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Multi-sector Partnerships for Health:

2014 Pulse Check Findings

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Executive Summary

The focal point for transforming health in the U.S. has expanded beyond traditional medical institutions to include the full array of entities that have important roles in sustaining and improving the health of individuals and creating thriving communities. Leaders from a broad range of sectors, including health care but also social services, public health, other governmental bodies, business, academia, and more, are working together to reimagine and redesign the diverse systems that interact to affect regional health. Participants in these multi-sector partnerships are striving to identify broad-based strategies, improve shared decision-making, and increase sustainable investments. In 2014, ReThink Health gathered and analyzed profiles of multi-sector partnerships across the U.S.

We designed and distributed an online questionnaire to 2,600+ people, and collected their responses over three months. Of 228 partial or completed responses, we identified a sample of 133 multi-sector partnerships. Because this is a self-selected group, we have concentrated here on the content of what they shared, rather than making inferences to a wider universe of partnerships. Our findings include insights regarding where and when these groups were formed; who participates in them; the scope of their visions and approaches; key successes and challenges; and how they finance their work.

Findings

We found that many of these multi-sector collaborative efforts have formed in recent years and are broadly distributed across the U.S. Three-quarters of the 133 responding organizations were formed in the last decade, with a median age of five years. In terms of geographic scope, the responding groups are located in 33 states, and nearly half (49%) of the groups operate at the county level with another 22% working at the state level.

A relatively large number of sectors participate in these groups, with more than half (73) reporting at least 10 different sectors at the table. The most engaged sectors appear to be: hospitals and healthcare providers, public health, community organizations, government and elected officials, social services, and academia/research. Those least likely to be named were: health insurance, philanthropy, and media.

We see that these partnerships are making headway and are proud of their progress to date. Nearly half (64 of 121) have a broad population health vision and seek to improve it for all residents, while others (57) are focused on a specific disease, risk factor, or population group. A much smaller number (10) pursue activities that encompass multiple sectors (e.g., health care, social, and economic), while the majority (89) focus on a specific aspect of health care or do not have an exclusive healthcare focus. Twenty groups take an approach that involves multiple intervention levers (e.g., programs, services, and policies), while others focus on specific system levers (37) or a single system lever (32).

On average, nearly all groups reported a strong or very strong emphasis in each of four possible action areas: health behaviors and risk factors; social, economic, or educational conditions or services; healthcare access, quality, and/or cost; and physical environments. Forty-three groups indicate strong or very strong emphasis in **all** of the four action areas.

Across the board, nearly three-fourths of partnerships identified financing as their most persistent challenge (87 of 120), with the vast majority of groups (112) relying on short-term financing mechanisms, such as grants and contracts. A lack of funding diversity also surfaced as a challenge with which most groups contend; of 33 possible financing mechanisms, all were used at least once, however, 68% of groups use three or fewer to fund their work.

Based on these findings, we see several dimensions where there may be significant room to improve in the years ahead:

- **Formation:** With so many relatively young partnerships, and others likely to form in additional regions across the country, there may be opportunities for new groups to get off to an even stronger start as they decide to manage their own approach to stewardship, strategy, and sustainable financing. In particular, there may be great value in peer-to-peer learning, as well as through focused mentorship by more experienced groups.

- **Multi-Sector Engagement:** The number and diversity of sectors represented within a partnership can affect the group's purpose, progress, and ability to succeed, particularly if certain constituents are absent. Those most active in these partnerships might reconsider the pros and cons of engaging area residents and other colleagues who tend to be less involved, such as those working in health insurance, philanthropy, business, and economic development.

- **Matching Vision and Practice:** Groups with the most comprehensive visions generally did not have an equally comprehensive scope and approach in practice. This disconnect may reflect the fact that many respondents had only just begun this work. However, it could also signal a need for tactics, tools, and support to assure that those with broad ambitions are equally well equipped to enact a bold portfolio of programs, policies, and practices.

- **Sustainable Financing:** Financing both the action agenda and the collaborative infrastructure for these multi-sector partnerships relies overwhelmingly on a few narrowly focused, short-term options. Even groups with the broadest financing portfolios still tend to rely on funding mechanisms that are often labor-intensive to acquire, short-term in nature, and typically have restrictive spending provisions. With an expanding menu of financing options, however, there may be new opportunities for groups to move toward a larger mosaic of mechanisms that together could better match resources with the stated values and priorities in each region.

Introduction

America's health system has evolved considerably in recent decades and is poised for even more profound transformation. The focal point for improving health has expanded beyond the medical community to include a broader range of contributors, all of whom have important roles in sustaining and improving health among individuals and entire populations. Increasingly, engaged groups of diverse stakeholders are working collaboratively to redesign and transform their regional health ecosystems to create thriving communities that support all the factors of health and well being. To move their efforts farther, faster, the leaders who comprise these groups are striving to improve and increase broad-based strategies, shared decision-making, and sustainable investments in their regions.

ReThink Health, with the support of the Robert Wood Johnson Foundation and the Rippel Foundation, is working to foster better decisions and more balanced investments in all of the factors that support health and resilience. We are especially interested in sharing ideas and resources among those who are exploring new ways to align their actions and to assure short- and long-term financing. To advance these aims, ReThink Health gathered profiles of multi-sector partnerships across the U.S. in 2014. We plan to repeat this activity annually to produce regular snapshots and examine the progress of regional health transformation efforts.

Purpose

The primary purpose of this study is to provide insights into the national landscape of multi-sector, regionally focused partnerships that are working to create healthier and more resilient communities. This serves multiple objectives:

- To give partnerships an idea of their own location within the larger landscape;
- To foster connections and peer learning among these groups; and
- To inform the work of catalytic initiatives (such as ReThink Health and others) that aim to strengthen regional efforts.

