A Playbook for **Fostering Hospital-Community Partnerships** to Build a

# Culture of Health

# Contents

# Executive Summary

The American Hospital Association (AHA) is committed to Advancing Health in America, knowing that population health is an integral part of improving overall health of individuals and communities. The AHA's work in population health is guided by the AHA's Path Forward, which includes a commitment to access, value, partners, well-being and coordination. This commitment is part of redefining the hospital—the "H"—and moving from episodic to continuous patient engagement, and partnering with other organizations and the community to improve health more broadly—that is, population health. See page 52 for more about the Path Forward."

Population health encompasses clinical and nonclinical approaches for improving health, preventing disease and reducing health disparities. The AHA recognizes that collaborations, specifically hospital-community partnerships, are nonclinical yet essential in addressing community health issues and creating a larger impact. To further the AHA's population health agenda and help build a Culture of Health, the Health Research & Educational Trust (HRET), an affiliate of the AHA, with support from the Robert Wood Johnson Foundation (RWJF), is working to advance hospital-community partnerships by using methods and strategies to develop and evaluate effective and sustainable collaborations.

Fostering effective and sustainable partnerships is integral for building a Culture of Health and expanding opportunities for community health improvement. Building a Culture of Health means creating a society that gives all individuals an equal opportunity to live the healthiest life they can, whatever their ethnic, geographic, racial, socioeconomic or physical circumstances may be.

> **Building a Culture of Health means creating a society that gives all individuals an equal opportunity to live the healthiest life they can.**

HRET launched *Learning in Collaborative Communities*, a cohort of 10 communities from across the United States that have successful hospital-community partnerships. HRET conducted site visits at all the communities and met with representatives from the hospital and community to gain insight into how these community organizations worked together to build effective partnerships. Insights gained from these site visits drove HRET to create this playbook, which provides strategies to create new partnerships and advance and sustain existing, effective partnerships.

Collaborations are strengthened when structure and direction are embedded in the process. Identifying community organizations that hospitals can partner with is the initial step for building and enhancing partnerships. Finding partners that are suitable for the collaboration and have similar or aligned goals can be simplified by using tools and worksheets accessible in this playbook. This

particular process encourages a structured and collaborative method of finding both traditional and nontraditional partners. Convening meetings with other groups in the community to establish a common purpose, shared goals and a strategic action plan can be efficient and productive using meeting agendas and engaging exercises or activities that permit all voices in the partnership to be heard. Developing a standardized communication system early in the partnership is helpful to build a trusting, honest and transparent relationship with partners.

Recognizing a partnership's strengths and building on them to overcome any barriers or challenges foster effective, sustainable partnerships. Creating effective collaborations within communities also includes evaluating the partnership itself and celebrating its successes along the way. Only then can a partnership assess its own effectiveness and determine sustainability and opportunities for improvement. Furthermore, effective communication, long-term funding and strong leadership are the backbone elements of a strong, sustainable collaboration.

Partnerships are important because they share valuable insights, tools and resources. Lessons learned from successful partnerships motivate other partnerships to implement effective strategies in their organization structure and practices. The compendium of case studies that accompanies this playbook provides detailed descriptions of hospital-community partnerships that have made substantial improvement in the health of their communities.

Hospitals, health systems and community organizations can use this playbook to carve a path forward that encourages the creation of new partnerships and enhances existing collaborations to foster more robust and

**Recognizing a partnership's strengths and building on them to overcome any barriers or challenges foster effective, sustainable partnerships.**

sustainable collaborations. Practices in this playbook can be implemented to drive a partnership to success based on its needs and momentum. Whether your partnership adopts a slow but steady start by simply creating a formalized meeting agenda and assigning roles and responsibilities to partners, or implements an accelerated process that integrates worksheets, planning exercises and site visits to engage all partners, these practices help ensure partnerships are advancing their communities toward a Culture of Health.

# Introduction

**T**he formation of hospital-community partnerships to improve health and well-being is becoming widespread across the United States, with many hospitals taking a lead role in initiating and fostering these partnerships.

This collaborative approach is effective because many different community organizations are addressing similar issues and serving the same populations. Collaboration creates an opportunity to align efforts, reduce duplication, optimize financial resources and, ultimately, improve the overall health and well-being of the community.

Hospitals are ideally positioned to improve the health of their communities. Not only do they have expertise in delivering health care, but most hospitals are one of the largest employers in their communities and possess strong reputations as major community stakeholders. However, the scope and multifaceted approach necessary to improve population health are not tasks that can be undertaken by a single organization alone. To successfully improve the health of populations, it is necessary to address all the drivers of health, including clinical care, socio-economic factors, health behaviors and the physical environment.

Each organization working independently toward its mission can have an impact, but by partnering with other organizations around a shared goal, the impact can be much greater. This collaborative approach among partners is essential to building a "Culture of Health": a society where all individuals have an equal opportunity to live the healthiest lives they can, whatever their ethnic, geographic, racial, socio-economic or physical circumstances happen to be.

# Figure 1.
# Culture of Health: Underlying Principles

Business, government, individuals and organizations work together to build healthy communities and lifestyles.

Good health flourishes across geographic, demographic and social sectors.

Health care is efficient and equitable.

Everyone has access to affordable, quality health care because it is essential to maintain, or reclaim, health.

Attaining the best health possible is valued by our entire society.

The economy is less burdened by excessive and unwarranted health care spending.

No one is excluded.

Individuals and families have the means and the opportunity to make choices that lead to the healthiest lives possible.

Americans understand that we are all in this together

Keeping everyone as healthy as possible guides public and private decision-making.

*Source: Robert Wood Johnson Foundation, 2015.*

While it is widely accepted that a collaborative approach between hospitals and community organizations is key to building a Culture of Health, developing and sustaining collaborations remains a challenge for many. As part of the Robert Wood Johnson Foundation's (RWJF) vision to build a Culture of Health, the Health Research & Educational Trust (HRET), an affiliate of the American Hospital Association (AHA), is seeking to advance hospital-community partnerships. This work involves learning how hospitals and community organizations develop effective collaborations and how these partnerships are evaluated, and creating tools and resources to support partnerships on their journey.

To further explore collaborative approaches for building a Culture of Health, HRET launched *Learning in Collaborative Communities*, a cohort of 10 communities from across the United States that have been successful in creating hospital-community partnerships. HRET conducted site visits to each community to learn about their collaborations and interview members of the hospitals and community organizations. Additionally, three representatives from each of the communities were invited to two in-person meetings dedicated to strengthening competencies related to building successful hospital-community partnerships. A full description of the methodology can be found in Appendix A.

This playbook provides a framework for cultivating effective partnerships between hospitals and community organizations, with valuable and practical tools, easily accessible worksheets and actionable strategies to build consensus and accountability within the partnership. Hospitals and health systems interested in partnering with community organizations can navigate through the playbook and learn how to identify organizations and resources within the community to potentially partner with, host kickoff meetings and conduct visioning exercises with partners to identify a shared mission.

Also included are suggested methods for enhancing existing partnerships by evaluating the effectiveness of each partnership, overcoming common obstacles, pausing and reflecting on progress and celebrating positive outcomes. The playbook outlines strategies for sustaining partnerships through transparent communication, long-term funding and leadership support—all of which will help hospitals and health systems foster effective partnerships and build a Culture of Health. Additionally, the compendium of case studies that accompanies this playbook provides insights into building capacity in partnerships by highlighting examples of hospital-community partnerships.

**Key Takeaways**

▶ Partnerships share valuable assets such as resources, tools and expertise.

▶ Hospital-community partnerships are necessary to address community health issues nonclinically.

▶ The process of identifying partners and assets and developing an action plan can be simplified by incorporating structured activities and exercises.

▶ Aligned goals, transparent communication and strong leadership can drive a partnership to measurable success.

▶ Leveraging strengths and identifying weaknesses in a partnership help overcome challenges.

▶ Evaluating, reflecting on and celebrating progress strengthen a partnership and accelerate momentum.

▶ Sustainable partnerships are established by including more innovative strategies and practical tools in existing practices.

# Build and Enhance Partnerships

# Set the Stage

## Step 1
### Identify Potential Partners

### Prepare

Creating a community collaborative to support and participate in health improvement initiatives is critical for building a Culture of Health. The initial step is to identify potential partner organizations and the assets they bring to the table, and analyze the relevancy of the proposed initiative to each organization's mission. An asset-based approach focuses on using resources within the community and building stronger relationships between organizations to enhance the effectiveness of those community resources and the planned health initiative.[1] Figure 2 illustrates different types of organizations that hospitals could reach out to when creating a community collaborative.

Partner organizations provide assets, such as resources, skills and expertise, that are crucial for a successful collaborative and may not be readily available within your organization. Assets can be people, physical structures or places, community services and community organizations, all of which can be used to improve the quality of life within a community.[2] When looking for potential partners, identify what assets they can offer to the collaborative or health improvement initiative.

# POSSIBLE ASSETS INCLUDE
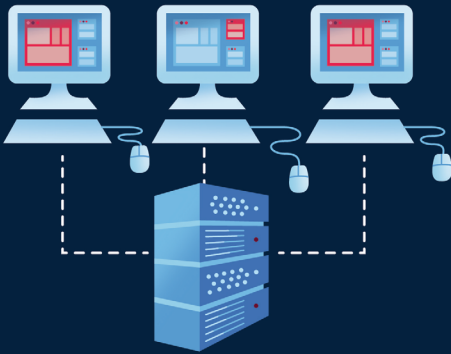
**Subject matter expertise**

**Transportation (moving trucks, buses, etc.)**
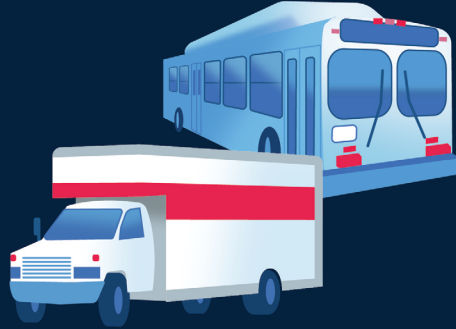
**Grant-writing assistance**

**IT and technical support**

**Land**

FOR SALE

**Expanded staff and volunteers**

**Meeting and event space**

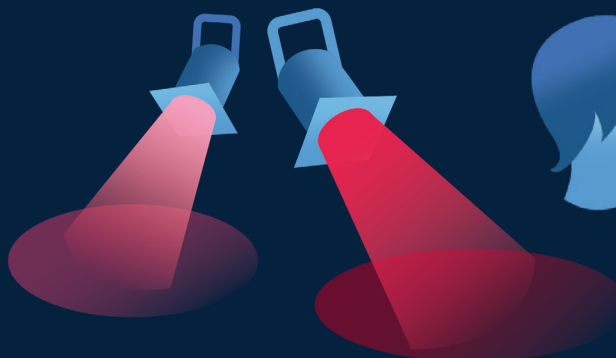**Data sharing, collection and analysis**

