Improving Community Health through Hospital – Public Health Collaboration

Insights and Lessons Learned from Successful Partnerships

Executive Summary

November 2014

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This national study of successful partnerships involving hospitals, public health departments, and other stakeholders who share a commitment to improving their community’s health examined and identified key lessons learned from their collective experience. Based on an initial review of the partnerships’ match with a series of core characteristics of successful partnerships, on-site interviews were conducted with leaders of 12 partnerships in 11 states. The study intends to accelerate change, encourage collaboration, and contribute to improving a “culture of health” in American communities.

The eight core characteristics of successful partnerships, accompanied by 27 indicators, appear below (see http://www.uky.edu/publichealth/CoreCharacteristicsSuccessfulPartners.php). These eight core characteristics formed the basis for the partnerships’ in-depth interviews and document review:

- Vision, mission, and values;
- Partners;
- Goals and objectives;
- Organizational structure;
- Leadership;
- Partnership operations;
- Program success and sustainability; and
- Performance evaluation and improvement.

Through a multi-step process, 12 diverse and well-established partnerships were identified for site visits to gain knowledge about their genesis, organizational arrangements, goals and how progress is assessed, and lessons learned from their experiences. The site visits and additional document reviews were conducted between April and July 2014. In addition, interviews were conducted on two states’ public health policy initiatives intended to encourage and support development of collaborations between hospitals and public health.

Among the nine emerging patterns identified in the interview results were the following:

- The active engagement of many partners in the establishment and on-going operations of collaborative partnerships is essential to their sustainability and success.
- Many partnerships continue to be challenged in developing objectives and metrics and demonstrating their linkages with the overall measure(s) of population health on which they have chosen to focus.
- Partnership leadership style tends to evolve toward servant leadership.
- Financial sustainability remains a significant issue for many partnerships.

The following eleven recommendations and the information in the study report provide insights to assist leaders of public and private organizations and policy makers in building strong, successful partnerships designed to improve community health.

1. To have enduring impact, partnerships focused on improving community health should include hospitals and public health departments as core partners but, over time, engage a broad range of other parties from the private and public sectors.
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2. Whenever possible, partnerships should be built on a foundation of pre-existing, trust-based relationships among some, if not all, of the principal founding partners. Other partners can and should be added as the organization becomes operational, but building and maintaining trust among all members is essential.

3. In the context of their particular community’s health needs, the capabilities of existing community organizations, and resource constraints, the parties who decide to establish a new partnership devoted to improving community health should adopt a statement of mission and goals that focuses on clearly-defined, high priority needs and will inspire community-wide interest, engagement, and support.

4. For long-term success, partnerships need to have one or more “anchor institutions” with dedication to the partnership’s mission and strong commitment to provide on-going financial support for it.

5. Partnerships focused on improving community health should have a designated body with a clearly-defined charter that is empowered by the principal partners to set policy and provide strategic leadership for the partnership.

6. Partnership leaders should strive to build a clear, mutual understanding of “population health” concepts, definitions, and principles among the partners, participants, and, in so far as possible, the community at-large.

7. To enable objective, evidence-based evaluation of a partnership’s progress in achieving its mission and goals and fulfill its accountability to key stakeholders, the partnership’s leadership must specify the community health measures they want to address, the particular objectives and targets they intend to achieve, and the metrics and tools they will use to track and monitor progress.

8. All partnerships focused on improving community health should place priority on developing and disseminating “impact statements” that present an evidence-based picture of the effects the partnership’s efforts are having in relation to the direct and indirect costs it is incurring.

9. To enhance sustainability, all partnerships focused on community health improvement should develop a deliberate strategy for broadening and diversifying their sources of funding support.

10. If they have not already done so, the governing boards of nonprofit hospitals and health systems and the boards of local health departments should establish standing committees with oversight responsibility for their organization’s engagement in examining community health needs, establishing priorities, and developing strategies for addressing them, including multi-sector collaboration focused on community health improvement.

11. If they have not already done so, local, state, and federal agencies with responsibilities related to population health improvement and hospital and public health associations should adopt policy positions that promote the development of collaborative partnerships involving hospitals, public health departments, and other stakeholders focused on assessing and improving the health of the communities they serve.
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The report appendices also provide: 1) each partnership’s own description of a key feature related to structure, strategies, policies, or processes, which they believe to be particularly beneficial for their partnership and its operations; and 2) a list of 157 partnerships in 44 states that were nominated for consideration in the study.

<table>
<thead>
<tr>
<th>Partnership Site Visits</th>
<th>Partnership Location</th>
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<tbody>
<tr>
<td>Kaiser Foundation Hospitals and Health Plan</td>
<td>Oakland, California</td>
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<tr>
<td>California Healthier Living Coalition</td>
<td>Sacramento, California</td>
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<tr>
<td>St. Johns County Health Leadership Council</td>
<td>St. Augustine, Florida</td>
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<tr>
<td>Quad City Health Initiative</td>
<td>Quad Cities, Iowa and Illinois</td>
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<tr>
<td>Fit NOLA Partnership</td>
<td>New Orleans, Louisiana</td>
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<td>HOMETowns Partnership</td>
<td>Portland, Maine</td>
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<td>Healthy Montgomery</td>
<td>Rockville, Maryland</td>
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<td>Detroit Regional Infant Mortality Reduction Task Force</td>
<td>Detroit, Michigan</td>
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<tr>
<td>Hearts Beat Back: The Heart of New Ulm Project</td>
<td>New Ulm, Minnesota</td>
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<td>Healthy Monadnock 2020</td>
<td>Keene, New Hampshire</td>
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<tr>
<td>Healthy Cabarrus</td>
<td>Kannapolis, North Carolina</td>
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<tr>
<td>Transforming the Health of South Seattle and South King County</td>
<td>Seattle, Washington</td>
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For the Full Report, Study Overview and Core Characteristics, go to:
http://www.uky.edu/publichealth/hospital/collaboration

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