Procedures

We designed an online questionnaire soliciting general information about these multi-sector groups, such as when they formed, where they are located, how they define their geographic scope, and what sectors are represented in their partnerships. We asked respondents to rate their groups' level of emphasis across a variety of downstream and upstream factors as well as the extent to which they are focused on sustainable financing for their efforts. And we delved deeper into these issues by asking for statements of purpose, their experience with specific financing mechanisms, and their biggest accomplishments and challenges. Finally, we asked a set of questions geared toward mapping

networks of individuals and groups that enable multi-sector partnerships' success or serve as their role models.[1]

An initial screening question, "Are you part of a multi-sector partnership that is investing in building a healthier, more resilient community?" gave individuals answering "no" the option to provide referrals to others who are.

We broadly distributed the invitation to complete an online profile in hopes of reaching as many groups as possible. The first wave distribution went to over 2,000 individuals whose email addresses we had collected from a variety of in-house and public sources. We also included new referrals and corrected addresses of bounce-backs as available. The first wave of invitations had a dedicated questionnaire link for each recipient; whereas, the second wave offered an open link that recipients could forward to others as they wished. All together, we sent over 2,600 email invitations, with an unknown number of forwards. Responses were collected throughout June, July, and August of 2014.

Those who volunteered to participate provided an authentic glimpse into their experiences and aspirations. Because this is a self-selected group, we have concentrated on the internal content of what they shared, rather than making inferences to a wider universe of partnerships.

See Appendix A for distribution and participation details. In addition, Appendix B provides detailed results by question.

Responses

Of 228 partial or completed responses, 179 respondents report being part of a multi-sector partnership. For purposes of this analysis, we excluded the following:

- 5 groups outside the U.S.;
- 6 with too few questions answered to contribute to the analysis;
- 11 which were not multi-sector or did not have a specific geographic focus; and
- 17 with national or international focus or serving as umbrella organizations for regional groups.

A review of remaining responses by partnership name and location identified duplicate entries on seven groups. We eliminated seven by merging pairs into a single response per partnership. This results in a sample of 133 multi-sector partnerships.

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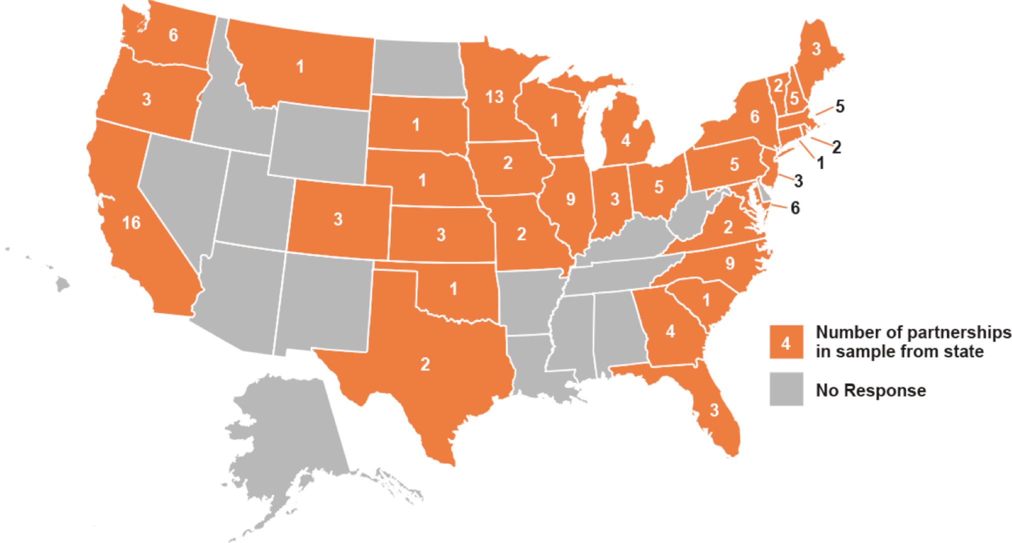
[1] The network mapping questions were the focus of a separate study, the findings of which are available here: http://tiny.cc/2014PulseCheckNetworks

Findings

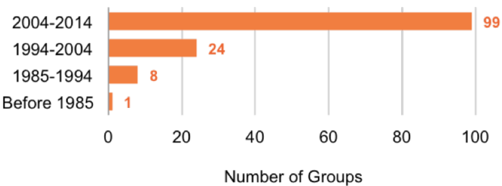
Figure 1. **Locations of partnerships in sample** (n=133)



Location, age, and geographic reach

We received responses from partnerships in 33 states across the country, suggesting that collaborative efforts to create healthier communities are numerous and broadly distributed (see Figure 1). Groups range in age from less than one to more than 30 years old. With a median age of five years, three-quarters of the groups (99) were formed in the past decade, with a sharp increase in their numbers (72) from 2010 on (see Figure 2 and Appendix B, question 2). This growth is not surprising given dramatic shifts underway in health care and an increasing awareness of the social determinants of health—the former intensifying efforts to change the way care is delivered and paid for; the latter shining light on upstream factors and bringing diverse players together to address them. Additional incentives for regional health ventures made available through the 2010 passage of the Patient Protection and Affordable Care Act (ACA) may be linked to the large increase in efforts that formed in that year and beyond.

Figure 2. **Number of groups formed by decade** (n=132)



The most common geographic scope of groups is a single county (49), followed by a state (22), a neighborhood or community (16), and a city or town (10) (see Appendix B, question 4). A few groups address multiple counties or cities, or define their reach by zip code, census tract, healthcare service area, public health region, or other unit.

Diversity of sectors engaged

Partnership diversity, as indicated by the number of sectors represented, is generally high among responding groups: more than half (73) report having at least 10 different sectors at the table (see Figure 3 and Appendix B, question 1). Six sectors are represented in at least two-thirds of the sample: hospitals and healthcare providers, public health, community organizations, government and elected officials, social services, and academia/research (see Figure 4 and Appendix B, question 1). Only two of the sectors suggested in the survey are represented in fewer than half of the partnerships. Those are media and philanthropy, with philanthropy barely under half at 66 of 133 groups.

