

## COLLABORATIVE PARTNERSHIPS FOR COMMUNITY HEALTH IMPROVEMENT

**Note to readers and users of the *Healthiest Wisconsin 2020* Profiles:** This *Healthiest Wisconsin 2020* Profile is designed to provide background information leading to collective action and results. This profile is a product of the discussions of the Focus Area Strategic Team that was convened by the Wisconsin Department of Health Services during September 2009 through November 2010. The objectives from this Focus Area have been recognized as objectives of *Healthiest Wisconsin 2020*. (Refer to Section 4 of the *Healthiest Wisconsin 2020* plan.) A complete list of *Healthiest Wisconsin 2020* Focus Area Strategic Team Members can be found in Appendix A of the plan.

### Definition

*Collaborative partnerships for community health improvement* means the full engagement of the outer ring of the *Healthiest Wisconsin 2020* framework at the local, regional, and statewide levels to collaboratively address the 23 focus areas to achieve the goals of improving health across the life span and achieving health equity and eliminating health disparities for everyone in Wisconsin.

- Partnerships provide capacity for healthy communities.
- Partnerships are established on formal and informal levels and are essential to address community health improvement planning and action that affect population health outcomes and achieve the shared vision of everyone living better, longer.
- Partnerships use evidence-based interventions to build and support healthy communities.
- Partnerships collaboratively identify, implement, and evaluate strategies to address infrastructure and health priorities at the state and local levels.

### Importance of the Focus Area

A system of partnerships goes to the heart of the definition of public health in Wisconsin. *Healthiest Wisconsin 2020* calls for sustainable partnerships, not only to assure engagement of new partners and communities, but to move the public health system to the next level where all partners demonstrate shared leadership, shared resources, and shared accountability to improve health for all and eliminate health disparities. The public should expect nothing less.

Wisconsin Statute 250.03(L) lists 10 essential services to be carried out by the public health system (originally published as part of the *Public Health in America Statement*, 1994). Those who help carry out one or more of the 10 essential public health services are part of Wisconsin's public health system and important partners in *Healthiest Wisconsin 2020*. The essential public health services include:

1. Monitor the health status of populations to identify and solve community health problems.
2. Investigate and diagnose community health problems and health hazards.
3. Inform and educate individuals about health issues.
4. Mobilize public and private sector collaboration and action to identify and solve health problems.
5. Develop policies, plans, and programs that support individual and community health efforts.
6. Enforce statutes and rules that protect health and ensure safety.
7. Link individuals to needed personal health services.
8. Assure a competent public health workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Provide research to develop insights into and innovative solutions for health problems.

Partnerships between government and the public, private, nonprofit, civic, and voluntary sectors have grown significantly since the publication of *Healthiest Wisconsin 2010* and have become a basic business process. The types of partnerships are almost as varied as they are numerous. All Wisconsin health departments have helped to develop community advisory teams to guide the development of community health improvement plans. Such plans provide a population-based approach to support the public health mission of aligning policies and systems to assure conditions for healthy, safe, and resilient communities, families, and individuals.

Success in improving the health of the community requires that members of community partnerships embrace their role as leaders and their role in using science and evidence to achieve the mission of public health. Partnerships are crucial to solving problems, preserving community assets, and building social capital in communities. Building and sustaining community partnerships that reach out to and include community-based organizations serving diverse populations will assure that partnerships are representative of the diversity of the community. Diversity and representativeness are important factors for success.

Despite good intentions, diverse partners may not be at the table simply because they were not invited or because the community-based organization lacks staff and resources. Partnerships that are not representative of the community can create a power differential so that majority partnerships can, intentionally or unintentionally, make decisions to “fix problems” for minority partners and populations. This power differential exists because there are trust issues, and cultural (language, ethnicity, social and economic) insensitivity. Until this can be straightforwardly addressed, partnerships focused on health equity will not be successful. Partnerships improve health through collective action and can take on various forms that range from networking, to coordinating, to cooperating, to collaborating. To be effective, partnerships must overcome the potential barriers to effectiveness posed by time, trust, and turf (Himmelman, 2002).

Despite the exponential growth in public health partnerships, resources are not available to systematically organize and categorize these partnerships, track progress, or evaluate the benefits and outcomes of partnership efforts in Wisconsin communities. Partnerships do not routinely

document and claim “credit” for successes that lead to improved health. Taking credit for community improvement progress is important so the partners can demonstrate why their organizations should continue to support and contribute to partnership work in their community.

Evaluation is a challenge. It is difficult to evaluate the specific effect that a partnership has on current and emerging community issues when other activities in the community may also influence the issue the partnership is working on.

### *Successful partnerships require*

- Engaging individuals and organizations affected by, interested in, and/or having the capacity to affect the issue,
- Nurturing strong relationships between diverse individuals from across the community,
- Fostering mutual respect, trust and understanding, and
- Demonstrating balanced power among all members.

The *Healthiest Wisconsin 2020* Focus Area Strategic Team on partnerships identified several ways to promote partnerships to improve health outcomes that include:

- Creating a toolbox that will include resources to develop a model partnership,
- Funding partnerships so that all interested parties can fully participate in the partnership,
- Researching the factors that contribute to a successful partnership, and
- Developing and formally supporting partnerships that management endorses.

