

Community Health Partnerships

Tools and Information for Development and Support

Developed by the National Business Coalition on Health and the Community Coalitions Health Institute with support from a Cooperative Agreement with the Centers for Disease Control and Prevention, the Association of State and Territorial Health Officials, and the National Association of City and County Health Officials

Letter from the Community Health Partnership Leaders

The Association of State and Territorial Health Officials (ASTHO), the National Association of County and City Health Officials (NACCHO), and the National Business Coalition on Health (NBCH) /Community Coalitions Health Institute (CCHI) in partnership with the Centers for Disease Control and Prevention (CDC) and the Alliance to Make U.S. Healthiest are all working together at the national level to emulate and support the vision for Community Health Partnerships (CHP) across the United States.

To help promote the development and sustainability of Community Health Partnerships that include leadership from both business and business led health coalitions and public health officials, we are making this information available to help at all stages of the evolution of the collaboration. We want to encourage public health officials and businesses to work together and take advantage of the expertise and resources that can collectively be used to improve population health—workforce, families, and community. Examples from the field as well as references to existing or complimentary information are included—with links as appropriate—to help by providing real life experiences. The tools and information are designed to provide technical assistance, resources, templates, and strategies to help with the CHP development and continuation.

This information will be enhanced, updated, and expanded to provide a broader array of information, examples, and tools that represent the evolving stages of Community Health Partnerships. The early information is targeted to aid with the relationship building for public health officials with business led coalitions to begin, enhance, and sustain Community Health Partnerships. Updates will follow, including success stories and what has been learned from the field—including barriers and problems, as well as case studies to increase the number of examples and sources of information—as the collaboration moves forward.



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Value of Partnership

Organizations in different sectors, such as business and public health, have different missions and objectives yet there is an area of common interest—improving the health of Americans with resulting improved health status and reduction in health care cost and maximizing the impact healthier Americans can have in their communities and workplaces. By identifying and articulating the common interest, partnerships can be developed to promote the shared goals. Benefits from partnering may include:

- Leveraging and maximizing resources by pooling talent, expertise, and resources
- Improving outreach to stakeholders (employers, employees, providers, vendors, public health officials, policy makers, etc.) with enhanced visibility and messaging
- Minimizing duplication of efforts
- Generating broad based support—including other stakeholders from both private and public sectors
- Increasing credibility beyond the scope of the individual organization
- Being more appealing to other potential resources including funding sources
- Co branding opportunity
- Creating better ways to reach audiences where they spend time—live, work, play
- Realizing that no one stakeholder can solve the problem
- Building on public health’s expertise and evidence based tools and information to improve the health of the community
- Access to the public sector as a major employer and purchaser of health programs
- Reduction in costs—both direct and indirect—related to health
- Improving health status
- Improving community life

Public health officials can provide valuable resources, tools, subject matter experts, and clinical expertise that can benefit both the coalition and the community.

With these potential gains, there are inherent risks which include:

- Implementation challenges
- Conflicts of interest
- Loss of autonomy and reduced independence
- Drain on resources to establish and maintain partnership relationships
- Miscommunication based upon disparate vocabularies and business models

These risks can be overcome with appropriate *and realistic* planning and designation of tasks and responsibilities in a jointly prepared action plan

In a meeting jointly conducted with business and health officials from Kansas, New York, Tennessee, and Virginia, the actual experiences from field sites noted the value of their relationships¹:



Partnership Value... from Field Experience

The value of the relationships between public health officials and business coalitions was noted in numerous ways with significant gains during a meeting hosted jointly by NBCH/CCHI, ASTHO, and NACCHO in October 2008. This meeting included both state and local public health officials with business coalition directors sharing their experience from the field about their experiences as collaborators and partners. The described gains include shared resources, increased ability to scale change opportunities, networking, sustainability of projects and initiatives from gained knowledge and resources, added credibility, and good citizenship.

The ways in which these relations have evolved is also varied as demonstrated by the participants with overlapping interests, grants and financial support, subcontracting or similar resource programming, self interest, “right thing to do”, mutual interdependency, synergy from public health, entrée point to employees—and their spouses and dependents, and increased viability with employees cited as reasons for the development of these relationships. Both public health officials and business leaders expressed an understanding of the increased power, visibility, and credibility from speaking with “one voice” as well as the potential to maximize the points of common interest.



¹ Community Health Partnerships: Learning from the Field. Meeting Report from October 8, 2008. www.nbch.org

General Guidelines for Successful Partnerships

The following are general principles to create and sustain successful partnerships.²

Mutual Understanding. Partners need to understand each other’s needs, respective resources, language, and goals to effectively communicate and to partner.

Securing Trust. No partnership can be successful without trust. Recognizing that trust takes time to build and keeping commitments and promises is one of the measures. Openness and honesty are critical elements and include information about plans, available resources, and resource requirements. A frank discussion about “what I need to get out of this relationship for my organization” is relevant in building an ongoing relationship.