"[We have] diligently worked to create mutually beneficial relationships fueled by strategic alignment with community partners. Targeted outreach to specific groups has resulted in active participation from essential sectors of the community including state, local, county, and city governments; public and private school systems as well as higher education institutions; business and industry; faith-based groups; civic organizations; public health providers and social service agencies." – 2014 Pulse Check Respondent

While many groups engage numerous and diverse sectors in order to address change on multiple fronts, and sector representation within partnerships will vary depending on their vision and approach, at least one-third of partnerships in the sample lack representation from one or more of the following:

- Health insurance industry
- Housing and economic development
- Community planning and transportation
- Faith-based institutions
- Business
- Mental health
- Education

Figure 3. **Partnership diversity in groups** (n=133)

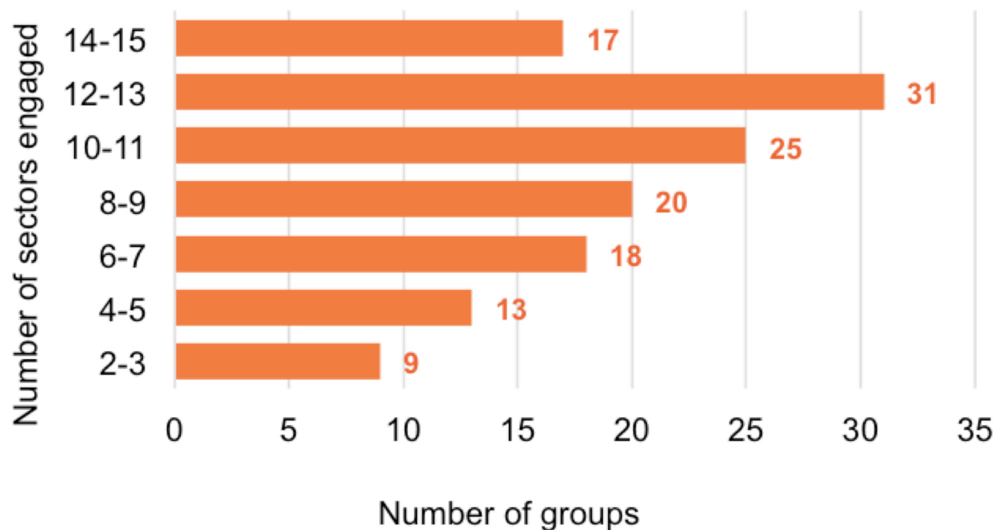
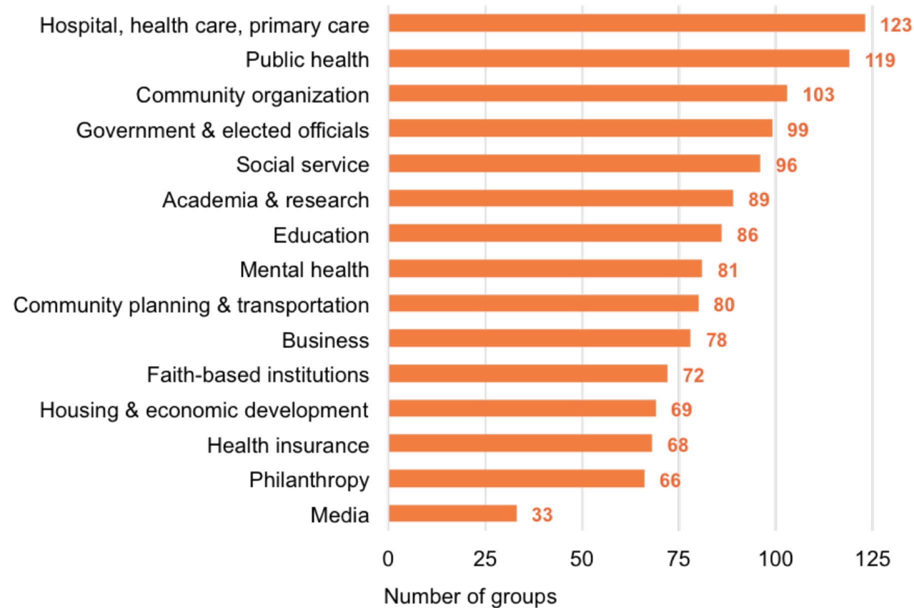


Figure 4. **Sector representation across groups** (n=133, respondents chose from a list of 22 sectors)



Partnership purpose

Participants were asked to describe the purpose of their partnership. These were coded as Selective, Mixed, or Comprehensive on three aspects of purpose (see Figure 5 and Appendix B, question 5).

"The comprehensive nature of [our] initiative is both a strength and a challenge." – 2014 Pulse Check Respondent

- **VISION** – The outcome(s) sought: what health outcome(s) for what population or part of the population in the geographic area;
- **SCOPE** – The system(s) the group seeks to change: health care, social, economic, etc., and depth of change sought; and
- **APPROACH** – The intervention levers the group employs: programs, services, policies, structures, etc.

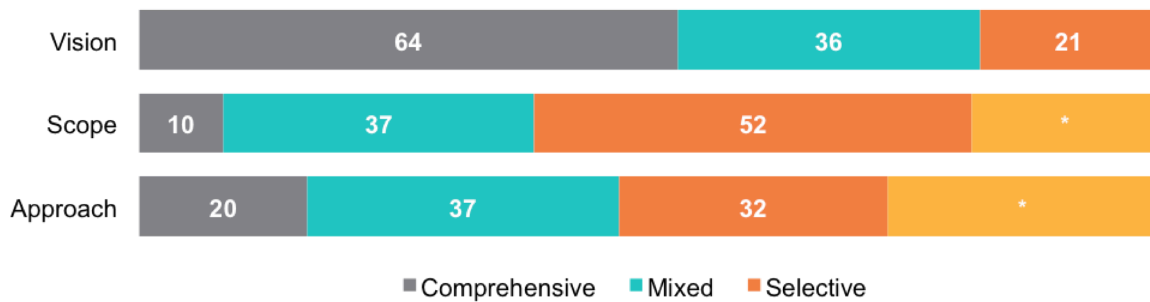
"Selective" indicates a focus on: a specific aspect of health and subpopulation, exclusive health or non-healthcare focus, and/ or a specific set of actions or system lever. "Mixed" indicates a focus on: a specific aspect of health or particular subpopulation; some aspects of health systems and health care; and/ or assessment and specific system levers. "Comprehensive" indicates a focus on: the whole population; social, economic, and healthcare factors; and policy, systems, and structural levers.