**Cultural understanding**

**Funding**

**Brand value/reach**

**Linguistic competence**

# Figure 2.
# Types of Potential Partner Organizations

**Community Organizations**
Social services organizations, Salvation Army, food banks, consumer advocacy and education groups, unions, parks, zoos
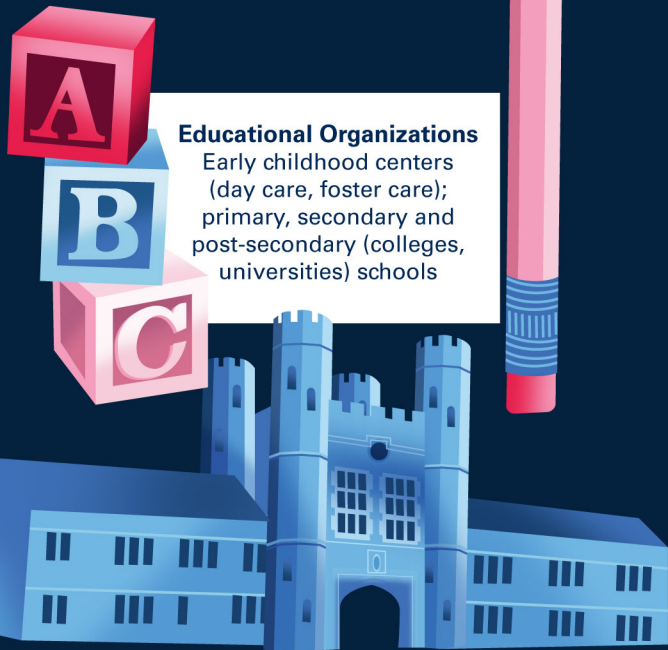
**Faith-Based Organizations**
Temples, churches, mosques, other religious or spiritual congregations

**Educational Organizations**
Early childhood centers (day care, foster care); primary, secondary and post-secondary (colleges, universities) schools

**Housing and Transportation Services**
Homeless shelters, community-based nonprofit organizations, transportation authorities

**Public Health Organizations**
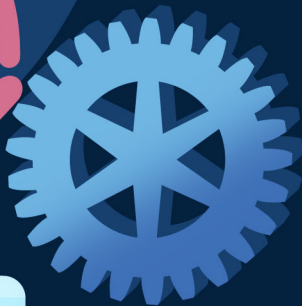Public health departments, foundations and institutes
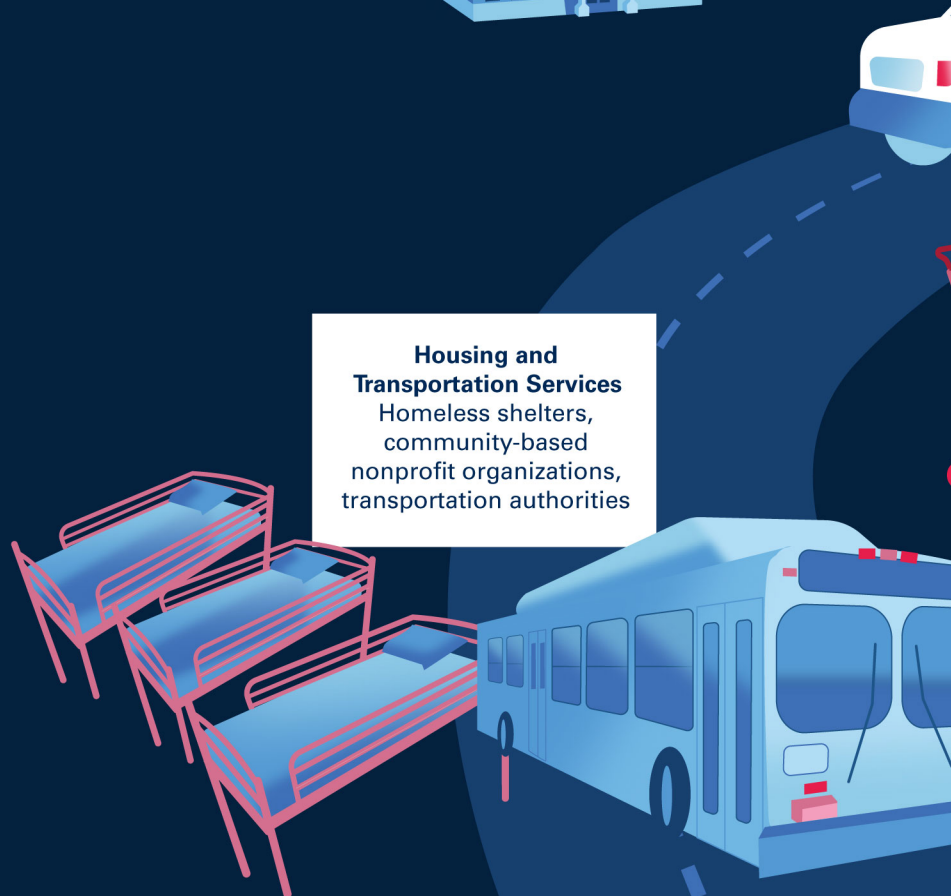
**Government**
Local (municipal, city, county, regional), departments of planning, transportation, housing and economic development, human services, government employees or organizations; prisons; fire & police departments; ambulance services

**Service Organizations**
Lions, Rotary, United Way, YMCAs, Boys & Girls Clubs

**WALK-IN CLINIC**

**Local Businesses**
Chambers of commerce, grocery stores, restaurants, manufacturing organizations

CAFE
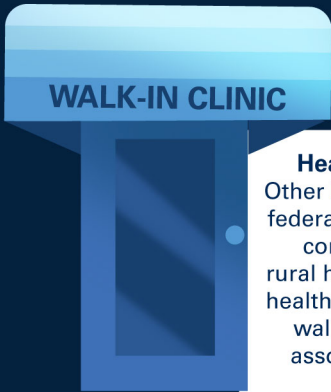
**Health Care Organizations**
Other hospitals in the community, federally qualified health centers, community health centers, rural health or free clinics, mental health organizations, pharmacies, walk-in clinics, state hospital associations, health insurers, organizations of health professionals
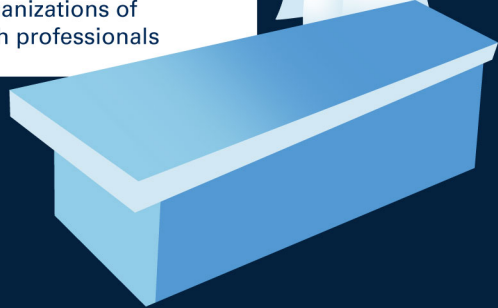
# Act

Forming a community collaborative is an important step to filling gaps in resources or skills to achieve the goals of a health improvement initiative. Complete the *Building a Culture of Health: Potential Partner Worksheet* (Figure 3), listing organizations in your community to seek commonality, identify existing relationships and determine potential partnerships. Also list the assets the organization can offer to the collaborative. Ask colleagues, friends and family to complete a worksheet to provide additional ideas. Combine the worksheets of organizations into one comprehensive list. This list will be used in Step 2 to select organizations to form a collaborative.

## Table 1.
# Tips to Identify Potential Partners and their Assets

| Tips to Identify Organizations in your Community | Tips to Identify Organizational Assets |
|---|---|
| Use the organizations from Figure 2. | Use the assets listed on page 13. |
| *Ask the following questions:*<br><br>Where do you go to school?<br><br>Where do you work?<br><br>Where do you buy groceries?<br><br>Where do you eat out?<br><br>Where do you shop for nonfood items?<br><br>Where do you socialize or get together with friends?<br><br>Where do you get involved in community issues?<br><br>Where do you go for arts and recreation?<br><br>Where do you go for health care?<br><br>Where do you worship?[3] | *Ask the following questions:*<br><br>What skills do their employees bring to the table?<br><br>What are their internal resources?<br><br>Who is their market or audience?<br><br>How do they reach their market?<br><br>Who are their partners and what are their assets?[4] |

*Source: Health Research & Educational Trust, 2017.*

# Figure 3. Building a Culture of Health: Potential Partner Worksheet

Instructions: List organizations in your community that could be potential partners and list their assets.

| | Organizations in your community | Organizational assets | | Organizations in your community | Organizational assets |
|---|---|---|---|---|---|
| **Community organizations** | | | **Local businesses** | | |
| **Educational organizations** | | | **Public health organizations** | | |
| **Faith-based organizations** | | | **Service organizations** | | |
| **Housing and transportation services** | | | **Health care organizations** | | |
| **Government** | | | **Funding organizations** | | |

*Source: Health Research & Educational Trust, 2017.*

# Step 2

## Host a Community Collaborative Kickoff Meeting

### Prepare

Not all organizations identified on the *Building a Culture of Health: Potential Partner Worksheet* will be suitable partners for joining the community collaborative or supporting the specific health improvement initiative. First, define criteria to direct outreach efforts, then focus on organizations with desirable partner characteristics, and finally present a tailored case to each organization on the perceived value of joining the collaborative.[5] For each organization that is contacted, ensure that their leaders are involved with making decisions and that the appropriate staff are included. A list of desirable partner characteristics and questions to assess partner suitability are given in Figure 4.

### Desirable Partner Characteristics:

▶ **Infrastructure**

▶ **Leadership support**

▶ **Existing relationships**

▶ **Ease of partnering**

▶ **Similar mission**

# Figure 4. Building a Culture of Health: Inventory of Potential Partners

**Categories of Individual Capacity Inventory**

▶ Skills information

▶ Community interaction information

▶ Business interests and experiences

▶ Personal information

**Questions for Club and Special Interest Group Inventory**

▶ What is your current goal?

▶ Who is your target market?

▶ How do you reach your target market?

▶ Are you willing to get involved in maximizing the resources of your community?

▶ How much time can you commit to this partnership?

▶ What are you unwilling to do?

**Questions for Agency/Organization/Institution Inventory**

▶ What are your organizational goals?

▶ How do you use your market as an asset?

▶ What is your existing mechanism for community interaction and outreach?

*Source: AmeriCorps VISTA, Corporation for National & Community Service. Used by permission.[6]*

## Act

After organizations have been selected as partners, bring them together for the collaborative kickoff meeting. It is important to capture roles and responsibilities for the individuals and organizations involved. Add partner organizations to the *Building a Culture of Health: Potential Partner Worksheet* and write down the expectations of each partner to manage roles and responsibilities and establish what each is accountable for. Use this opportunity to expand on the skills, resources and relationships that each partner brings to the collaborative.