Clarity of Goals. Clear discussion of and agreement about the shared mission and goals is essential and can be fostered by beginning with clearly defined short-term and longer term achievable results statements that are used to work backwards to an action plan that defines the roles and responsibilities of the partners.

Finding Champions. Sponsorship by committed leaders with the power to achieve results from the initiatives is crucial. The framework this takes in terms of organizational structure for governance may vary.

Sharing Data. Making good use of data in all stages and tasks—assessment, planning, implementation, and evaluation—will help to determine reasonable goals and to mobilize support. Frank discussions about sharing data, data security, access, and reporting will also need to be part of the dialogue for successful partnerships.

Recognizing contributions. On-going recognition of partner contributions is essential. Acknowledgement of incremental progress and accomplishments will help assure recognition of all contributions to success.

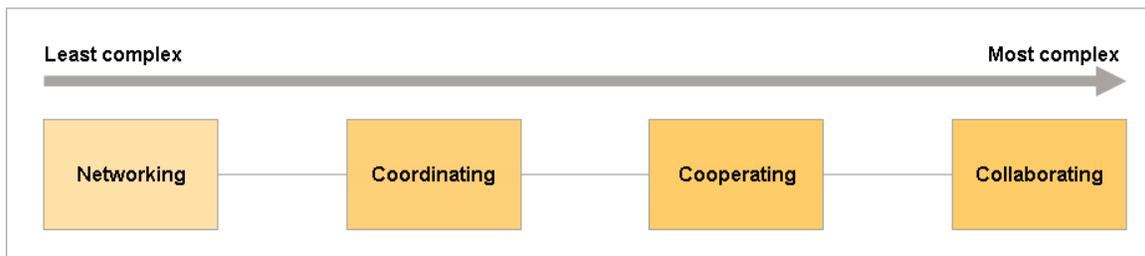
Understanding the time needed to evolve successful relationships—building trust, knowledge of skills and expertise, and effective collaborative techniques—is imperative as well as commitment to the longer term.

² What Makes a Partnership Successful: General Guidelines. P.8-10 CDC Partnership Tool Kit, Draft Spring 2007.Division of Partnerships and Strategic Alliances, National Center for Health Marketing, CCHIS, CDC

Ensuring mutual benefit. An effective partnership will work to achieve benefits for each partner while also working toward the common goal.

Insuring productivity The efficiency of meetings will help to assure a sound decision making process including opportunities for input and to assure that all are actively engaged in the process. Ground rules for meeting procedures and frequency as well as ongoing communication will help to clarify decisions and resulting actions such as task designation, timetables, responsibilities, and follow up. Time for social interaction and networking are also important elements to consider as well as respect for participants and the need to start and end on time. Location and time of meetings should be convenient for all and use of phone meetings an alternative for convenience.

Variations in Types of Partnerships³



Partnerships vary in their complexity, intensity, and formality. The broader the scope of the problem and the longer the projected lifetime of the partnership, the more complex, tightly linked, and formal a partnership should be. More limited and short-term partnerships may require a less formal, less complicated approach.

- Networking – provides a forum for the exchange of ideas and information for mutual benefit, often through newsletters, conferences, meetings and electronic information sharing. It is one of the least formal forms of partnership and requires little time or trust between partners.
- Coordinating – involves exchanging information and altering activities for a common purpose.
- Cooperating – involves exchanging information, altering activities and sharing resources. It requires a significant amount of time, high level of trust, and sharing of turf.
- Collaborating – includes enhancing the capacity of the other partner for mutual benefit and a common purpose, in addition to the above activities.

³ McLeod, J., *The Partnerships Analysis Tool*, Victorian Health Promotion Foundation, 3; Orig. from: Himmelman A 2001, "On Coalitions and the Transformation of Power Relations: Collaborative Betterment and Collaborative Empowerment," *American Journal of Community Psychology*, Vol. 29, no 2. CDC Partnership Tool Kit Draft Version 2.0 P41

The type of relationship may evolve over time and the need for increased formality may link to the ability to pool resources and to seek resources together such as foundation or grant funding.

Tips to Improve Collaboration Success

Tips to improve success for a collaboration or partnership include overcoming potential barriers. These include the need for effective communications and a common working language to understanding the norms of the partner. These norms are defined in the following chart⁴.

Business Community Leaders

- Return on investment
- Stay in business
- Productivity
- Profit and loss
- Overhead
- Employees as capital investment
- Healthy employees

State and Local Public Health Officials

- Public good
- Healthy people
- Public and private partners
- Economic benefits to the community from improved health status
- Advocacy

Another tip about the language is to understand how terms may have different meanings. An example is *population health*.⁵ For employers, the population is understood to be employees, dependents, and retirees—usually with attention to those dependents and retirees who have health coverage through their employer. For health plans, the population focus is on those who are enrolled in the health plan or “covered lives”. For public health, the population is the community with emphasis on those who are “at risk” for any reason—, family history, poor health habits, at-risk communities, environmental or other related factors, underserved or those associated with health disparities.