We find that nearly half of respondents (64 of 121) define "health" broadly and seek to improve it for all residents. Thirty-six groups focus either on comprehensive health for a specific subpopulation (e.g., youth or people living in poverty) or a specific health outcome (e.g., diabetes or heart disease) for the entire population; and 21 groups are selective regarding both health outcome and target population.

> *"The capacity of organizations that we work with on identified strategies is stretched and does not match the ambitiousness of the campaigns underway."*
> – 2014 Pulse Check Respondent

Scope gets to the idea of aligning around a broad portfolio of initiatives to address the range of upstream and downstream factors in health. Twenty-two responses do not include information on this aspect; but of those that do, the proportion with comprehensive aims (10 of 99) is the smallest of the three dimensions. Even fewer responses touch on approach; but nearly two-thirds of those that do acknowledge the need to use a combination of levers—programs, policies, communications campaigns, and other strategies—to assure both near- and long- term change. It is noteworthy that there is such a large disconnect between groups that report having a comprehensive vision (64), and those indicating comprehensive scopes (10) and approaches (20).

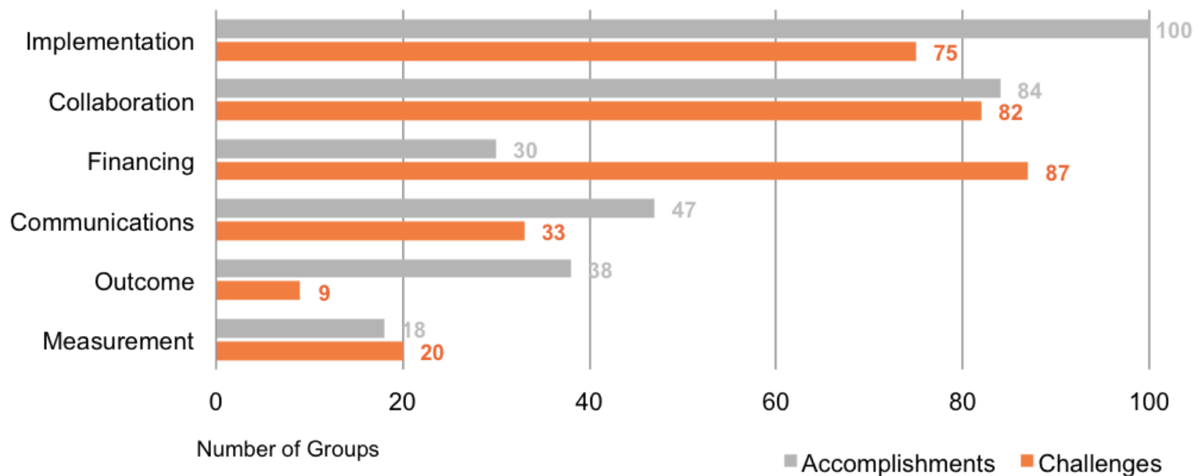
Figure 5. **Groups' comprehensiveness/selectiveness on three dimensions of purpose** (n=121 item responses (*response did not address this dimension))



Accomplishments and challenges

Respondents were asked to name up to three innovations or system change strategies they are most proud of enacting, and up to three main challenges they currently experience or anticipate. Both were coded into six types: implementation, collaboration, financing, communications, measurement, and outcomes (see Figure 6 and Appendix B, questions 6 and 7).

Figure 6. **Types of accomplishments and challenges** (cited by 120 and 118 groups, respectively)



Respondents from 120 groups cite 322 accomplishments; and respondents from 118 groups cite 310 challenges. Accomplishments are most common in the areas of implementation and collaboration (100 and 84 statements, respectively). Nearly as many groups also cite challenges in implementation and collaboration (75 and 82, respectively). But when it comes to financing, concerns (87) far outstrip successes (30). Groups struggle to find and sustain the array of short- and long-term financing required to support their visions. Results also confirm how difficult it can be to build and maintain collaboration across diverse sectors—including financing collaborative infrastructure itself.

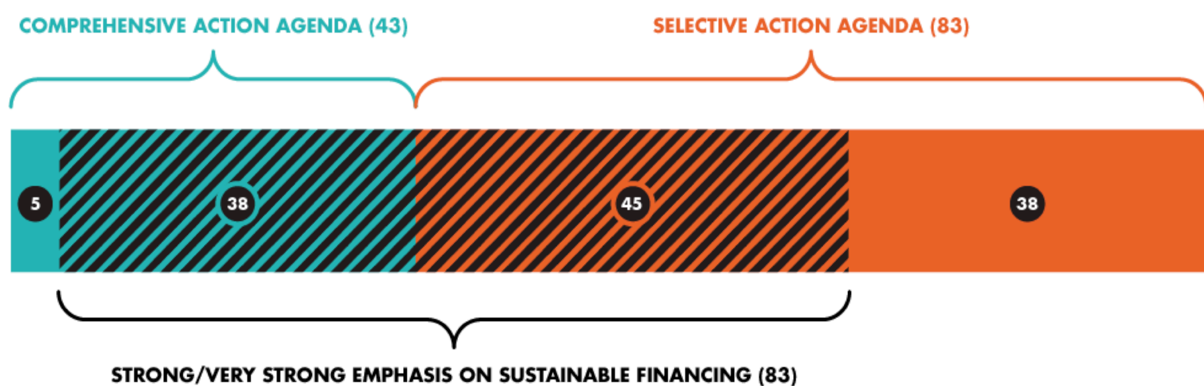
"The strength of the collaborative and staff leadership has an impact on success. Where there were strong collaboratives and leadership, change was accelerated. Where collaborative functioning and leadership were weak, progress was slow and hard to sustain"
- 2014 Pulse Check Respondent

Areas of emphasis

On average, the 126 responding groups to this question reported a strong or very strong emphasis in each of four possible action areas: health behaviors and risk factors; social, economic, educational conditions or services; health care access quality, and/ or cost; and physical environments (see Table B-5). Forty-three indicate strong or very strong emphasis in *all* of the four action areas. Eighty-three report strong or very strong emphasis on developing new ways to finance and sustain initiatives over time.