The initial kickoff meeting is an opportunity for partners to introduce themselves and get to know each other, as well as to create an action plan for the collaborative. A sample meeting agenda is shown in Figure 5 and a list of partner roles is provided in Figure 6.

# Figure 5. Building a Culture of Health: Sample Meeting Agenda

## Community Meeting Agenda

Date
Start and end times
Place and street address

| | |
|---|---|
| **I** | Welcome (Meeting Organizers) |
| **II** | Introductions (Everyone) |
| **III** | Purpose of Meeting |
| **IV** | Overview of the Problem to be Addressed |
| **V** | Background and Rationale for the Proposed Project and Key Partners |
| **VI** | Why Your Community? |
| **VII** | Nature of the Project Partnerships |
| **VIII** | Questions and Answers |
| **IX** | Summary, Next Steps and Follow-up |

### Meeting Objectives

| | |
|---|---|
| **A** | Get to know community groups and leaders |
| **B** | Describe the lead agency and its national partners |
| **C** | Share knowledge about the problem to be addressed |
| **D** | Provide background and rationale for the project |
| **E** | Convey the importance of the project to vulnerable and minority communities |
| **F** | Discuss the proposed partnership |
| **G** | Form a planning group and agree to a follow-up community meeting |

*Source: March of Dimes Foundation, 2012 [7]*

# Figure 6. Building a Culture of Health: Roles in a Community Collaborative

## Common Roles Played by Organizations

**Convener:** Leads a highly visible public discussion of community issues in order to highlight a common understanding of the issues.

**Catalyst:** Stimulates discussion with a longer-term strategy in mind.

**Conduit:** Acts as the lead agency in providing funding and administrative oversight for local collaborative projects. May overlap with role of funder.

**Funder:** Provides public and private funds to support the project; may choose to be involved in the design and planning of the project.

## Common Roles Played by Individuals

**Chair:** Acts as the key leader and spokesperson for the coalition; may sign letters and other official documents, testify in court, etc.

**Facilitator:** Runs the coalition's meetings; fosters group discussions; resolves disagreements in the group.

**Individual Member:** Does not represent a specific organization within the coalition.

*Sources: Himmelman (2002)[8] and Cohen, et al. (2002).[9]*

# Figure 7. Building a Culture of Health: Partner Roles Worksheet

*Instructions: List organizations in your community that could be potential partners.*

| Partner Organization | Contact Name And Title/ Relationship | Address, Phone, Email | Assets | Role |
|---|---|---|---|---|
| Example: YMCA | John Doe, VP Education (used to work with Sally) | 123 Main Street Mayberry, IL (123) 456-7890 | Has large conference room and ample parking | Chair, Conduit |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

# Step 3

## Find Your Common Purpose

## Prepare

After partner organizations have been identified and gathered for the kickoff meeting, take time to determine a common purpose to create buy-in for the community health initiative. Visioning exercises such as *Vehicle for Change* can be used to bring the group together and build consensus.[10] Plan and host a retreat for partners in the collaborative to participate in a visioning exercise.

## Vehicle for Change

---

DESCRIPTION: This activity uses vehicle as a metaphor to stimulate thinking about what working relationships are like now and what they could be like in the future.

EXPERIENTIAL ELEMENTS

▶ Using metaphor to express thoughts and feelings
▶ Personal reflection
▶ Drawings
▶ Group presentations
▶ Giving and receiving feedback

SETUP

▶ Prepare "Questions" flip chart (see Step 2).
▶ Prepare "The Rules" flip chart (see Step 3).
▶ Prepare "Organization Characteristics" flip chart (see Step 4).

STEPS

**1** Divide participants into subgroups of four to five people. Introduce the task:

> "Imagine your organization (or department) as if it were a vehicle of some kind. Take a moment to picture the organization as it is now – its characteristics and its environment – in terms you might use to describe an automobile, a truck, a cement mixer, an 18-wheeler, etc."

> "I will be asking you to draw a vehicle that represents the organization, but first, here are some questions you should consider."

**2** Show participants the "Questions" flip chart.

| | |
|---|---|
| What kind of vehicle is it? | What are they doing? |
| Is it in good condition? | What else is on the road? |
| Who is driving? | What obstacles might the vehicle be facing? |
| Who are the passengers? | |

**3** Ask participants to take a moment – without talking – to get a clear picture in their minds of a vehicle. Show participants "The Rules" flip chart, and explain the rules.

> Work in silence.
>
> Everyone must draw.
>
> Everyone must participate in the report.

**4** Advise participants to look for symbolic ways to convey their organization's (or department's) characteristics. Show participants the "Organization Characteristics" flip chart.

| | |
|---|---|
| Achievements | Work atmosphere |
| Reputation | Work methods |
| Available resources | Use of each person's talent |

**5** Ask each subgroup to work in silence to draw a vehicle on a sheet of flip chart paper.

**6** After calling time, have the members of each subgroup describe in turn their picture to the large group and explain what each element of the drawing means. Because participants will have been working in silence, they themselves won't know what it all means until they hear other members of their group report out loud.

**7** Explain the task:

> "Now, draw another vehicle, or the same vehicle under different conditions,
> ..that represents the organization (or department) as you would like it to be.
> This time, you can talk with each other as you design your vehicle."

**8** After calling time, have the subgroups, as before, describe their pictures to the large group and explain what they mean.
Ask such questions as these:

> "Were there any themes common to most of the drawings?
> What do those themes say about this organization (or department)?"

> "What would this group like to be different in this organization?"

> "What steps can we take to change from the vehicle you are
> in now to the vehicle you'd like to be in?"

### FACILITATOR NOTES

▸ This activity requires skillful facilitation to draw groups out on the real significance of their pictures.

▸ This activity can help a group discover and sort out issues that may be causing confusion and anxiety. Using the symbol of a vehicle, the group can quickly see what is on everyone's minds and come up with strategies for change.

▸ This use of metaphors and silent work in groups can help participants to surface difficult issues in relative anonymity.

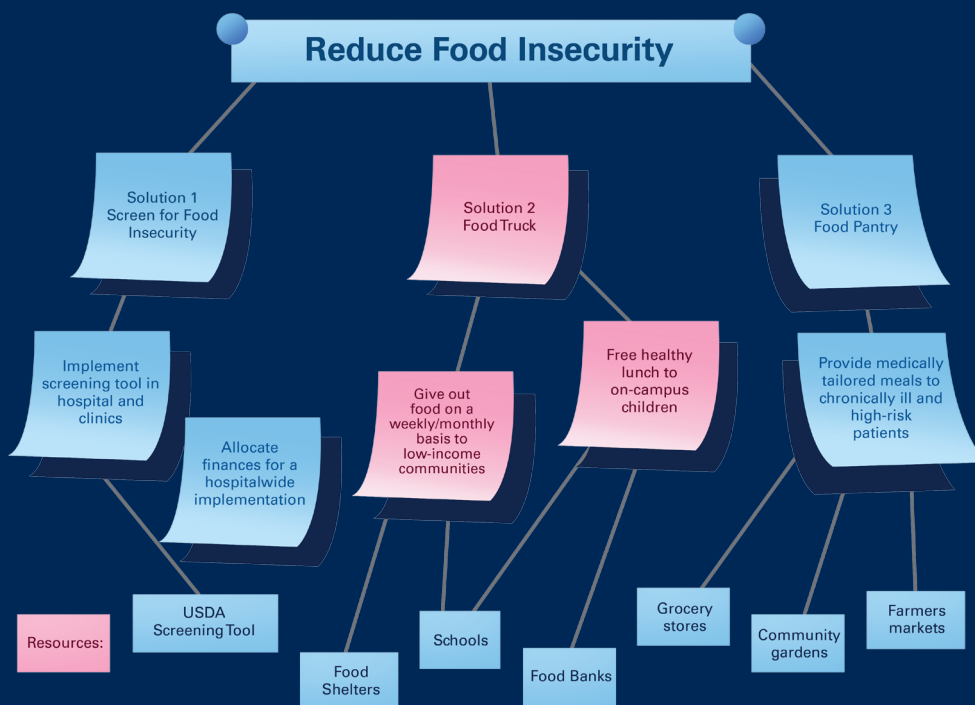*Source: Retreats That Work, 2006. Used with permission.*

# Act

Once the purpose is agreed upon, now is the time to develop an action plan for how you will accomplish the task at hand. Use brainswarming to generate new ideas for how to attain the goal with resources already available in the community. This activity differs from brainstorming and uses writing instead of talking to generate ideas from your group of partners. Brainswarming allows for input from everyone and creates space for new ideas and creative thinking, leading to solutions that may not have been obvious. Start by writing your goal at the top of the paper and writing the available resources at the bottom. Without talking, ask the partners to add notes and lines to the paper to indicate additional resources and strategies that may lead to possible solutions.[11] See Figures 8 and 9 for brainswarming examples.

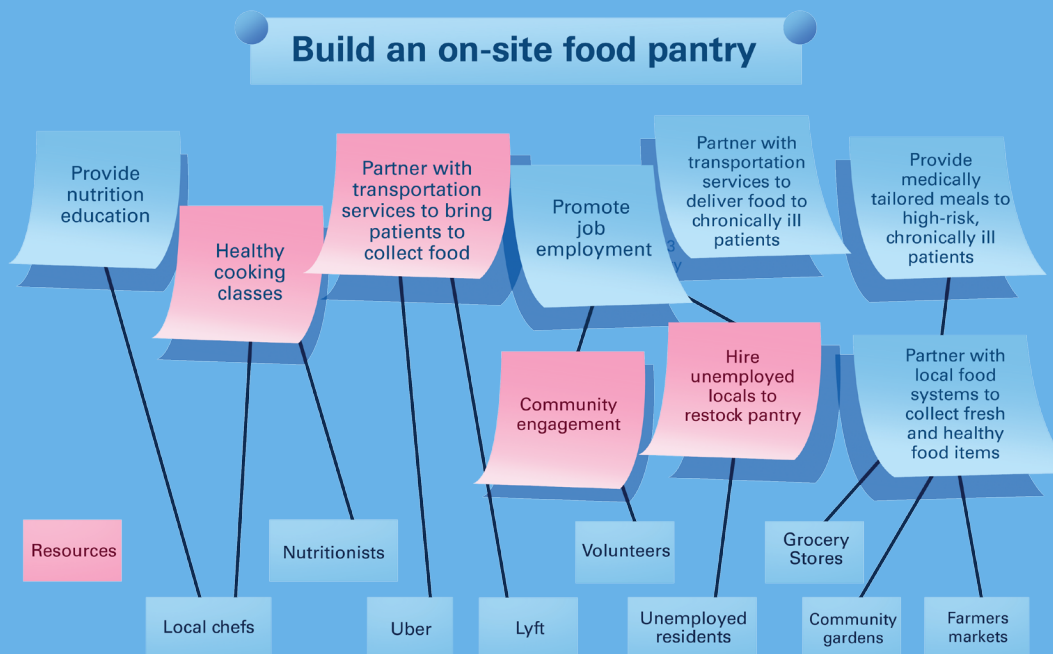# Figure 8. Building a Culture of Health: Brainswarming Activity, Part 1