The consistently noted term “trust” is one that both public health and business officials identify as critical to the success of any partnership. Mutual respect and understanding coupled with trust are effective ways to deal with the difficulties of collective efforts.

⁴ CDC Partnership Tool Kit P123

⁵ CDC Partnership Tool Kit P123

Characteristics of Failed and Effective Partnerships⁶

| Characteristics of Failed Partnerships | Characteristics of Effective Partnerships |
|---|--|
| • Unclear, unrealistic, and/or vague goals | Well defined, specific issue(s) |
| • Costs to members exceed benefits | Agreed upon vision and goal(s) |
| • Responsibility without authority | Solidarity among coalition members |
| • Top down external mandates | Clear, unambiguous health problem |
| • Unrealistic timeframes for success | Leadership (vs. management) role |
| • Significant changes with loss of founding members | |
| • Failure of participants to follow principles of meta leadership | |

Exemplary Population Health Improvement Program Commonalities⁷

These are the three common elements or “primary criteria”⁸ of exemplary programs for population health improvement:

- *Outcomes data demonstrating cost savings or neutrality, positive behavior change and/or health improvement, or showing achievement of other defined goals.*
- *Sustainability with change over time to meet the changing needs of the target population or reflect new evidence*
- *Broad enough impact to be replicable in other geographic areas or target populations⁹*

⁶ IBID P66

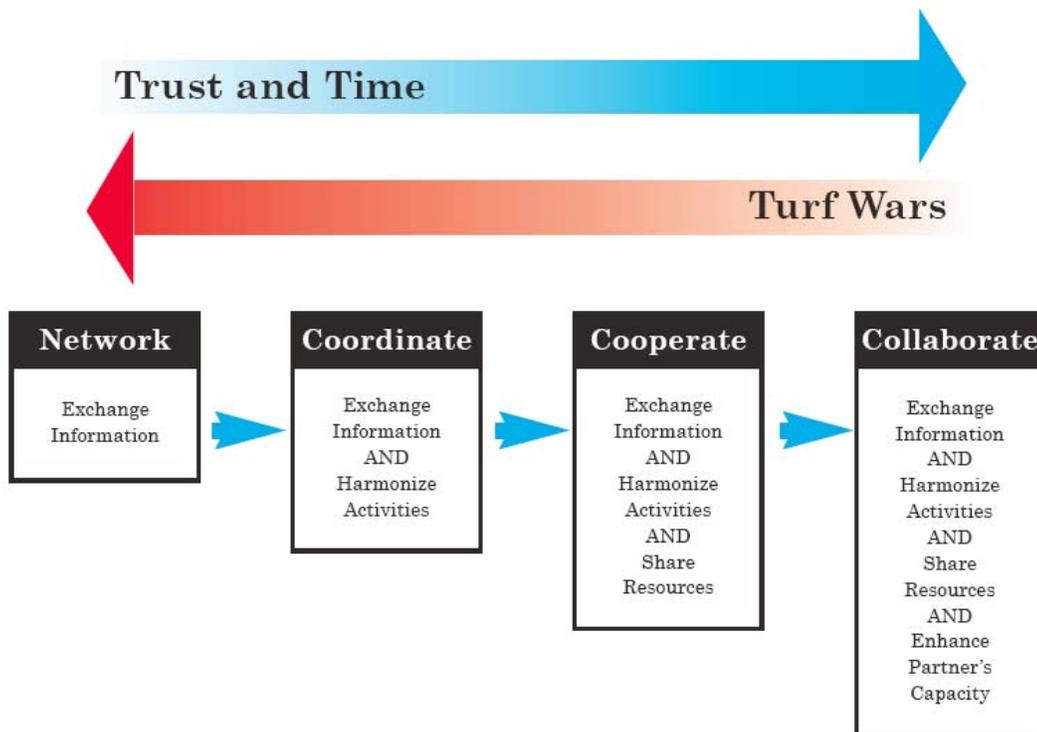
⁷ Partnership to Fight Chronic Disease Keeping America Healthy: Essential Elements of Successful Programs. www.fightchronicdisease.org/resources/practices.cfm.

⁸ IBID

⁹ IBID

Importance of Trust

The trust factor cannot be overstated in the development of the partnership. Whether the relationship is referenced as or called a collaboration, partnership, affiliation, joint venture, or alliance, trust is fundamental. Trust must grow with the evolution of the relationship from simply meeting to identify common goals, working on a single short term initiative, all the way to a several year commitment to improve health status for the community. The following chart shows the relationship of trust, time commitment and relationship evolution, compared to the perceived need to protect turf.¹⁰



¹⁰ Based on concepts from A.T. Himmelman "Collaboration for a Change: Definitions, Models and a Collaborative Process Guide" and a tool developed by Lancaster Community Health Plan from The Collaboration Primer by Gretchen Williams Torres, MPP and Frances S. Margolin, MA. Health and Research Education Trust in Partnership with AHA.