Notably, 43 groups did not indicate strong or very strong emphasis on sustainable financing, considering the imperative to assure dependable resources. At the same time, a larger proportion of groups with the most comprehensive action agendas did say that sustainable financing is a top priority (38 of 43) compared to those with a more selective action agenda (45 of 83) (see Figure 7).

Figure 7. **Groups with comprehensive action agendas that are focused on sustainable financing** (n=126)

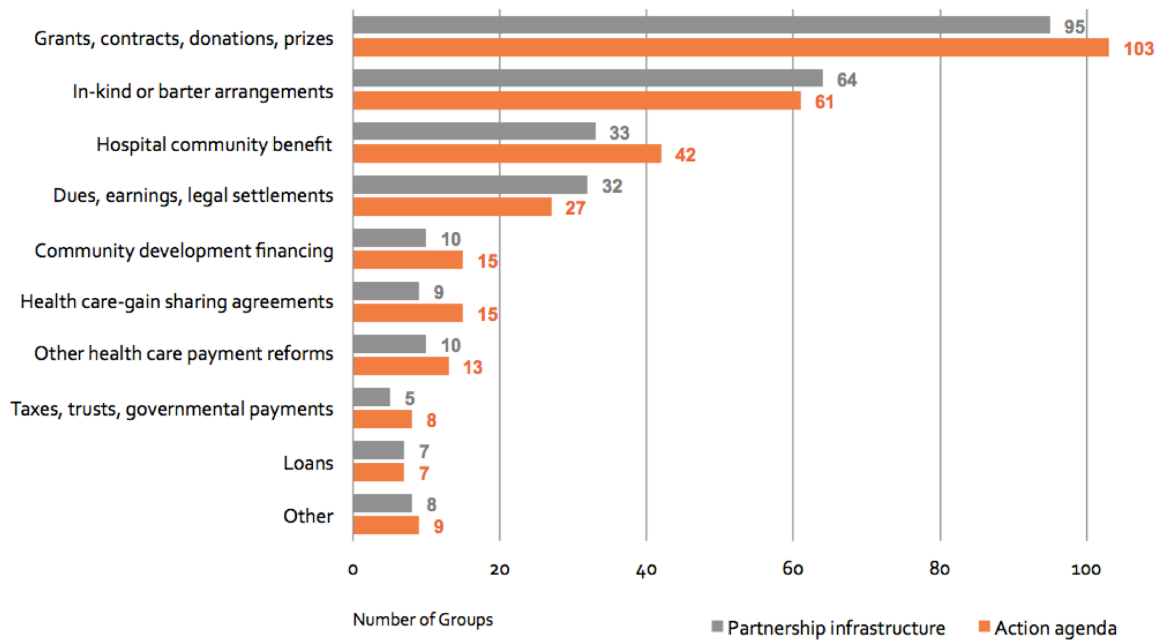


Financing

Participants were asked to indicate from a list of 33 different financing mechanisms (see Appendix B, Figure B-6) which ones they had ever used to finance their action agendas and partnership infrastructure. Each of the 33 mechanisms had been used by at least one of the 115 groups answering this question. The mechanisms are grouped into 10 categories here for simplicity (see Figure 8 and Appendix B, question 9). The most commonly used of these, not surprisingly, are grants, contracts, donations, and prizes, followed by in-kind or barter arrangements, hospital tax-exemptions (community benefit dollars), and dues and earnings.

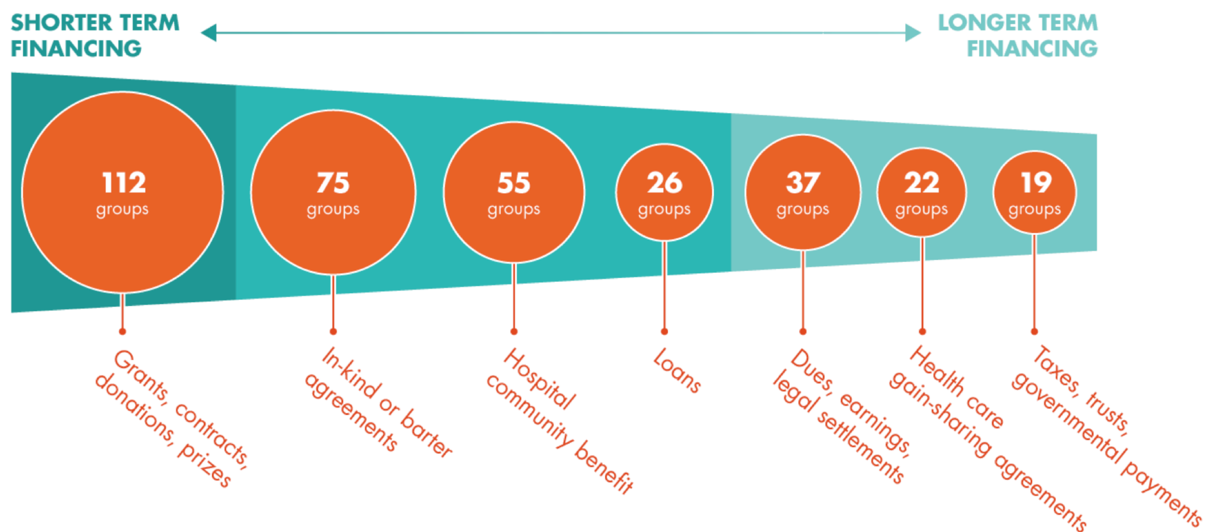
"Relying on grant funding is not sustainable, and sometimes requires an inefficient use of resources or fractured efforts that don't always focus on community needs [or] priorities"
- 2014 Pulse Check Respondent

Figure 8. **Financing mechanisms used for action agenda and partnership infrastructure** (n=115)