For example, say food insecurity is a priority health issue in your community. If your partnership's shared mission or goal is to reduce food insecurity in the community, this figure shows an example of what your brainswarming exercise might look like:

**Reduce Food Insecurity**

Solution 1
Screen for Food Insecurity

Solution 2
Food Truck

Solution 3
Food Pantry

Implement screening tool in hospital and clinics

Allocate finances for a hospitalwide implementation

Give out food on a weekly/monthly basis to low-income communities

Free healthy lunch to on-campus children

Provide medically tailored meals to chronically ill and high-risk patients

Resources:

USDA Screening Tool

Food Shelters

Schools

Food Banks

Grocery stores

Community gardens

Farmers markets

*Source: Health Research & Educational Trust, 2017.*

# Figure 9. Building a Culture of Health: Brainswarming Activity, Part 2

Suppose your partnership's solution is to reduce food insecurity by building an on-site food pantry. This figure is an example of another brainswarming exercise that can help facilitate your work.

**Build an on-site food pantry**

Provide nutrition education

Healthy cooking classes

Partner with transportation services to bring patients to collect food

Promote job employment

Partner with transportation services to deliver food to chronically ill patients

Provide medically tailored meals to high-risk, chronically ill patients

Community engagement

Hire unemployed locals to restock pantry

Partner with local food systems to collect fresh and healthy food items

Resources

Nutritionists

Volunteers

Grocery Stores

Local chefs

Uber

Lyft

Unemployed residents

Community gardens

Farmers markets

*Source: Health Research & Educational Trust, 2017.*

After input is gathered and the group has identified a viable solution to reach the agreed-upon goal, capture the strategy, specific actions and necessary resources in Figure 10, *Building a Culture of Health: Community Collaborative Action Plan.* Indicate who will be responsible for the action and by when, and how success will be measured.

To follow the action plan tool effectively, it's important to grasp a common understanding of the required elements. For example, knowing the difference between objective and goal is necessary when setting deliverables. A goal is what you want to happen. It is a broad statement of general purpose to guide planning. Keep the statement simple and concise, so that it answers who will be affected and what will change as a result. An objective is how you will know if you reached your goal. It outlines in measurable terms the specific changes that will occur in the target population in a given amount of time by adding who, what, where, when and by how much.

Clarify roles of all the responsible parties. Assign a section of the collaborative to help identify priority issues, but also consider involving skilled researchers or subject matter experts to guide the selection of data sources, methodology and prospects for intervention for a comprehensive and effective strategy. It is important to combine expertise from community stakeholders and informed research to provide key support and direction.

Build a timeline based on each activity within the plan. For example, a timeline should be set for pulling data, then for analyzing data, followed by contacting resources, etc. Setting deliverables every step of the way helps the partners communicate with one another frequently and ensures the team is well informed.

Schedule meetings with your partners to track progress throughout the duration of your action plan. Knowing the current status will inform you of any challenges or barriers concerning time, funding, resources or other issues that restrict you from achieving your collaborative goal. Therefore, establishing a common understanding of what is required to develop a strategic action plan can strengthen the relationship between all partners.
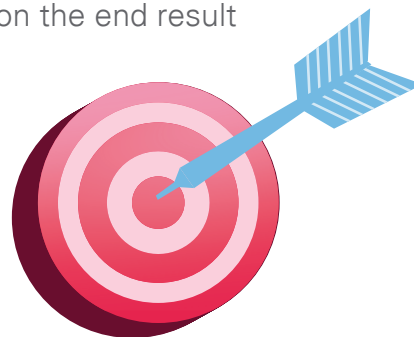
**Tips for developing goals:**

▶ Use goals to clarify what is important within a priority area before drafting the objectives



▶ Begin with action words, such as reduce, increase, improve, eliminate, ensure, establish, etc.
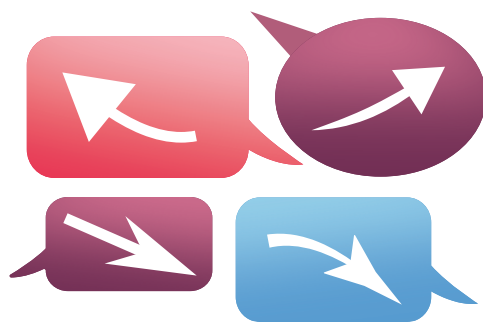


▶ Focus on the end result



▶ Consider whether a goal is for the whole community or for a specific population

# Figure 10. Building a Culture of Health: Community Collaborative Action Plan

GOAL

STRATEGY

| Actions | Resources Needed | Responsible Parties | Timeline | Activity Outcome/ Output Measures | Progress Report |
|---|---|---|---|---|---|
| What steps do you need to take to achieve the goal and objective for this strategy? | What kinds of funding, facilities and expertise are needed to carry out the action? Where will resources come from? | Who from each organization will take the lead or provide key support? | By when should the action be completed? | How will you know the action succeeded or is complete? | What is the current status of this activity? |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

*Source: NACCHO, 2017. Used by permission.[12]*

# Table 2.
# Metrics for Assessing Partnership Effectiveness

**Partner engagement**

- Number of partners attending meetings
- Percentage of partners actively participating in activities or interventions
- Number of meetings or communication touch points
- Increase in the number of connections between community organizations (network analysis)
- Level of engagement within the partnership
- Partners' satisfaction with their own level of engagement
- Partners' satisfaction with their own role in partnership

**Teamwork**

- Perceived team effectiveness in general and on specific issues
- Ability to identify and address weaknesses as a team
- Ability to identify barriers to effectiveness
- Assessment of what the partnership is lacking to truly be effective
- Ongoing qualitative and informal feedback from team members

**Community responsiveness**

- Ability to be inclusive and to represent the community being served
- Identification and action around issues that matter to people
- Community perception of partnership efforts
- Availability of opportunities for community members to participate in activities

*Source: Health Research & Educational Trust, 2016.*

# Enhance Existing Partnerships

Table 2 includes examples of the types of metrics used to assess the effectiveness of a partnership, including the degree of partner engagement, teamwork effectiveness and community responsiveness.

Some partnerships use a modified Results-Based Accountability™ process — a data-driven process that focuses on the end goal and has the partners work backward — to determine metrics to answer these questions:

**"How much is the partnership doing?"**

**"How well did the partnership do it?"**

**"Who benefited from the partnership?"**[13]

Other partnerships use the collective impact measurement model — partners design, develop and deploy — to assess and evaluate the effectiveness of the partnership.

# Build New Partnerships

When considering potential partnerships with organizations or individuals, it is important to think out of the box. Table 3 provides some examples of organizations that may have goals aligned with hospitals and would be open to collaboration.

## Table 3.
## Types of Potential Partner Organizations

| Category | Examples |
|---|---|
| Community organizations | Social services organizations, Salvation Army, food banks, parks, zoos |
| Educational organizations | Early childhood centers (day care, foster care); primary, secondary and post-secondary (colleges, universities) schools |
| Faith-based organizations | Temples, churches, mosques, other religious or spiritual congregations |
| Housing and transportation services | Homeless shelters, housing and land development planning commissions, transportation authorities |
| Government | Local (municipal, city, county), state or federal (Dept. of Agriculture, Dept. of Housing and Urban Development) government employees or organizations; prisons; fire and police departments; ambulance services; libraries |
| Local businesses | Chambers of commerce, grocery stores, restaurants, manufacturing organizations |
| Public health organizations | Public health departments, foundations and institutes |
| Service organizations | Lions, Rotary, United Way, YMCAs, Boys & Girls Clubs |
| Health care organizations | Other hospitals in the community, federally qualified health centers, community health centers, rural health or free clinics, mental health organizations, pharmacies, walk-in clinics, state hospital associations |
| Funding organizations | Health insurance companies, banks, community development financial institutions (CDFIs), social impact bonds, private foundations, universities |

*Source: Health Research & Educational Trust, 2016.*

# Accelerate
## the Movement

# Strategize for Successful Spread

I n health care, innovative ideas and successful strategies are plentiful. However, leaders and staff may not have the mechanisms to effectively spread those successes to all partnerships or programs. When designing and implementing any improvement activity, special care should be devoted to identifying the mechanisms that will allow the innovation to spread so that other initiatives will benefit.

The Institute for Healthcare Improvement (IHI) and HRET have developed a number of useful frameworks and tools to help leaders plan for and execute spread, including: *Planning for Scale: A Guide for Designing Large-Scale Improvement Initiatives*,[14] *A Framework for Spread: From Local Improvements to System-wide Change*,[15] and *HRET Spread Assessment Tool*. Additionally, Figure 11 outlines seven key items to consider when sharing improvement ideas. IHI describes these items as seven "spreadly" sins.[16]

# Figure 11.
# Practical Tips for Successfully Sharing Improvement Ideas

**TO DO:** Create a reliable process before starting to spread.

**NOT TO DO:** Expect huge improvements quickly then start spreading right away.
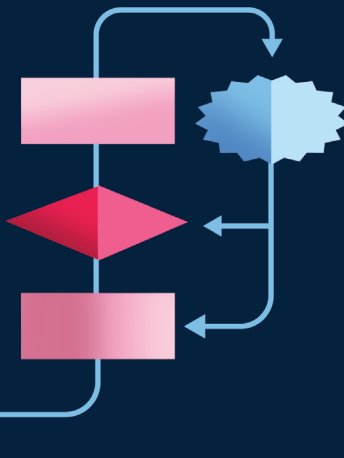
**TO DO:** Allow some customization, as long as it is controlled and elements that are core to the improvements are clear.

**NOT TO DO:** Spread the success unchanged. Don't waste time "adapting" because, after all, it worked so well the first time.

**TO DO:** Start with small, local tests and several PDSA cycles.

**NOT TO DO:** Don't bother testing — just do a large pilot.
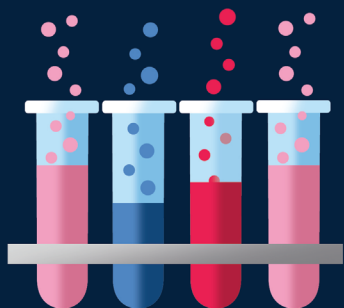
**TO DO:** Choose a spread team strategically and include the scope of the spread as part of your decision.