Outreach to Public Health Officials: Suggestions for Coalitions and Business

Coalitions that have already engaged and worked successfully with public health officials offer the following advice to reach out to public health. This first stage of outreach will help to identify the key stakeholders and form relationships while learning what common agendas exist.

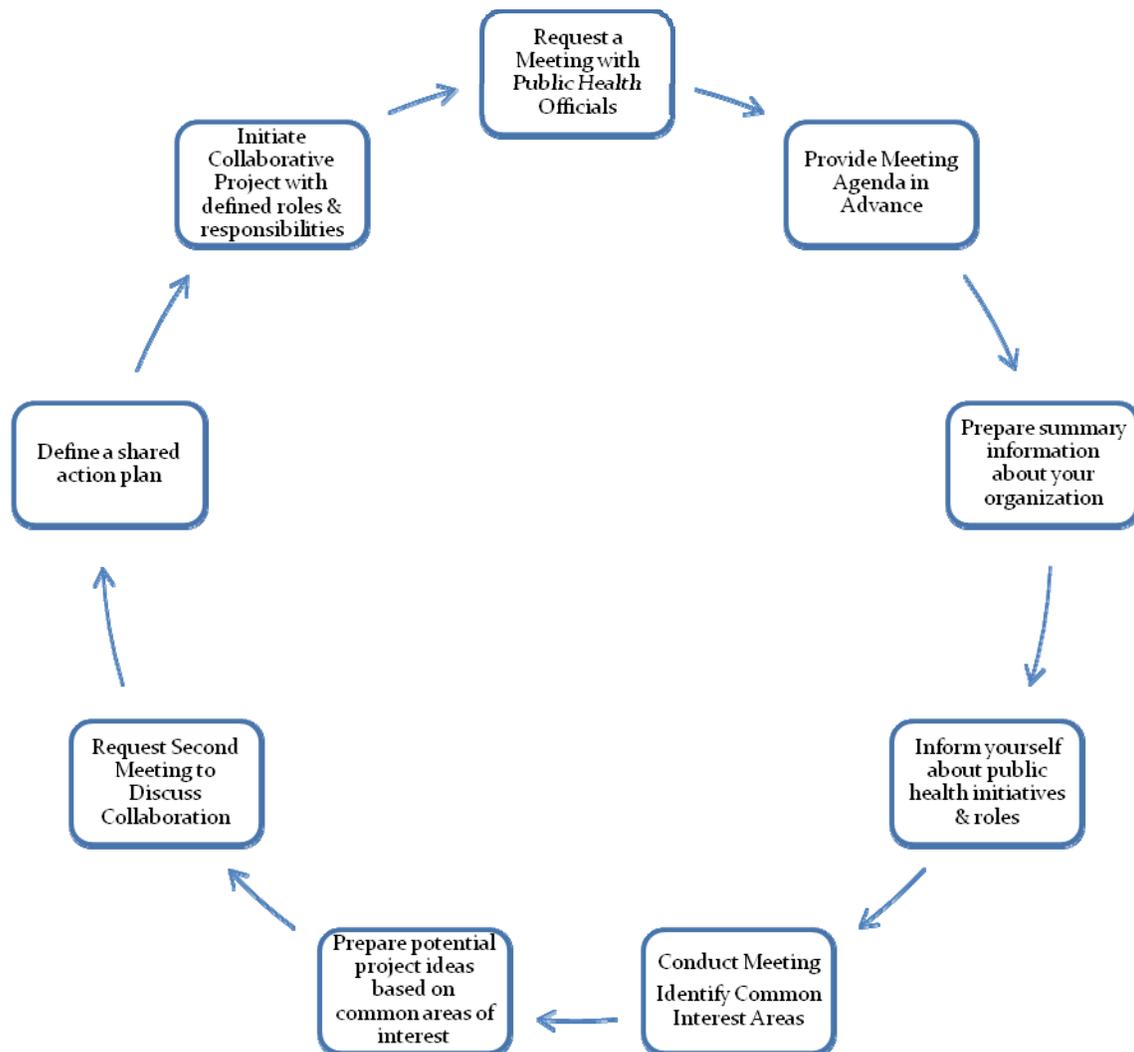
- **Request to meet with your local public health official.** Simply contact your local public health official and request a time to meet to outline what your coalition represents and is doing and to learn what public health has for information and resources. Begin to form a personal relationship.
- **Ask public health officials for information about the health status of the community** and about their major goals and objectives. This request might be part of the initial meeting but also could extend to a request for a presentation to the Coalition Board or a meeting for members of the Coalition.
- **Match employer needs with public health resources.**
- **Exchange information about coalition and employer activities** with the local public health officials to help identify areas of common interest. This discussion may identify resources such as educational materials, information and data, subject matter experts, tools or programs that are publicly available.
- **Invite public health officials to present at and attend** meetings and forum
- **Invite public health officials to join in coalition activities**—as a member, employer representative, advisor, Board participant, council or committee member for a specific activity or project.