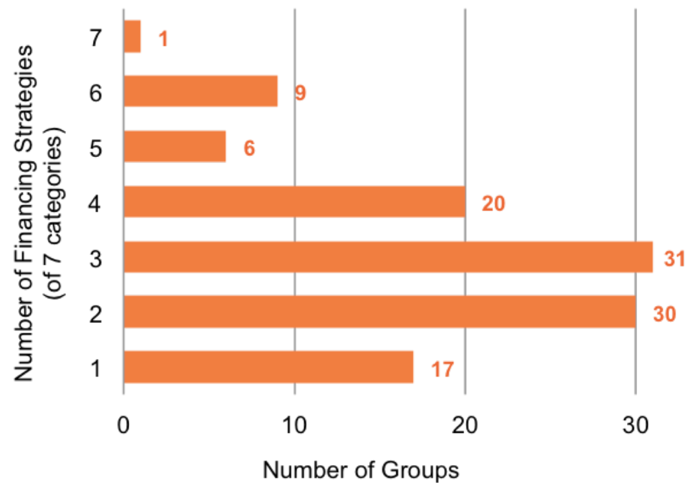
It is clear there is a heavy reliance by most groups on short-term, often insecure, financing mechanisms such as grants, contracts, and prizes (see Figure 9).

Figure 9. **Use of long-term versus short-term financing mechanisms across groups** (n=115; median=3)



Additionally, most responding groups (78) rely on three or fewer financing mechanisms (see Figure 10 and Appendix B, question 9), indicating a lack of diversity in funding sources for both their action agendas and infrastructure support.

Figure 10. **Diversity of financing mechanisms used across groups** (n=115; median=3)



Limitations

These results are not representative of the overall field; distribution and self-selection biases are possible limitations. Inter-responder reliability is another: results reflect the knowledge and views of individuals with varying roles within their partnership, not "official" or consensus responses. Biases of this sort could enter where responders from different groups interpret terms and questions differently or where they have differing perspective or institutional knowledge and understanding of their group.

Some terms that may have been interpreted inconsistently are "area of emphasis" and "partnership infrastructure." The question about "area of emphasis" may have been read by some as referring to existing capacity or actual involvement, whereas others may have viewed it as a desire, interest, or general priority for the future. Likewise, "partnership infrastructure" may have been interpreted by some to mean collaborative capacity and by others as physical infrastructure.

Looking Ahead

Our findings confirm the already established and rapidly increasing energy for change among multi-sector health partnerships in the United States. Most partnerships have a growing body of accomplishments and believe they are making headway. And while many are striving to reach and even grow their comprehensive visions, only about half have established a broad definition of health to guide their work. Additionally, we find that groups are running up against considerable challenges in sustainable financing and in translating their bold visions into action. At the same time, many regional leaders are eager to step up to transform how decisions are made and how resources flow. These findings surface a number of important questions, the further exploration of which will bolster multi-sector partnerships in their efforts to build regional health and resilience.

- **How does sector representation within a partnership affect the group's progress and ability to perform? Are there particular sectors whose presence or absence is particularly pivotal?** Our findings suggest that representation of sectors within a partnership varies depending on the group's vision, scope, and maturity. One outstanding question, which goes beyond the scope of this

Pulse Check, is whether partnerships with particularly broad visions require greater involvement from certain players that tend not to be commonly engaged now—such as the health insurance industry, housing and economic development institutions, local businesses, and community planning organizations.

- **Many groups with a comprehensive vision did not have equally comprehensive scopes and approaches. What are the origins and consequences of this disconnect?** Comprehensive vision may not necessarily translate into a broad focus on the various systems (e.g., health care, social, economic, and others) and intervention levers (e.g., programs, services, and policies) needed for systemic change. When exploring these issues, it may be particularly important to question the extent to which groups lack the support, tactics, and tools to pursue broad ambitions and move them to implementation.

- **What will it take to move beyond the overwhelming tendency to limit financing mechanisms to only a few narrowly focused, short-term options?** Even groups with the broadest financing portfolios still tend to rely on funding mechanisms that are often labor-intensive to acquire, short-term in nature, and typically have restrictive spending provisions. Most mechanisms have evolved to support a conventional view of economic value. As groups better define the true value that could be unlocked through their endeavors, it may be important to examine whether new forms of financing or combinations of them can become the norm.

APPENDIX A: Distribution and Participation

1) Source lists for questionnaire distribution

Table A-1 provides the sources from which names of partnerships—or individuals who might be or know members of partnerships—were sought from available Internet sources. In most cases, we did not find full lists and only reached board or staff members whose names and email addresses could be found.

Table A-1. Source lists for distribution

- Accredited Public Health Departments
- ACHIEVE Communities
- AF4Q Alliances
- ASTHO-Supported Primary Care and Public Health Collaborative Committees
- BEACON Communities
- Burness Communications' environmental scan results
- CMMI Population Health Workgroup
- Collective Impact Forum
- Community Transformation Grant awardees (Rounds 1 & 2)
- Community Wealth model sites
- Democracy Collaborative
- Forbes Highlights
- Funders Network for Livable Communities board
- HEAL sites
- HICCup Guiding Organizations
- IHI Triple Aim Sites
- IOM Board on Population Health and Public Health Practice members and staff
- IOM Roundtable on Population Health Improvement members and staff
- Network for Teaching Entrepreneurship (NFTE)
- National Quality Forum
- National Quality Forum Population Health Committee
- PICO
- Power to Thrive
- Prevention Institute participants in How to Pay for a Healthy Population
- Project Access
- Purpose Built Communities
- Roadmaps to Health Prize Winners and Judges
- ReThink Health organizational mailing lists
- ReThink Health Collaborative Capacity project participants
- ReThink Health distance learning course participants
- Invitees from the ReThink Health Roundtable held in conjunction with Academy Health
- Smart Cities Council Advisory Board
- Social Venture Partners
- Wave1 Additions, Corrections, Non-responders
- Wave1 Referrals

2) Participants and inclusion/exclusion

Because the online questionnaire saves as you go, all responses entered were captured even if a participant did not click "submit" at the end. The only question that required a response was "Are you part of a multi-sector partnership . . . ?" This was used with skip logic to allow those who are not to provide referrals. So, in principle, both "complete" and "partial" responses can have anywhere from none to all of the questions answered. For this reason, we included both in our original sample of raw data. That comprised 228 responses.