**NOT TO DO:** Require the person and team who drove the initial improvements to be responsible for spread throughout a hospital or facility.

**TO DO:** Make spread a team effort.

**NOT TO DO:** Give one person the responsibility to do it all. Depend on "local heroes."

**TO DO:** Sustain gains with an infrastructure to support them.

**NOT TO DO:** Rely solely on vigilance and hard work.

**TO DO:** Check small samples daily or frequently so you can decide how to adapt spread practices.

**NOT TO DO:** Check huge mountains of data just once every quarter.

DAY 11

*Source: Institute for Healthcare Improvement. Used with permission.* [17]   33

# Overcome Obstacles

Hospital-community partnerships face several common barriers and challenges. These barriers and challenges influence the effectiveness and sustainability of interventions. Table 4 details the most commonly identified challenges as well as potential solutions to address these challenges.

## Table 4.
## Key Challenges in Hospital-Community Partnerships and Potential Solutions

| Challenges | Possible Solutions/Outcomes |
|---|---|
| **LEADERSHIP AND ORGANIZATIONAL ALIGNMENT** | |
| ▸ Competing organizational priorities and timelines among partners<br>▸ Getting the right people to the table at the right time<br>▸ Limited awareness among leadership about community needs and potential partnership opportunities<br>▸ Length of time to build trust and relationships<br>▸ Limited number of organization with whom to partner – particularly in rural areas | ▸ Leadership buy-in<br>Identify dynamic and charismatic leaders to represent the partnership<br>Ensure that leaders from each partner organization are involved for making decisions and that the right staff are included for implementation<br>Continually educate and communicate to leaders on the mission, goals and progress<br>Find champions from a variety of settings to demonstrate widespread interest and commitment<br>▸ Alignment with the organizations' missions<br>Choose to address issues that key stakeholders in the community care about and relate to organizational missions and/or identified needs<br>Identify and engage organizations that share a common mission, vision and goals related to community needs |

| Challenges | Possible Solutions/Outcomes |
| --- | --- |

## ORGANIZATIONAL CULTURE

▶ Partners not always "speaking the same language" on the same issues

▶ Different cultures and approaches to solving the same problem

▶ Social determinants being addressed in silos

▶ Organizations accustomed to taking the lead or prefer certain approaches

▶ **Ongoing dialogue**

Create a common language and definitions for discussing approach

Regular reflection to focus on the shared mission, vision and goals

Focus on being transparent, candid and respectful

Provide a safe, respectful forum to discuss barriers and mechanisms to resolve conflicts

Build upon past partnership history to promote trust and communication

▶ **Organizational structure**

Use a neutral, objective organization to be the backbone

## PARTNERSHIP STRUCTURE AND OPERATIONAL RESOURCES

▶ Lack of clear structure for who supports or "hosts" the partnership, roles of partners, etc.

▶ Underrepresentation of certain types of partners (e.g., payers, local businesses)

▶ Limited staffing or other resources with competing demands

▶ **Clarify, define and document roles and responsibilities of each partner**

Identify advisory roles for leadership from partner organizations and roles for implementation staff

Have key people or a department dedicated to supporting the partnership

Set up agreed-upon communication pathways, deliverables and timelines

Create formal structure and/or collaborative agreement between partners that permits flexibility and adaptability as the partnership develops

▶ **Use existing talent and identify gaps in expertise**

Include key hospital and community organization leaders in partnership meetings and decisions

Identify and plan around community assets to pool potential resources

| Challenges | Possible Solutions/Outcomes |

## SUSTAINABLE FUNDING SOURCES

▸ Limited long-term funding sources – existing grants focus on specific projects, not long-term partnerships or operations

▸ Lack of alignment between health care financial payment models and population health

▸ **Leverage existing assets, resources and people in the community, such as volunteers, existing space**

Bring nontraditional partners into the partnership, such as churches, school districts and law enforcement

Build coalitions with other similar initiatives to pool resources

Dedicate a portion of funding from operating budgets of hospitals and partners

Leverage hospital foundation or philanthropy dollars to align with work

▸ **Identify external funding sources**

Assign staff to finding external funding sources, such as grants from both governmental and nongovernmental entities

Identify event sponsors to underwrite costs

Pursue value-based payment models that align with population health management

## PROGRAM IMPLEMENTATION

▸ Difficulty moving from assessment to strategy to action, given other organization needs and limited resource capacity

▸ Maintaining momentum and engagement once the project is launched

▸ **Develop a strategy with clearly defined tasks, roles, responsibilities and timelines for individuals from each partner organization**

Assign a "taskmaster" to keep tasks on track and document on shared dashboard

▸ **Demonstrate early successes (process and preliminary outcomes metrics) from pilot projects to demonstrate potential**

▸ **Engage progressive organizations/early adopters to partner on new strategies (more entrepreneurial) and enable them to become champions; spread successful pilots more broadly**

## MEASUREMENT AND EVALUATION

▸ Availability of data and ability to share (e.g., using different electronic health records or data sources)

▸ Defining clear and meaningful metrics

▸ Evaluating and monitoring results, including meeting different reporting requirements for each partner organization

▸ Ability to document positive return on investment

▸ **Determine data-sharing strategy**

Agree on what data should be shared among partners

Explore possible alternative avenues for data sharing such as the creation of a new electronic health record

Explore metrics where partners all have access

Develop a health information exchange

▸ **Get input from all partners on metrics**

Keep metrics simple and focused on goals/outcomes

Regularly report results to all partners on progress and outcomes

Consider using a Plan, Do, Study Act (PDSA) approach to make adjustments quickly

Evaluate cost, benefit, and return on investment, especially at the community level

Flag high utilizers in data collection systems wherever they are seen and monitor specific progress on those "familiar faces"

# Sustain Your Gains

A partnership's sustainability is dependent on how effective it has been in reaching its goals. An effective partnership develops when participating organizations are satisfied with the outcomes and the process of achieving those outcomes. The AHA/HRET guide Creating Effective Hospital-Community Partnerships to Build a Culture of Health outlines multiple factors that are needed to maintain partnerships. Without effective communication, funding and strong leadership, the organizational structure of a partnership can strain. Therefore, to build a strong backbone, adapt sustainability as a core organizational value and embrace it in the partnership's shared, high-level mission.[18]

## Communication

Communication is a key element in building a sustainable partnership. It is important to create an engaging environment that promotes honest and open dialogue, by constantly communicating with your partners throughout the partnership's duration. This builds trust and respect among all individuals. Develop a standardized communication system – whether it be monthly in-person meetings or weekly huddles – that is frequent and transparent so all collaborators are aware of expectations and responsibilities. Acknowledging and discussing the partnership's strengths and weakness throughout the process help the participating parties regroup and reflect on what they are doing right and what can be better.

## Funding

For partnerships that have been effective, long-term funding is required to continue progressing. Show funders that you are capable of receiving long-term funding by meeting deadlines for deliverables, managing both time and money throughout the process, and leveraging resources and skills within the partnership to stay within the budget. Consider creating a financial sustainability committee at the start of your partnership with individuals who have experience dealing with legal or financial issues. These individuals may be on your board of directors or from the community.

**A financial sustainability committee can help you:**

- Find money and resources from financially stable organizations such as academic institutions, private foundations, payers, etc. (Refer to Figure 2. *Types of Potential Partner Organizations* for examples of different types of funding organizations.)

- Be mindful of the operating budget

- Transition from one funder to another in case of a grant termination

- Meet funder's requirements and timelines

- Keep funders updated about how their money is being used[19]

## Leadership

Strong leadership is essential in navigating through organizational challenges and creating new opportunities for improvement and success. However, if a leader decides to leave, partnerships may suffer due to lack of direction and motivation. Avoid this by selecting a leader and a succeeding leader early on in the partnership to maintain operations and communication. Find leaders within your organization by conducting leadership training and activities. Leverage your partners and their resources and skills throughout the partnership, encouraging them to enhance their capacity to learn, create and execute. This helps hone the skills of individuals who may become leaders and champions in the field, motivating them to step up in the event of a leadership change.

# Consider Your Progress

## Pause and Reflect

For the purposes of our project with the learning collaborative, the HRET team conducted two-day site visits that were essentially two-day field trips to the community of every collaborative member. During these visits, the HRET team asked the sites to take the two days to pause and reflect on their work in their communities, including highlighting their partnerships and considering which programs they were most proud of. The site visits also provided an opportunity for the hospital and community stakeholders to gather informally and celebrate the great work they achieved together to build a Culture of Health.

Taking time to pause and reflect on your progress is an important step for the following reasons:

- It creates an opportunity to informally evaluate what you have accomplished and share that with your internal and external partners.

- It allows time to celebrate victories and reflect on past success, challenges and desired future steps. This can be re-energizing and help provide newly found motivation.

- It is a safe time to informally learn from each other and consider challenges.

- It allows everyone to see the programs and partnerships from a different perspective, providing new insights and understanding.

- It is a good time to discuss future direction of the partnership.

### Some considerations for practicing "pause and reflect" with your community

Set aside two full days for the exercise and have a planned agenda. Schedule the days intentionally to allow time for:

- Roundtable conversations with executive leadership about the mission and vision of both current and future work. Ask leaders to share why and how they are invested in the community.

- Time to physically go out into the community and see some of the programs in action. For example:

    - Visit the subsidized housing buildings and meet the people who live there.

    - Attend a diabetes prevention course with YMCA members and understand their lifestyles.

    - Have lunch with a team of community health workers and some of their clients and listen to their stories.

- Meetings with community partners and stakeholders. Give them the opportunity to host the meeting and talk about their work in the community and the partnership.

- Time to debrief and reflect on the two days

Sample agendas can be found in Appendix B.

Consider who should be a part of the two days. Don't limit involvement. Being thoughtful about the people who come along for the journey can help provide a unique experience for the group. You may want to include:

**Executive leaders.** Health system C-suite leaders are valuable to have at the table and be a part of the conversation. If they are not already excited about the community work, they will be after these meetings.

> Consider inviting the chief financial officer or a member of the board to visit the community with you so they can better understand the impact and business case for the work being done.

**Community stakeholders.** Include key community partners and invite them to participate during the two days of pause and reflection. They may provide interesting insights and also learn a little more about the health system's commitment to the community.

> Reach out to community champions or leaders in the community and population health field to gain more knowledge.