Sample Meeting Agenda

- *Introductions*
- *Public Health Background Information, Goals, Objectives, and Initiatives*
 - *Overview—About the Coalition and its Members*
 - *Mission & Objectives for Coalition*
 - *Current Initiatives and Priorities for Coalition*
 - *Identification of Overlapping Interests and Goals*
 - *Potential Common Agenda*
 - *Next Steps*

Process Steps for Business Coalition to Initiate Partnerships with Public Health Officials

This chart suggests the steps to initiate a relationship with public health officials by a coalition. By meeting and sharing information, the overlap areas of interest can be identified and how to address the common issue can be discussed with appropriate plans for collaboration—bringing resources and skills together for a common goal.



Outreach to Business and Coalitions: Suggestions for Public Health Officials

Opportunities for business and public health agencies to work together are widely recognized with numerous examples. Barriers on how to align resources, work across “silos” in an integrated approach, identify information gaps, and overcome incorrect perceptions all need to be addressed. In a prior NBCH member needs assessment¹¹ --and applicable today as well-- the following were identified as key factors to consider in working with the business sector:

- Businesses are concerned with value which is defined as the combination of cost and quality. Business has the expectation the quality improvements will lead to cost avoidance and/or cost reduction.
- Businesses and coalitions have differing needs and approaches to addressing health care cost and quality which advocates for flexible approaches to solutions, tools, services, and information. Businesses want options to address their needs through their contracted health plans as well as the worksite and community.

Business coalition leaders suggest the following for public health officials¹²:

- **Convene stakeholder leaders** in community level discussion about population health and the priorities to achieve population health. This discussion will help to break down “silos”, bring clarity to the overall information on community health, and identify areas of common interest. Presenting the data and information on the health status of the community to the business sector and describing current initiatives to describe what public health is doing and to open a dialogue about what the priorities and interests are from the business sector and what might be done jointly.
- **Ask business leaders what their workforce health and productivity priorities** are to help identify areas of overlap with public health priorities and projects. The

Community wide tobacco cessation is an example that benefits from collaboration with employers and public health. The combination of worksite benefits and support with the community—including tobacco free restaurants and other policies—can be mutually beneficial.

¹¹ NBCH 2000 Needs Assessment Results Report

¹² NBCH/CCHI Community Health Partnerships Inventory Report 2008. www.nbch.org/CCHI/chp/inventory.cfm.

link between health and productivity is a critical factor for business. Finding out what resources and information public health has that will help is an important step.

- **Educate business leaders about resources that are available from public health.** This might include access to vaccination services, information available about specific conditions or relevant data on health status or burden of illness, guidance with resources available from public sector developed programs or tools, as well as assistance with emergency preparedness services and support in the event of a natural or manmade crisis.
- **Provide community level health statistics.** This information might be from a number of public sources and would help to supplement information business may already have such as Bridges to Excellence recognized physicians, Leapfrog results, or other statistics or employer health benefits claims data. Further actions might include:
 - Education for coalitions about how to use the Behavioral Risk Factor Surveillance Survey or other data
 - Provide data about how the local, state, and/or community ranks nationally compared to others with respect to health status.
 - Discuss what metrics are collected and available through the public sector and where and how to access this information.
 - Assist coalitions and their employer members to tailor information to make it relevant to workforce issues that may differ from the community as a whole. This might include age relevancy for example to focus on workforce age demographics.
 - Provide access to public health epidemiologists to help with the analysis and use of the data.
- **Provide information to build and support the business case** for employers and coalitions to understand how the business sector can benefit from involvement with public health and the community health issues. Business case information would ideally include return on investment facts for employers as well as metrics that employers can both relate to and find useful. Employers can benefit from cost reductions in both direct health care dollars but also in terms of productivity gains for their employees. Public sector as an employer can also use this same information as well as the fact that these efforts align with the overall goals and mission for the government entity.
- **Provide resources—expertise, funding, access to funding opportunities—to** engage the business sector in mutually beneficial, community based projects and programs. Especially with the current economic downturn, business and the public

sector—as well as other community stakeholders—would benefit from the alignment of resources for the common agenda and goals.

- **Make information and data useful and relevant** to the business audience. Creating a “top ten facts” about the status of health in the community as a one page document is one example. Making publicly available information accessible and providing examples and tools would be beneficial.
- **Provide information about already developed consumer campaign and other business targeted tools** from public health or other exemplary models. This might include such tools as *Diabetes at Work*¹³.

Opportunities for Business Community Collaboration

The CDC Partnership Tool Kit identifies the following opportunities for business-community collaboration¹⁴ which complements the findings from the NBCH/CCHI 2008 Member Inventory on Community Health Partnerships.