Of those, 179 responded "yes" to the question, "Are you part of a multi-sector partnership that is investing in building a healthier, more resilient community?" Nine respondents clicked "No, but I can refer others;" and 40 clicked "No, but I would like to provide my contact information so that I can be included in ReThink Health's Leaders Network."

Of the 179 indicating that they are part of a multi-sector partnership, we excluded an additional 39 on the basis of the following criteria:

- Not operating in the U.S. (5); national or international in scope or serving as umbrella organizations for regional groups (17). These are listed in Table A-2.
- Not enough questions answered to contribute to the analysis (6); or not actually indicating multiple sectors involved or not having a specific geographic focus (11).

Table A-2. **National, international, global, or umbrella organizations**		
• Australia: Ko Awatea • Canada: Deakin/Department of Health/ Healthy Together Victoria • Germany: State Government/ Cancer Society DU BISt KOSTBAR • New Zealand: Presently the 'Shine' education initiative, previously known as Porirua Healthlinks, Porirua Community Health Project, etc. • United Kingdom: South West London System	• US: Colorado Network of Health Alliances • US: Fruit & Vegetable Prescription Program Network • US: National Council of Asian Pacific Americans • US: CapacityPlus • US: IOM Committee on Evaluating Progress on Obesity Control • US: Global Forum on Innovation in Health Professional Education • US: Partnership for Active Transportation • US: Excellence in State Public Health Law	• US: National Association of Chronic Disease Directors • US: NNPHI Membership • US: Kaiser Permanente CHI • US: Place Matters • US: PICO Center for Health Organizing • US: National Implementation Research Network • US: Every Body Walk Collaborative • US: US Healthiest • US: ASTHO Supported Primary Care and Public Health Collaborative

A review of remaining responses by partnership name and location identified seven groups for which two responses were received (in one case, from the same individual; in six cases by different respondents). Answers were collapsed into a single response per partnership, eliminating seven duplicate entries. The sample included in this analysis represents 133 multi-sector partnership groups (Table A-3).

Table A-3. Partnerships included in analysis

State	Partnership
CA	Building Healthy Communities
CA	Contra Costa Health Services
CA	East Bay Asian Local Development Corporation
CA	Fresno Healthy Communities Access Partners
CA	Go For Health
CA	HEAL Zones
CA	Healthier Community Coalition
CA	Healthy Sacramento Coalition
CA	Healthy Ventura County
CA	Impact Monterey County
CA	Live Well San Diego
CA	Patient Health Improvement Initiative
CA	Prevention Network for Family Health
CA	Sonoma Health Action
CA	South Bay Cities Council of Governments Services for Seniors Workgroup/ Torrance Prevention Community Council
CA	thebalancedetectives.org
CO	Center for Improving Value in Health Care
CO	Mesa County Health Leadership Consortium
CO	Pueblo Triple Aim Coalition
CT	Northeast Neighborhood Partnership, an initiative of Community Solutions
FL	Bithlo Transformation Effort
FL	Hialeah Healthy Families
FL	Miami-Dade Health Action Network
GA	Atlanta Regional Collaborative for Health Improvement (ARCHI)
GA	Georgia Shape
GA	Get Healthy, Live Well
GA	Healthy Houston County
IA	Iowa Healthiest State Initiative/Blue Zones Project
MA	Statewide Pioneering Healthier Communities
MA	The MGH Center for Community Health Improvement
MD	Allegany County Health Planning Coalition
MD	HELPS/HEZ
MD	Long Branch Health Enterprise Zone
MD	Prince George's County Community Advisory Group
MD	The Access Partnership
MD	The Partnership for a Healthier Carroll County
ME	Cumberland District Public Health Council
ME	Healthy Casco Bay Healthy Maine Partnership
ME	Healthy Maine Streets
MI	Health Improvement Organization
MI	Northern Michigan Public Health Alliance
MI	Saginaw Pathways to Better Health
MI	The Michigan Health Information Alliance
MN	Health Care Homes
MN	Health Commons
MN	Healthy Northland/ The Health and Wellness Table
MN	Healthy Minnesota Partnership
MN	Hearts Beat Back: The Heart of New Ulm Project
MN	Honoring Choices Minnesota/LifeCourse/Make It OK/others...
MN	Institute for Clinical Systems Improvement
MN	Minnesota Community Measurement
MN	Minnesota Diabetes & Heart Health Collaborative
MN	Minnesota Immunization Networking Initiative (MINI)
MN	PartnerSHIP 4 Health
MN	Tri City Partners
NH	Healthy Monadnock 2020
NH	NH Citizens Health Initiative
NH	ReThink Health Upper Valley
NH	Upper Valley Public Health Advisory Council
NH	Upper Valley Public Health Advisory Council/Upper Valley Substance Misuse Prevention Partnership/Upper Valley Healthy Eating Active Living/& others!
NJ	Eat Play Live Better
NJ	North Jersey Health Collaborative
NJ	VNA Health Group
NY	Corona Maternal Infant Community Health Collaborative
NY	Intersectoral Forum on Advancing Health and Equity in New York City
NY	North Country Health Compass Partners
NY	Prevention Agenda
NY	Spinney Hill Partnership
NY	The Bronx Health Link
OH	Athens County Healthy Community Coalition
OH	Health Care Access Now
OH	Healthy Lucas County & Toledo/Lucas County CareNet
OH	Hospital Council of Northwest Ohio
OH	The Health Policy Institute of Ohio Health Measurement Initiative
OK	Urban Health Plan
OR	Community Health and Advocacy Resource Team (CHART)
OR	Healthy Columbia Willamette Collaborative
OR	Northwest OpenNotes Consortium
PA	Healthy York Network
PA	Lancaster County Medical