**Hospital population health/community benefit team.** Leave titles at the door and allow anyone from the team to participate. This might include the analyst that helps provide data for your community health needs assessment. Team members may learn something and be able to provide insights you might not have considered.

Some key questions to consider during the two days of pause and reflection can be found in Appendix C.
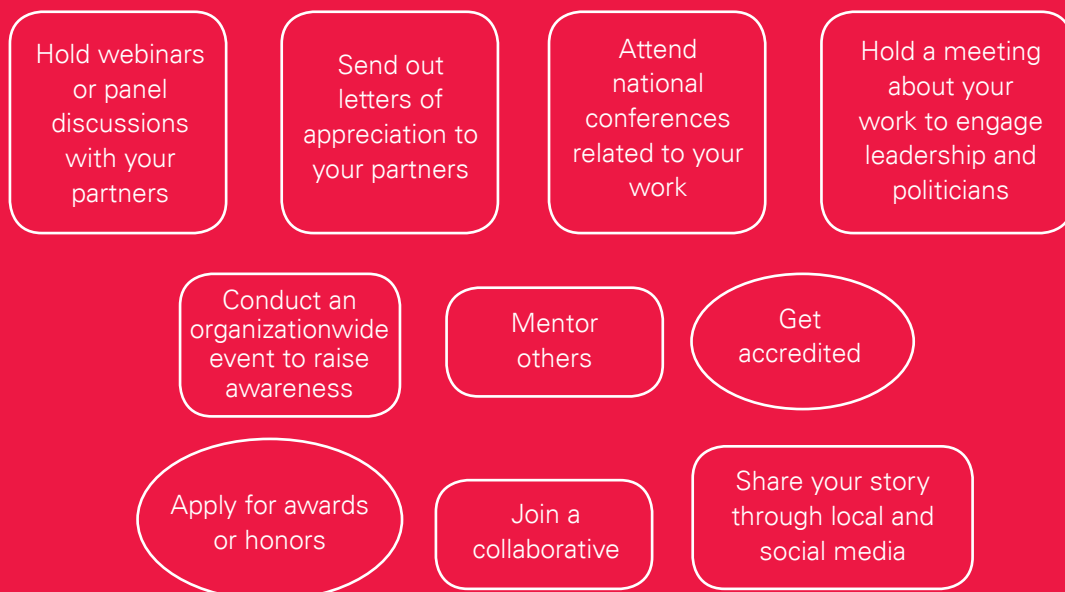
# Celebrate your progress

Celebrating your progress is essential for it recognizes individual and organizational efforts in accomplishing goals. Recognizing the role of all partners in achieving your shared mission is necessary to build trust and transparency in a partnership. It not only strengthens the partnership but also produces advocates and champions from those partnerships. See Figure 12 for ideas to celebrate progress.

**Celebrate your success in:**

> Networking with peers

> Reflecting on achievements

> Raising awareness and generating excitement about your work in the field

> Motivating others

> Investing in new resources and collaborating with other nontraditional organizations

> Recognizing and appreciating your leaders

> Promoting your resources

> Creating an opportunity to work with other organizations with a similar mission[20]

# Figure 12. Celebrate Your Progress

Hold webinars or panel discussions with your partners

Send out letters of appreciation to your partners

Attend national conferences related to your work

Hold a meeting about your work to engage leadership and politicians

Conduct an organizationwide event to raise awareness

Mentor others

Get accredited

Apply for awards or honors

Join a collaborative

Share your story through local and social media

*Source: Health Research & Educational Trust, 2016.*

# Conclusion

**H**ospital-community partnerships are essential in addressing population health issues and creating a large impact. Fostering effective and sustainable partnerships is integral for building a Culture of Health and expanding opportunities for community health improvement. The methods and actionable strategies outlined in this report, along with the tools and worksheets, can help hospitals and community organizations develop and evaluate such partnerships and enhance existing partnerships.

To build effective and sustainable collaborations, hospitals and community organizations must first identify organizations and assets within the community and then work to build consensus and accountability with partnering organizations. Also key are evaluating the effectiveness of each partnership, spreading improvement ideas, overcoming common obstacles, pausing and reflecting on progress and celebrating positive outcomes.

This playbook outlines strategies for sustaining partnerships through transparent communication, long-term funding and leadership support. The case studies in the compendium highlight examples of successful hospital-community partnerships, part of the HRET learning collaborative, and provide insights for other hospitals and community organizations. This work supports the commitment to access, value, partners, well-being and coordination outlined in the AHA's Path Forward (page 52).

Building a Culture of Health means creating a society that gives all individuals an equal opportunity to live the healthiest life they can, whatever their ethnic, geographic, racial, socioeconomic or physical circumstances may be. The American Hospital Association and the Robert Wood Johnson Foundation are committed to expanding and sharing knowledge and offering resources for this vision, including advancing effective and sustainable hospital-community partnerships.

# Appendices

# Appendix A

## Methodology

A collaborative approach between hospitals and community organizations is key to building a Culture of Health. As part of the Robert Wood Johnson Foundation's (RWJF) vision to build a Culture of Health, the Health Research & Educational Trust (HRET), an affiliate of the American Hospital Association (AHA), is seeking to advance hospital-community partnerships by learning how hospitals and community organizations develop effective and sustainable collaborations.

HRET worked with the AHA's leadership and the Association for Community Health Improvement's Advisory Council to identify 10 diverse communities across the country with successful hospital-community partnerships. These communities, part of the *Learning in Collaborative Communities*, varied in location, service type, type of partners and degree of partnership. HRET conducted site visits to each community to learn about their collaborations and interview members of the hospitals and community organizations. Additionally, three representatives from each of the communities were invited to two in-person meetings dedicated to strengthening competencies related to building successful hospital-community partnerships and fostering peer-to-peer learning.

HRET also hosted webinars with the 10 communities and sponsored a Listserv that allowed leaders from all the communities to network and engage with each other. Captured lessons learned, best practices, partnership challenges and other information gleaned during these activities was used to help inform this playbook. Additionally, HRET features descriptions of the community partnerships as case studies in the compendium.

"

**These communities varied in location, service type, type of partners and degree of partnership.**

"

# Appendix B

## Sample Agenda for Two-day Hospital and Community Site Visit

| WEDNESDAY, APRIL 13<br>The Community Experience | THURSDAY, APRIL 14<br>The Health Care and Hospital Experience |
| --- | --- |
| 8:30-9:45 Introductory Session: Welcome and learn about Sinai/LBH in general, Breakfast | 8:30-9:30 Debrief and Introduction of the day, Breakfast |
| 9:45-10:30 Sinai Community Care: Tour | 9:30-10:00 Perinatal Mental Health Professional Study Group: Meeting |
| 10:30-11:15 Safe Streets: Tour/Meeting | 10:00-10:30 HCAM: Sinai ED Tour |
| 11:15-12:30 HFA, HIV, FVP, DMHE programs: Client Success Panel, Lunch | 11:00-11:30 HCAM: Northwest ED Tour |
| 12:40-1:30 Kujichagulia Center: Workshop with middle schoolers | 11:30-12:00 Chase Brexton: Navigator Tour |
| 2:30-3:30 Partnership for a Healthier Carroll: Meeting with leaders | 12:30-1:30 CHAI: Presentation and Discussion, Lunch |
| 3:30-5:00 Access Carroll: Presentation and Tour | 2:00-3:00 Maryland Faith Community Health Network: Meeting with church leaders |
| 5:00-6:30 Dinner in Carroll County | 3:00-4:00 Debrief session |

# Detailed Schedule

**Introductory Session
8:30-9:45**
Objectives: Welcome, get to know the LifeBridge Health population health team and other key players in clinical transformation, learn about Sinai/LifeBridge Health's approach to community partnerships. Breakfast served.

**Attendees:**
Vice President, Clinical Transformation
Director, Population Health
Medical Director, Population Health
Manager, Community Initiatives
Vice President, Government Relations and Community Development
Interim Director, Care Management
Director, Ambulatory and Practice Outcomes
Operations Manager, Population Health
Project Manager, Population Health

**Sinai Community Care: Tour
9:45-10:30**
Objective: Tour the outpatient community clinic that serves many residents of Sinai Hospital's surrounding community neighborhoods.

**Additional Attendees:**
Medical Director, Sinai Community Care
Practice Manager, Sinai Community Care
Nurse Manager, Sinai Community Care
Director, Population Health
Medical Director, Population Health

**Safe Streets: Tour/Meeting
10:30-11:15**
Objective: Learn about a partnership with Baltimore City focused on addressing street violence by working with young people who come into the ED with gunshot or stabbing injuries.

**Added Attendees:**
Safe Streets Coordinator
Manager, Community Initiatives
Director, Population Health

**HFA, HIV, FVP, DMHE Programs:
Client Success Panel 11:15-12:30**
Objective: Hear success stories directly from clients and participants in four Sinai programs: Healthy Families America, HIV services and support, Family Violence Program, and Diabetes Medical Home Extender Program.
Lunch served.

**Added Attendees:**
Manager, Community Initiatives
FSW, Family Home Visiting
Community Health Worker (matched with attending clients)
Client, HIV Services and Support
Client, HIV Services and Support
Client, Diabetes Medical Home Extender program
Client, Family Violence Program

**Kujichagulia Center:
Workshop with middle schoolers 12:40-1:30**
Objective: Participate in and observe a workshop conducted by the Kujichagulia Center in KIPP Academy Elementary/Middle School as part of an ongoing series.

**Partnership for a Healthier Carroll: Meeting with leaders 2:30-3:30**
Objective: Learn about a comprehensive partnership between Carroll Hospital, various government agencies and nonprofit organizations to address unmet community health needs in all of Carroll County.

**Added Attendees:**
Executive Director, The Partnership for a Healthier Carroll County
Vice President, Clinical Integration, Carroll Hospital

**Access Carroll: Presentation and Tour
3:30-5:00**
Objective: Learn about the work being done in chronic disease management in a community that has been operating under a global budget.

**DINNER**

**Introductory Session**
**8:30-9:30**
Objective: Debrief yesterday's experience, lay out the plans for today's visits.
Breakfast served.

**Perinatal Mental Health Professional Study Group: Meeting**
**9:30-10:00**
Objective: Observe a collaborative meeting of providers from various hospitals and other organizations interested in addressing issues in perinatal mental health.

**HCAM: Sinai ED Tour**
**10:00-10:30**
Objective: Observe the award-winning work of Health Care Access Maryland in providing ED diversion, health insurance sign-up, and other navigation services to Sinai ED visitors.