1. Build consensus around health priorities for community: Participate in local, regional meetings of business leaders, health providers, and public health officials to prioritize specific issues in the community.
2. Develop consumer-responsive programs: It is all about the health care consumer. Know your market, your population’s health needs.
3. Develop web-based “direct to consumer” health information: Web info is “hot.” Employers want their employees to use it and people tend to trust nonprofit community groups as a source of info that is likely to be evidence based.
4. Use business to help promote and disseminate health messages to the public: Employers are a source of info for their employees. Have the business spread your health message.
5. Develop web-based access for employers to get data on local and regional health issues: Make the information that the public health world has (prevalence of a certain condition, local demographics, etc) useful and readily accessible.

Another example for mutual benefit is a community wide campaign to support appropriate use of antibiotics. Coalition led efforts with employers could be aligned with community wide public health messaging and information.

¹³ www.diabetesatwrok.org

¹⁴ CDC Partnerships Tool Kit P 122. Division of Partnerships and Strategic Alliances, National Center for Health Marketing, CCHIS, CDC

6. Develop research with emphasis on productivity, disability, and lost time from jobs: Develop or add to the research that other groups have done.
7. Fund and develop programs via local non-profits: Government grants are usually not available to employers. The public agencies that may receive these grants can partner with business and can disseminate the project through the workplace.

Health plan performance data from the NBCH eValue8 request for information tool can be another resource for data in the planning and analysis stages as well as a source of information for measurement of change in evaluation. This is one way to engage the employer members of the coalition with identification of a common agenda with public health that can also begin to engage with the health plans. www.nbch.org/eValue8 An example of this is the identification of a low rate of assessment of patients for depression that led to a coalition and city public health collaboration to provide evidence based assessment questions to primary care practitioners. www.nbch.org/CCHI/casestudies

Understanding the Public Health Systems Sector

Keeping in mind the following about the culture, communication, and process for public health will help in starting and sustaining partnerships.

| Public Health Systems Sector¹⁵ | |
|--|--|
| Culture | <ul style="list-style-type: none"> ▪ Recognize that public health system partners' chief goal/mission is, in fact, public health related, unlike the other sectors. ▪ Public health system partners represent the public health system and the practice of public health in the field and in research. ▪ Public health system partners are very politically connected and influential in public health practice and policy. |
| Process | <ul style="list-style-type: none"> ▪ Learn the nomenclature used by public health system practitioners. ▪ Understand that the public health system partners want to be viewed and treated as an equal partner. ▪ Public health system partners can help streamline and simplify access to data and information from CDC ▪ Local and State public health works in partnership with CDC to enhance access to a wide array of public health system partners. ▪ Public health system partners are already working on planning and executing strategies to achieve CDC's health promotion, protection, and preparedness goals. ▪ Provide expertise to CDC on the needs and operations of public health system partners to facilitate the development of activities, programs, and projects that can have maximum impact. This function is particularly enhanced through management of the umbrella cooperative agreements with public health system partners. ▪ Act as an advocate, ombudsman, guardian, promoter, and conscience for public health system partners on public health practice issues. ▪ Ensure public health system partners have effective, real-time access to needed public health information, interventions, and programs. ▪ Identify and capitalize on opportunities for coordinating and integrating public health system programs and services |

¹⁵ Adapted from CDC Partnership Tool Kit P115-6. Division of Partnerships and Strategic Alliances, National Center for Health Marketing, CCHIS, CDC

| Public Health Systems Sector¹⁵ | |
|--|--|
| | <p>through the public health system partners to increase health and safety impact.</p> <ul style="list-style-type: none"> ▪ Facilitate the development of effective public health system networks and partner relationships. |
| Communication | <ul style="list-style-type: none"> ▪ Initiate engagement with the highest level public health official. ▪ Effectively engage a broad array of public health system partners representing the governmental public health system to develop strategies and facilitate collaborative efforts for achieving public health promotion, protection, and preparedness goals. ▪ Provide a focus for public health system partners, identifying their priorities and developing strategies and setting goals for efficient and effective working relationships to improve its health and safety impact. ▪ Alignment of messaging to maximize communications. |

Understanding Business Sector and Business Led Health Coalitions

The following, developed as part of the CDC Partnership Tool Kit¹⁶, identifies the following process and culture observations.

