organically evolve to best serve those needs.

COMMUNITY PARTNERS

St. Joseph's/Candler

- Coastal GA Community Indicators Coalition
- The City of Savannah
- City of Savannah's Department of Housing
- Savannah / Chatham County Department of Family and Children's Services
- Chatham County Health Department
- Chatham County Extension Services
- Chatham County Safety Net Planning Council
- Armstrong State University
- GA Southern University
- Savannah State University
- South University
- Savannah Technical College
- Blessed Sacrament Catholic Church & School
- St. Peter the Apostle School
- St. Frances Cabrini School
- St. James Catholic School
- 100 Black Men of Savannah
- Consumer Credit Counseling Services
- Delaware Street Community Center
- Forsyth Farmers Market
- GA Legal Services
- GA State Volunteer Clinics Association
- Huntingdon Women's Guild
- Internal Revenue Service's Volunteer Income Tax Assistance (VITA) program
- International Paper
- Isle Hope Methodist Church
- Lion's Club Lighthouse Foundation
- Mercy Volunteer Corp.
- Medbank
- Publix Supermarkets of Savannah
- Rape Crisis Center
- Savannah Alcoholics Anonymous
- Savannah Senior Citizens, Inc.
- Savannah Technical College
- Second Harvest Food Bank
- Skidaway Island Rotary Club
- Step Up! Savannah's Antipoverty Initiative
- St. Leo College
- St. Peter's Episcopal Church
- United Way of the Coastal Empire

Organizational Profiles

Learnings on Governance from Partnerships that Improve Community Health

Lessons Learned From Foster G. McGaw Prize Recipients

Name	Community Definition	Year First Partnership Initiated	Number of Current Initiatives	Number of Current Partners
Allegiance Health	Jackson County, Michigan	2000 (the Health Improvement Organization (HIO) was created)	15 collaborative initiatives, including HIO Action Team focus areas, the Cradle to Career Education focus, Financial Stability initiative, and other related partnerships. Within the HIO Community Action Plan alone, there are 5 shared goals, 27 objectives and 42 strategies that are being pursued collectively by community partners.	Across all initiatives there are more than 511 active members
Crozer-Keystone Health System	Delaware Valley region (five counties, including the city of Philadelphia), Pennsylvania	1992 (household health survey first conducted)	Numerous initiatives with many partners	More than 75 partner organizations and many community leaders work collaboratively to address various public health concerns and develop/promote initiatives to address needs
Henry Ford Health System	The tri-county area of Southeast Michigan (including Detroit and Wayne County, Oakland and Macomb Counties), but “community” spans regionally and nationally depending on the initiative, partners, and goals	In 1988, relationships with community partners began to take on increasing importance with strategic roles to play in improving patient and community health.	HFHS is currently in the process of surveying its health system to determine the number and type of community partnership initiatives. The inventory will be complete in 2016.	More than 200 partners
Memorial Hospital of South Bend/Beacon Health System	St. Joseph County, Indiana	1993	About 30	Every program funded by MHSB/Beacon Health System must include two or more collaborators
Mt. Ascutney Hospital and Health Center	Nine-town area of approximately 16,000 people in Windsor County in Vermont and Sullivan County in New Hampshire	1996	Eleven substance abuse prevention and treatment initiatives Eight chronic disease management and prevention initiatives Nine community Health Outreach Collaboration Infrastructure initiatives	42 community partners
Palmetto Health	Midlands region, South Carolina	1998	Numerous initiatives with many partners	More than 200 partners
St. Joseph's/Candler	Coastal Georgia and South Carolina Low Country	1997	More than 50	Currently, there are more than 50 areas of Partnerships and Collaboration although all outreach efforts are constantly fluid and evolving