**HCAM: Northwest ED Tour**
**11:00-11:30**
Objective: Observe the award-winning work of Health Care Access Maryland in providing ED diversion, health insurance sign-up, and other navigation services to Northwest ED visitors – in partnership with LBH's ED navigator,

**Chase Brexton - Northwest Hospital Navigator: Tour**
**11:30-12:00**
Objective: Learn about the crucial transitional work by a navigator from Chase Brexton, Northwest Hospital's partner FQHC, to direct patients to primary and chronic care resources after an inpatient stay.

**Comprehensive Housing Assistance: Presentation and Discussion**
**12:30-1:30**
Objective: Learn about HUBS – Housing Upgrades for Seniors – a partnership among various individuals to provide extra supports for seniors. Learn also about other discussions and goals for partnerships for CHAI and Sinai, which are both cousin agencies within the Jewish Federation of Baltimore.

**Lunch served.**

**Added Attendees:**
Executive Director, Comprehensive Housing Assistance, Inc., Senior Home Benefits Coordinator, Comprehensive Housing Assistance, Inc.

**Maryland Faith Community Health Network: Meeting with Church Leaders**
**2:00-3:00**
Objective: Discuss the successes and challenges of working together to launch and operate the pilot program of Maryland's hospital-congregation partnership network.

**Debrief Session**
**3:00-4:00**
Objective: Reflect on the whole visit, ask and answer questions, share learnings, and prepare for next steps.

# Appendix C

## Pause and Reflect: Questions for Hospitals, Health Systems & Community Partners to Consider

### Hospital/Health System

#### Mission

▶ How does your mission fit into your work on community benefit and population health?

▶ What does population health mean to you? Is it different from community health improvement?

#### Operational and Financial Considerations

▶ What resources are devoted to community health improvement? How are these decisions made and monitored?

▶ Infrastructure: Do you have a separate department or is it integrated? Who has oversight responsibility for community health improvement? Who is in charge of "community health"?

▶ Care models: Do you have an accountable care organization (ACO)? Care coordination? Community health workers? Outreach? Other?

▶ What governance do you have in place for community benefit work?

▶ Financials: Is your payment structure supportive? How are you making this work? Where does the funding come from?

▶ Is funding for population/community health a separate funding stream or is it integrated into the hospital or organization's strategic plan and budget?

▶ What is the effect on business strategy?

#### Partnership Origin Story and Specific Intervention Program

▶ Who are the specific community partners that you work with to address the identified community needs?

▶ How do you identify partners in the community? Did you identify them or did they find you?

▶ Did you use the CHNA process to identify community partners?

▶ How did you identify needs in your community?

▶ How did you work with members of the community and your partners to identify and prioritize these needs? Did the IRS guidelines help facilitate the process?

- How did you work with members of the community and your partners to determine solutions to these needs and implement strategies/interventions?
- What types of interventions or programs have you implemented along with your partners?

**Partner/Hospital Roles**

- How do you work with your partners in the community? What is your role versus theirs?
- How would you describe your partnership? Would you say that it is an alliance, collaboration, cooperation, or funder/fundee relationship? (Figure 13)
- Do you view yourself as an anchor, promoter, convener or specialist? (Figure 14)
- What resources does each partner contribute (e.g., financial, time, facility space, staff, IT, in-kind contribution, etc.)?
- What skills or competencies does each partner provide?
- Are the goals and objectives of the partnership clearly stated and widely communicated?

**Partnerships: Success Factors**

- What are the strategic considerations that most determine your role in developing or sustaining partnerships?
- What are barriers or challenges you have faced in collaborating with your partners? How did you overcome them?
- What are some of the success factors in collaborating with your partners? How do you sustain the partnerships over time? What lessons have you learned?

- How do you know when you need to start working with a new partner? How do you know when you need to stop working with an existing partner?

**Partnerships: Challenges and Barriers**

- What are your main challenges and barriers and how do you overcome them?
- Have there been any that were unexpected?
- Do you foresee any coming up?
- Were any of the challenges and barriers preventable and how?

**Measurement and Evaluation**

- Do you use any specific tools or metrics to evaluate and measure the effectiveness of the partnerships?
- What have been the results so far of your intervention?
- What have been the results so far of the effectiveness of your partnerships?

**Sustainability and Long-Term Planning**

- What can you do when there aren't strong partners in your community? How do you leverage the assets you have?
- What is the sustainability plan? Is there a formal short-term and long-term planning process?

**Community Benefit and Social Determinants**

- What is the rest of the hospital's awareness of community benefit/population health/community health activities?
- What is the level of support and level of integration?
- Is the effort lead from the hospital or from the health system level? Who oversees the process?

# Program-Specific Notes

## Community Partner
(additional questions)

### Mission

▶ Tell us about your organization. What is your mission? History? Staffing? Resources? What communities do you serve? What is your focus area?

### Operational and Financial Considerations

▶ Why would you consider a partnership? Do you have shared needs or a shared community? Is there need for a division of labor and expertise?

▶ What resources does each partner contribute (e.g., financial, time, facility space, staff, IT, in-kind contribution, etc.)?

▶ What skills or competencies does each partner provide?

▶ How is your organization structured?

▶ Is there any formal governance?

### Partnership Origin Story and Specific Intervention Program

▶ Initiation of starting partnership with hospital: What was the motivation for starting?

▶ Are the goals and objectives of the partnership clearly stated and widely communicated?

### Partner/Hospital Roles

▶ How would you describe your partnership? Would you say that it is an alliance, collaboration, cooperation, or funder/fundee relationship? (Figure 13)

▶ Do you view yourself as an anchor, promoter, convener or specialist? (Figure 14)

### Partnership: Success Factors

▶ CHNA: Did the hospital approach you about collaboration? At what point in their process? What capacity did they want you to serve in?

### Partnership: Challenges and Barriers

▶ What are your main challenges and barriers and how do you overcome them?

▶ Have there been any that were unexpected?

▶ Do you foresee any coming up?

▶ Were any of the challenges and barriers preventable and how?

### Measurement and Evaluation

▶ Do you use any specific tools or metrics to evaluate and measure the effectiveness of the partnerships?

▶ What have been the results so far of your intervention?

▶ What have been the results so far of the effectiveness of your partnerships?

### Sustainability and Long-Term Planning

▶ What can you do when there aren't strong partners in your community? How do you leverage the assets you have?

▶ What is the sustainability plan? Is there a formal short-term and long-term planning process?

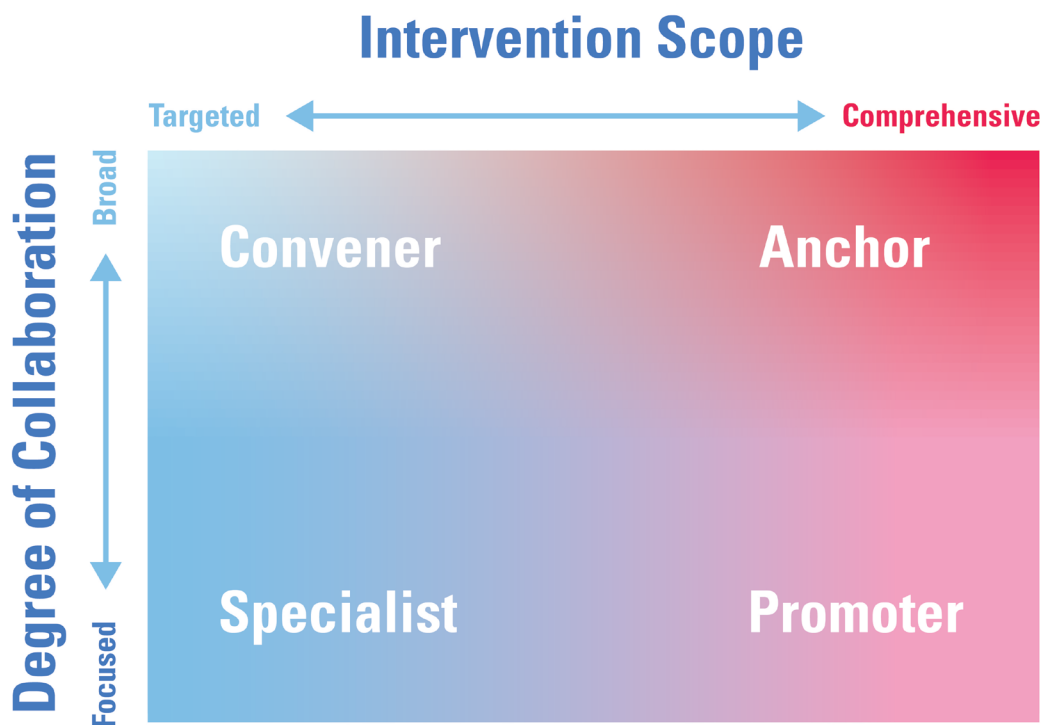# Figure 13. **Partshership Spectrum**

**Not Involved**
No current partnerships
with this type of organization

**Funding**
Grant-making capacity only

**Networking**
Exchange Ideas and Information

**Collaboration**
Exchange information and share resources
to alter activities and enhance the capacity
of the other partner

**Alliance**
Formalized partnership (i.e., binding agreement)
among multiple organizations with merged
initiatives, common goals and metrics

*Source: Health Research & Educational Trust, 2016.*

# Figure 14. Building a Culture of Health: Hospital/ Health Care System Roles

## Intervention Scope

Targeted ⟷ **Comprehensive**

**Degree of Collaboration** (Broad ↕ Focused)

| | |
|---|---|
| Convener | Anchor |
| Specialist | Promoter |

*Source: Health Research & Educational Trust, 2016.*

**Specialist:** The specialist engages in community health improvement by concentrating on a few specific issues for which the organization is a subject matter or programmatic expert. The specialist works with a focused group of community partners. The specialist hospital may have limited support and resources for broader initiatives or choose to address issues where it can have the greatest impact given its expertise and resources.

**Promoter:** The promoter plays an active role in building a culture of health by supporting other organizations' initiatives through funding or contributing resources (e.g., employees, facility space). The promoter has broad intervention scope but limited community partnerships. Promoters may use their influence in the community and with the government to help shape policy or provide community education.

**Convener:** The convener fosters a culture of health by bringing together hospital and community stakeholders to build collaborative relationships and work toward shared goals. Conveners are influential in their communities and are able to bring together a broad range of multisectoral partners to address community health needs. These hospitals and health care systems target specific issues to address significant community health needs. Conveners may provide funding, facilities, staff expertise or in-kind services to support broader community health programs, but they also empower community stakeholders to take the lead.

**Anchor:** The anchor serves as a leader in building a culture of health within the community. Activities of anchor hospitals can include those of the specialist, promoter and convener. Anchors are influential in their communities, and they have strong, active partnerships with a wide range of diverse community organizations to address a comprehensive scope of interventions that encompass both socioeconomic and medical concerns in the community. Anchors also may be environmental and economic stewards in their communities. Population health improvement is a fully integrated part of their mission, with leadership engagement and significant resources allocated to support a broad range of issues that affect health.