| Business Sector | |
|------------------------|---|
| Culture | <ul style="list-style-type: none"> ▪ Recognize that business' chief goal/mission may not exclusively be health-related, but they are concerned about rising health care costs and the health of workers (relates to absenteeism, "presenteeism", and productivity). ▪ Your partner may be working in context of other, higher priorities. ▪ Businesses need practical information that tells them where you are taking them, particularly implications, actions steps, and prompts. ▪ Be aware of proprietary interests – businesses may not always feel comfortable sharing information. ▪ Sometimes, formalizing the relationship through MOUs, contracts, etc., can mitigate some of these difficulties. |
| Process | <ul style="list-style-type: none"> ▪ Learn the business sector culture, including differences in public health versus private sector language, acronyms and norms ▪ Tell your partners up front the anticipated length of time for the partnership. ▪ Tell your partners how they will benefit from the partnership, e.g. the what's in it for me a (WIIFM) factor. ▪ Make the business case and routinely evaluate and report partnership benefit and value compared to the cost. (Return on Investment) ▪ Be aware of the partners' business cycles and impact on implementing change and times when funding is allocated. ▪ Be clear on your goals and on what CDC can bring to the table to accomplish those goals. ▪ Establish measurements of progress and success. ▪ Timeliness is essential, especially in the business world. ▪ Promptly respond to phone calls and e-mails even if requested information is not yet available ▪ Develop tight timelines with quick deliverables ▪ Recognize need to take a status check and then reassess the plan |

¹⁶ CDC Partnership Tool Kit P118-9. Division of Partnerships and Strategic Alliances, National Center for Health Marketing, CCHIS, CDC.

| Business Sector | |
|------------------------|---|
| Communication | <ul style="list-style-type: none">▪ Identify key leadership.▪ Communications should be succinct and to the point; one-page summaries that include bullets are best.▪ State the problem, potential solutions/past successes, and how CDC is going to implement the plan and measure the outcome.▪ Provide practical, understandable, and actionable advice.▪ Information should be easy to read, without jargon and technical terms.▪ Be collaborative, listen, adapt.▪ We can assist our partners by giving them guidance but also by learning from them. Think of the exchange of ideas and approaches that can be mutually beneficial.▪ Public Health professionals should be aware of “Corporate Social Responsibility” defined as: “the continuing commitment by business to behave ethically and contribute to economic development while improving the quality of life of the workforce and their families as well as of the local community and society at large”.▪ For more about Corporate Social Responsibility, please refer to: Porter ME, Kramer MR. Strategy and Society: the Link between Competitive Advantage and Corporate Social Responsibility. <i>Harvard Business Review</i>, December 2006 <p>Source: World Business Council for Sustainable Development</p> |

Steps Employers Can Take that Compliment Essential Public Health Services

The following chart suggests actions employers can take that will compliment those elements of public health services that the ideal public health agency has in the community. A further element that is suggested is a data base of health statistics.

Essential Public Health Services¹⁷

1. **Monitor health status** to identify community health and health problems.
2. **Diagnose and investigate** health problems and health hazards in the community.
3. **Inform, educate, and empower** people about health issues and appropriate actions they can take.
4. **Mobilize** community partnerships to identify and solve health problems. These might include outreach to local business health coalitions and other leaders.
5. **Develop policies and plans** that support individual and community health efforts.

Steps Employers Can Take

1. **Monitor health status** of employees through use of a health risk appraisal with biometric screening and health claims information to identify health problems in the employee (and dependent) population.
2. **Analyze aggregate claims and HRA data** to identify health problems. Integrate data from Workers Compensation, disability and lost work time, and safety programs to address total health costs and problems.
3. **Provide information** to employees and their families about health issues. Utilize and promote available health education and coaching services offered to employees at the worksite or through their health plans.
4. **Join the local business health coalition** and work with other employers to form community partnerships to identify and solve health problems that affect employees. The might include Community Value Exchanges, collaborative grants such as those under Aligning Forces for Quality, councils to address conditions like cardiovascular health or alliances for diabetes, etc.
5. **Develop corporate policies and programs** that compliment community health efforts and support individual employees. Encourage

¹⁷ Local Public Health System Performance Assessment 2.0 P. v
www.naccho.org/topics/infrastructure/NPHPSP/upload/FINAL-LocalMS.pdf

6. **Enforce** laws and regulations that protect health and ensure safety.

7. **Link** people to needed personal health services and assure the provision of health care when otherwise unavailable.

8. **Assure** a competent public and personal health care workforce.

9. **Evaluate** effectiveness, accessibility and quality of personal and population based health services.

10. **Research** for new insights and innovative solutions to health problems.

employees to protect their health by promoting prevention, preventive services, and evidence based chronic condition management.

6. **Support policies** such as smoking restrictions, childhood immunizations requirements for schools, and other similar actions.

7. **Provide employees and family members with access** to personal health services for prevention and chronic condition management. Encourage health plans to have outreach and education efforts to all health plan members.

8. **Promote health literacy** through health plans and employee communications.

9. **Assess** on site clinic and health plan performance for effectiveness, accessibility, and quality. Promote integrated patient centered care through medical home or other appropriate models.

10. **Participate** in business health coalitions and other organizations that promote research and measure the effectiveness of value based benefits and value based purchasing.

Introductory Meeting and Discussion Follow Up

Based upon the initial discussion and the common interest elements identified, follow up with suggestions for next steps.