### **Wisconsin Data Highlights**

- In a 2003 study of partnerships reported by Wisconsin local health departments, approximately two-thirds (66 percent) had been in existence for three or more years. Most partnerships received little to no financial contributions. Local health departments supported partnerships primarily through in-kind staff contributions (78 percent) (Zahner, 2005b).
- The following characteristics were found to be statistically significant in predicting the implementation of partnerships plans: variation in partners; existence of a budget; more partners contributing financially; and time the partnership had existed (Zahner, 2005a).

### **Objective 1**

**By 2020, increase the use of effective strategies to promote partnerships to improve health outcomes through Web-based resources and a pool of trained experts.**

#### **Objective 1 Indicators**

- Creation of a partnership tools website; frequency of use; user satisfaction. (Indicator to be developed.)
- Number of people completing trainings in health partnership development. (Indicator to be developed.)
- Wisconsin Department of Health Services meets Public Health Accreditation Board Standard 4.1.3S.

- Measured knowledge and implementation of partnership best practices. (Indicator to be developed.)

### **Objective 1 Rationale**

Despite the exponential growth in public health partnerships, adequate resources have not been allocated to systematically organize, categorize the type and array, track progress, or evaluate the benefits and outcomes of partnership efforts in Wisconsin communities.

Partnerships are crucial to solving problems, preserving community assets, and building social capital in communities.

### **Objective 2**

**By 2020, increase the proportion of public health partnerships that demonstrate balanced power, trust, respect, and understanding among affected individuals, interested individuals, and those with capacity to affect the issue.**

#### **Objective 2 Indicators**

- Proportion of health partnerships that include members affected by the partnership's focus issues. (Indicator to be developed.)
- Proportion of partnerships' governance members affected by the health issue. (Indicator to be developed.)
- Proportion of affected members indicating satisfaction with shared power, respect and understanding of the partnership. (Indicator to be developed.)

#### **Objective 2 Rationale**

Building and sustaining community partnerships that reach out to and include community-based organizations serving diverse populations will assure the partnership is representative of the diversity of the community. Diversity and representativeness are important factors for the success and credibility of partnerships. Despite good intentions, diverse partners may not be at the table simply because they were not invited or because the invited organization declines participation because lack of staff and resources.

### **Potential evidence- or science-based actions to move the focus area objectives forward over the decade**

- Create a community toolbox, similar to the Community Toolbox created by the University of Kansas. This is a global resource for free information on essential skills for building healthy communities. The toolbox offers two types of support for using promising approaches for promoting community health and development:
  - Support for implementing 'best practices,' or evidence-based mechanisms for promoting community change and improvement.
  - Links to databases of 'best practices,' or evidence-based approaches to address specific problems or goals (University of Kansas, Community Toolbox).

- Create a partner tool box that focuses on measuring the process of collaboration and connectivity, particularly the social infrastructure of interactions between involved members of a public health collaborative. By using the tool, partnerships can demonstrate to stakeholders, community members, and funders how their collaborative activity has changed or improved over time, including how community organizations participated (Varda, et al., 2008).

## References

Booske, B.C., Kindig, D.A., Nelson, H., Remington, P.L. (2009). *What works? Policies and programs to improve Wisconsin's health*. University of Wisconsin Population Health Institute.

Himmelman A. *Communities Collaboration for Change (revised January 2002) Definitions, Decision-making models, Roles, and Collaboration Process Guide*. Retrieved March 1, 2010 from [http://depts.washington.edu/ccph/pdf\\_files/4achange.pdf](http://depts.washington.edu/ccph/pdf_files/4achange.pdf)

Levan L., Renshaw, P. The Relevance of Sociocultural Theory to Culturally Diverse Partnerships and Communities. *Journal of Child and Family Studies, Vol. 10, No. 1, 2001, pp. 9–21*.

Public Health Functions Project. 1994. *Public Health in America Statement*. A joint effort of U.S. Public Health Service agencies and national public health organizations.

Roussos, Stergios Tsai, and Fawcett, Stephen. *A Review of Collaborative Partnerships as a Strategy for Improving Community Health*. *Annu. Rev. Public Health*. 2000. 21:369–402.

Varda, et al. PARTNER (Program to Analyze, Record, and Track Networks to Enhance Relationships) (2008); From: Ix, Megan. *Measuring Partnerships in Public Health*. *Changes in Health Care Financing & Organization (HCFO)* Vol. XII , No.1 February 2009.

Wisconsin Statute 250.07. Section 250.03(1)(L)4).

Zahner, S.J., Public Health Reports / January–February 2005a / Volume 120 p. 76 Local Public Health System Partnerships.

Zahner, S.J., Kaiser, B., and Kapelke-Dale, J. Local Partnerships for Community Assessment and Planning. *J Public Health Management Practice*. 2005b,11 (5), 460-464.

University of Kansas, Community Toolbox. Retrieved March 1, 2010 from <http://ctb.ku.edu/en/Default.htm>