# Appendix D

## Learning in Collaborative Communities

As part of this project, HRET launched *Learning in Collaborative Communities*, a cohort of 10 communities across the United States that have exemplary hospital-community partnerships. These communities varied in location, service type, type of partners and degree of partnership. HRET conducted site visits to each community to learn about their collaborations and interview members of the hospital and community organizations. The hospitals/health systems and communities are listed here and described in detail in the compendium of case studies that accompanies this playbook.

| | | |
|---|---|---|
| Atlantic Health System | **Morristown** | New Jersey |
| LifeBridge Health | **Baltimore** | Maryland |
| Providence Health | **Portland** | Oregon |
| Seton Healthcare Family | **Austin** | Texas |
| Sharp HealthCare | **San Diego** | California |
| Sinai Health System | **Chicago** | Illinois |
| St. Mary's Health System | **Lewiston** | Maine |
| St. Vincent Healthcare | **Billings** | Montana |
| University of Vermont Medical Center | **Burlington** | Vermont |
| WNC Health Network | **Asheville** | North Carolina |

# ADVANCING HEALTH IN AMERICA THE PATH FORWARD

**Our vision:** A society of healthy communities where all individuals reach their highest potential for health.
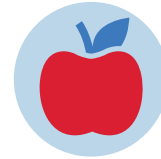
**Our commitment:**
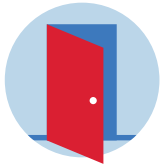
**1 Access:** Access to affordable, equitable health, behavioral & social services

**2 Value:** The best care that adds value to lives

**3 Partners:** Embrace diversity of individuals & serve as partners in their health

**4 Well-Being:** Focus on well-being & partnership with community resources

**5 Coordination:** Seamless care propelled by teams, technology, innovation & data

**H** Our role: The 'H' of the future = **H**ospitals, **H**ealth systems, and **H**ealth organizations that are:

→ Partnering and leading in our communities

→ Helping our communities beyond the four walls of the hospital

→ Striving toward the vision to advance health in America

→ Creating new models of care, services and collaborators

## Our Mission

To advance the health of individuals and communities. The AHA leads, represents and serves hospitals, health systems and other related organizations that are accountable to the community and committed to health improvement.

## Driving Forces

→ Affordability
→ Coverage
→ Consumerism

→ Payment for Value
→ New Technologies
→ Chronic Care Management

→ Consolidation
→ Community Benefit

## Strategic Priorities

→ Performance Improvement
→ Payment and Delivery Reforms
→ Shaping Future Workforce

→ Advocating for Access and Coverage
→ Telling the Story

**American Hospital Association®**
www.aha.org

# Resources

**Here are additional resources from the American Hospital Association and the Robert Wood Johnson Foundation on building a Culture of Health, creating effective partnerships and improving population health.**

American Hospital Association. (2017). *The leadership role of nonprofit health systems in improving community health.* Chicago, IL: Author. Retrieved from http://trustees.aha.org/populationhealth/16-leadership-role.pdf

American Hospital Association. (2016, February). *Learnings on Governance from Partnerships that Improve Community Health*. Chicago, IL: Author. Retrieved from http://trustees.aha.org/populationhealth/16-BRP-Partnership-Profiles.pdf

Association for Community Health Improvement. (2015). 2015 *AHA population health survey in collaboration with the Public Health Institute.* Chicago, IL: Author. Retrieved from http://www.ahadataviewer.com/Global/Population%20Health/2015AHAPopSurv.pdf

Health Research & Educational Trust. (2016, August). *Creating effective hospital-community partnerships to build a culture of health*. Chicago, IL. Author. Retrieved from http://www.hpoe.org/Reports-HPOE/2016/creating-effective-hospital-community-partnerships.pdf

Health Research & Educational Trust. (2014, October). *Hospital-based strategies for creating a culture of health.* Chicago, IL: Author. Retrieved from http://www.hpoe.org/Reports-HPOE/hospital_based_strategies_creating_culture_health_RWJF.pdf

Health Research & Educational Trust. (2011). HRET Spread Assessment Tool. Chicago, IL: Author. Retrieved from http://www.hret.org/dissemination/projects/resources/hret_spread_assessment_tool.pdf

Health Research & Educational Trust. (2014, March). *The second curve of population health*. Chicago, IL: Author. Retrieved from http://www.hpoe.org/Reports-HPOE/SecondCurvetoPopHealth2014.pdf

Robert Wood Johnson Foundation. (2015). *From vision to action: A framework and measures to mobilize a culture of health*. Princeton, NJ: Author. Retrieved from http://www.cultureofhealth.org/content/dam/COH/RWJ000_COH-Update_CoH_Report_1b.pdf

# Endnotes

**1.** Kretzmann, J. P. & McKnight, J. L. (1993). *Building communities from the inside out: A path toward finding and mobilizing a community's assets.* Evanston, IL: Institute for Policy Research.

**2.** Work Group for Community Health and Development, University of Kansas. Identifying community assets and resources. In *Community tool box.* (Chapter 3, Section 8). Retrieved from http://ctb.ku.edu/en/table-of-contents/ assessment/assessing-community-needs-and-resources/identify-community-assets/main

**3.** Burns, J. C., Paul, D. P. & Paz, S. R. *Participatory asset mapping: A community research lab toolkit.* (2012, April). Los Angeles, CA: Community Research Lab, Healthy City. Retrieved from http://www.communityscience.com/knowledge4equity/AssetMappingToolkit.pdf

**4.** AmeriCorps VISTA. (n.d.). *Community asset mapping guide* [Webinar]. Washington, DC: Corporation for National & Community Service. Retrieved from https://www.vistacampus.gov/sites/default/files/legacy/37/OngoingLearning/ WebinarsforVISTAs/Community_Asset_Mapping_Guide.pdf

**5.** Hoying, A., Sambourskiy, N. & Sanders, B. (2012). *A structured approach to effective partnering.* Atlanta, GA: Office of Public Health Preparedness and Response, Centers for Disease Control and Prevention. Retrieved from https://www.cdc. gov/phpr/partnerships/documents/a_structured_approach_to_effective_partnering.pdf

 **6.** AmeriCorps VISTA. (n.d.). *Community asset mapping guide* [Webinar]. Washington, DC: Corporation for National & Community Service. Retrieved from https://www.vistacampus.gov/sites/default/files/legacy/37/OngoingLearning/ WebinarsforVISTAs/Community_Asset_Mapping_Guide.pdf

**7.** Giachello, A. L. (Author); Ashton, D., Kyler, P., Rodriquez, E. S., Shanker, R. & Umemoto, A. (Eds.). (2007). *Making community partnerships work: A toolkit.* White Plains, NY: March of Dimes Foundation. Retrieved from http://www. aapcho.org/wp/wp-content/uploads/2012/02/Giachello-MakingCommunityPartnershipsWorkToolkit.pdf

**8.** Himmelman, A. (2002). *Collaboration for a change: Definitions, decision-making models, roles, and collaboration process guide.* Minneapolis, MN: Himmelman Consulting. Retrieved from https://depts.washington.edu/ccph/pdf_files/4achange.pdf

**9.** Cohen, L., Baer, N. & Satterwhite, P. (2002). Developing effective coalitions: An eight-step guide. In M.E. Wurzbach (Ed.), *Community health education and promotion: A guide to program design and evaluation* (2nd ed., pp. 161-178). Gaithersburg, MD: Aspen Publishers Inc.

**10.** Liteman, M., Campbell, S. & Liteman, J. (2006). *Retreats that work: Everything you need to know about planning and leading great offsites* (Expanded ed., pp. 291-293). San Francisco, CA: Pfeiffer.

**11.** McCaffrey, T. (2014, June 24). *BrainSwarming: Because brainstorming doesn't work.* [Webinar]. Boston, MA: Harvard Business Review. Retrieved from https://hbr.org/webinar/2014/06/brainswarming-because-brainstorming-doesnt-work

**12.** National Association of County and City Health Officials. (2017). *Local health department–community health center collaboration toolkit.* Washington, DC: Author. Retrieved from http://www.naccho.org/uploads/downloadable-resources/Programs/Public-Health-Infrastructure/NACCHO-LHD-CHC-collaboration-toolkit.pdf

**13.** Clear Impact. (n.d.). What is Results-Based Accountability?™ Retrieved from https://clearimpact.com/results-based-accountability/#

**14.** McCannon, C. J., Schall, M. W. & Perla, R. J. (2008). *Planning for scale: A Guide for designing large-scale improvement initiatives* [IHI Innovation Series white paper]. Cambridge, MA: Institute for Healthcare Improvement. Retrieved from http://www.ihi.org/resources/Pages/IHIWhitePapers/PlanningforScaleWhitePaper.aspx

**15.** Massoud, M. R., Nielsen, G. A., Nolan, K., Schall, M. W. & Sevin, C. (2006). *A framework for spread: From local improvements to system-wide change* [IHI Innovation Series white paper]. Cambridge, MA: Institute for Healthcare Improvement. Retrieved from http://www.ihi.org/resources/Pages/IHIWhitePapers/AFrameworkforSpreadWhitePaper.aspx

**16.** Institute for Healthcare Improvement, Kaiser Permanente Labor Management Partnership. (n.d.). *IHI "seven spreadly sins"* [Infographic]. Cambridge, MA: Institute for Healthcare Improvement. Retrieved from http://www.ihi.org/resources/pages/tools/ihisevenspreadlysins.aspx?utm_campaign=LQI&utm_content=46122277&utm_medium=social&utm_source=twitter

**17.** Ibid.

**18.** Boone, T. (2012, April). *Creating a culture of sustainability.* Chicago, IL: Health Care Without Harm Research Collaborative, School of Public Health, University of Illinois at Chicago. Retrieved from https://noharm.org/sites/default/files/lib/downloads/other/Creating_a_Culture_of_Sustainability.pdf

**19.** Work Group for Community Health and Development, University of Kansas. Developing a committee to help with financial sustainability. In *Community tool box* (Chapter 42, Section 3). Retrieved from http://ctb.ku.edu/en/table-of-contents/finances/grants-and-financial-resources/financial-sustainability-committee/main

**20.** Greene-Moton, S., Palermo, A-G., Flicker, S. & Travers, R. Motivating, recognizing and celebrating partners. In *Developing and sustaining community-based participatory research partnerships* (Unit 4, Section 4.6). Retrieved from https://depts.washington.edu/ccph/cbpr/u4/u46.php