- **Send a meeting “thank you”** via email, snail mail, or phone. This also provides an opportunity to add a follow up information or materials that were discussed at the meeting.
- **Set a second meeting data** with an agenda based upon what the initial produced in common. Prepare for this meeting by determining the priority for your organization and what resources—information, funding access or actual dollars, subject matter experts or case examples—available for the area(s) identified. Think about potential ways to work together that would be mutually beneficial.
- **Define a shared action plan.** Make certain to outline specific tasks and objectives with a timeframe and be clear about responsibilities. Be SMART—Specific, Measureable, Appropriate, Realistic, and Time-framed.¹⁸
- **Communicate progress** and share small—and large—successes. Through the regular communication, identify any needs for changes to the action plan and ensure that partners’ needs are met. Address barriers or other issues early to develop solutions.

Sample Project Discussion

Project Priority—Identify need for this project and where this fits in your organization. This may require discussion with your advisors or Board.

Project Concept—State the framework for the project including goals and objectives.

Project Outcomes—Define the potential project outcomes in terms of benefits including those for your organization.

Project Complexity—Think about a scope for the project that would generate discussion aimed as realistic shorter and longer term goals.

Project Measurement—Suggest what would make this initiative successful and what facts—dollars, behavior change, health status improvement, etc.—would be important to use in the metrics.

Project Resources—Define what resources your organization would be able to contribute and what else would be needed as well as “nice to have”. Identify any way to adapt existing programs or information and build on successful programs from other communities.

¹⁸ Partnership Tool Kit, Division of Partnerships and Strategic Alliances, National Center for Health Marketing, CCHIS, CDC. P65

Valuable Lessons in Collaboration

Ten Lessons in Collaboration is an article by Deborah Gardner, PhD, RN, CS which attempts to describe how to put collaboration into practice.¹⁹ The following table is a summary of the lessons described in the article.

Lesson #1: Know thyself. Many realities exist simultaneously. Each person's reality is based on self-developed perceptions. Requisite to trusting self and others is in knowing your own mental model (biases, values, and goals).

Lesson #2: Learn to value and manage diversity. Differences are essential assets for effective collaborative processes and outcomes.

Lesson #3: Develop constructive conflict resolution skills. In the collaborative paradigm, conflict is viewed as natural and as an opportunity to deepen understanding and agreement.

Lesson # 4: Use your power to create win-win situations The sharing of power and the recognition of one's own power base is part of effective collaboration.

Lesson #5: Master interpersonal and process skills. Clinical competence, cooperation, and flexibility are the most frequently identified attributes important to effective collaborative practice.

Lesson #6: Recognize that collaboration is a journey. The skill and knowledge needed for effective collaboration take time and practice. Conflict resolution, clinical excellence, appreciative inquiry, and knowledge of group process are all life-long learning skills.

Lesson #7: Leverage all multidisciplinary forums. Being present both physically and mentally in team forums can provide an opportunity to assess how and when to offer collaborative communications for partnership building.

Lesson #8: Appreciate that collaboration can occur spontaneously. Collaboration is a mutually established condition that can happen spontaneously if the right factors are in place.

Lesson #9: Balance autonomy and unity in collaborative relationships. Learn from your collaborative successes and failures. Becoming part of an exclusive team can be as bad as working in isolation. Be willing to seek feedback

¹⁹ www.nursingworld.org/ojon/topic26_1.htm.

and admit mistakes. Be reflective, willing to seek feedback, and admit mistakes for dynamic balance.

Lesson #10: Remember that collaboration is not required for all decisions.
Collaboration is not a panacea, nor is it needed in all situations

Checklist for Planning to Initiate a Partnership Relationship

The CDC Partnership Tool Kit offers checklist examples that are useful in planning and thinking through steps in the initiation and ongoing development and sustainability of partnerships.²⁰ This tool kit offers checklists written for public health that could also be adapted for others to use in general guidance for the planning and development of the organizations role. The tasks are accompanied by a framework to identify “ownership”, “timeframe”, and evaluation or measurement.

| Task | Status | Owner | Timeframe | How measured? |
|--|--------|-------|-----------|---------------|
| Determine public health problem, goals, and affected populations | | | | |
| Conduct a preliminary analysis of the problem | | | | |
| Assess the need for a partnership | | | | |
| Assess if proposed partnership meets CDC policies and guidelines | | | | |
| Identify potential partners/ stakeholders | | | | |
| Assess potential partners' appropriateness | | | | |
| Convene a core group of potential partners | | | | |
| Develop a draft mission statement and goals | | | | |
| Identify other potential members | | | | |
| Determine type of partnership and follow CDC policies and guidelines for approval | | | | |
| Ensure variety and diversity among potential partners to enable a comprehensive understanding of issues being addressed | | | | |

²⁰ CDC Partnership Tool Kit P42. Division of Partnerships and Strategic Alliances, National Center for Health Marketing, CCHIS, CDC.