State	Organization
IA	Quad City Health Initiative
IL	Community Engagement & Healthcare Partnerships
IL	CommunityRx and the South Side Health and Vitality Studies
IL	Feeding America Diabetes Initiative
IL	GOHIT's Public Health Integration Workgroup
IL	Illinois Alliance to Prevent Obesity
IL	Impact DuPage
IL	Kane County Planning Cooperative
IL	Strengthening Chicago's Youth (SCY)
IL	Will County MAPP Collaborative
IN	Floyd County Health Coalitions
IN	Healthy Communities of Clinton County
IN	Reach Healthy Communities
KS	Finney County Community Health Coalition
KS	Healthy Community Wyandotte
KS	Healthy Harvey Coalition
MA	Boston Alliance for Community Health (BACH)
MA	Greater Fall River Partners for a Healthier Community
MA	Interagency Supportive Housing Working Group
MN	Winona Collaborative
MO	Greater Kansas City Community Health Partnership
MO	Heartland Foundation/Healthy Communities
MT	MT Healthcare Workforce Advisory Committee
NC	Durham Health Innovations
NC	Healthiest Capital County campaign
NC	Not yet a formal association with a name
NC	McDowell County Health Coalition
NC	McDowell Health Coalition
NC	Orange County Child Poverty Council
NC	Renaissance West Community Initiative
NC	Rockingham County Healthcare Alliance
NC	Wilkes Health Action Team
NE	North Central Community Care Partnership
PA	Way to Wellville Scranton Foundation
PA	Lighten Up Lancaster
PA	Tobacco Free Coalition and Livewell Lancaster
RI	Healthy Washington County
RI	Interagency Food and Nutrition Policy Advisory Council
SC	AccessHealth Spartanburg
SD	Live Well Sioux Falls
TX	Health and Wellness Alliance for Children
TX	The Health Collaborative
VA	Live Healthy Lynchburg
VA	Virginia Center for Health Innovation
VT	ECOS
VT	Winooski Coalition for a Safe and Peaceful Community
WA	Active Community Environments
WA	CHOICE Regional Health Network
WA	Communities of Opportunity
WA	Spokane Regional Health District - Priority Spokane
WA	Transforming the Health of South Seattle and South King County
WA	Whatcom Alliance for Health Advancement
WI	Evidence-Based Health Policy Project

APPENDIX B: Results by Question

The nine questions posed by to respondents are listed below, with each followed by the number of partnerships responding to that question. Results not already presented in the body of the report are also summarized. Where data were reported above in collapsed categories, they are shown here for the full set of response options given in the questionnaire.

The Questions

1. Which sectors are represented in your partnership?
2. What year did this effort begin?
3. Where is this partnership located?
4. What geographic level does this partnership address?
5. What is the overall purpose of your partnership?
6. Which innovations or system change strategies are you most proud of enacting?
7. What are the main challenges that you are currently experiencing or anticipate in the future?
8. How strong is your emphasis on improving or redesigning (a) healthcare access, quality, and/or cost; (b) health behaviors and risk factors; (c) social, economic, educational conditions or services; and (d) physical environments?
9. Which of the following funding types has your group ever used to support your action agenda and/or partnership infrastructure (response options = 33)?

Responses to Each Question

Question #1. Which sectors are represented in your partnership? (n=133)

The full list of sectors from which participants could select is shown in Table B-1. All responses of "other" for which a text description was entered were recoded into existing categories (e.g., "workforce development" was recoded as economic development; "foundation" was recoded as philanthropy).

Table B-1. **Sector response options**		
• Academia	• Government	• Primary care
• Business	• Health care delivery	• Public health
• Community planning	• Health insurance	• Research
• Community organization	• Hospital	• Social service
• Economic development	• Housing	• Transportation
• Education	• Media	• Other
• Elected officials	• Mental health	
• Faith-based institutions	• Philanthropy	

For the above analysis, these 21 categories were collapsed to 15 by grouping the following:

- Academia and Research
- Community planning and Transportation
- Housing and Economic development
- Government and Elected officials
- Hospital, Health care, and Primary care

The charts below are based on the original list of 21 sectors.

Figure B-1. **Partnership diversity** (sectors not collapsed)

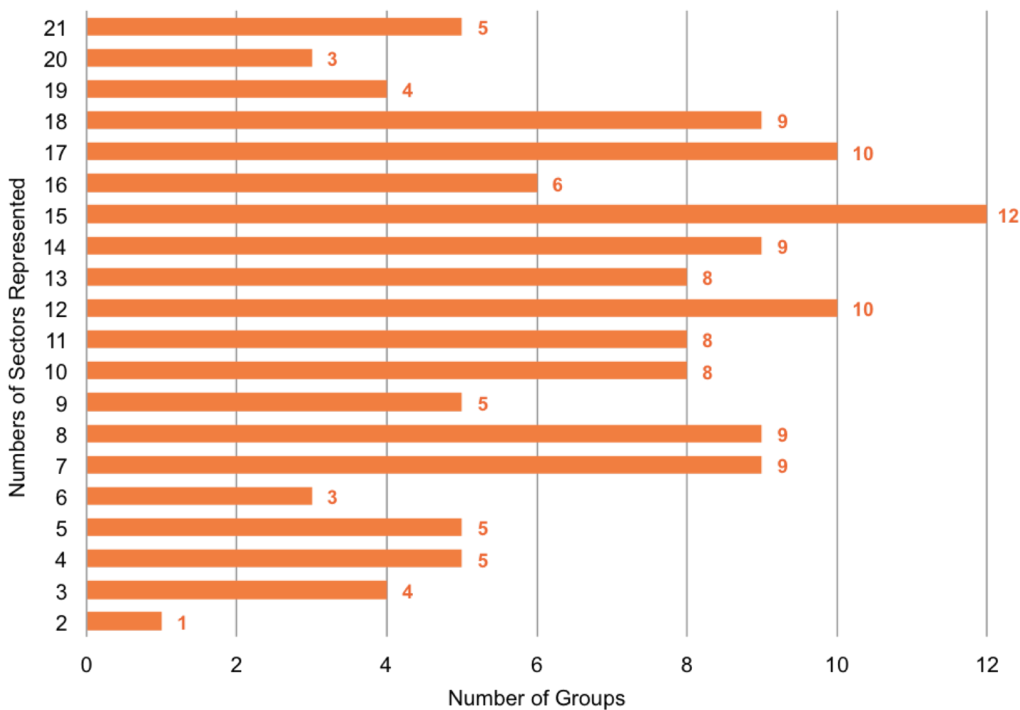
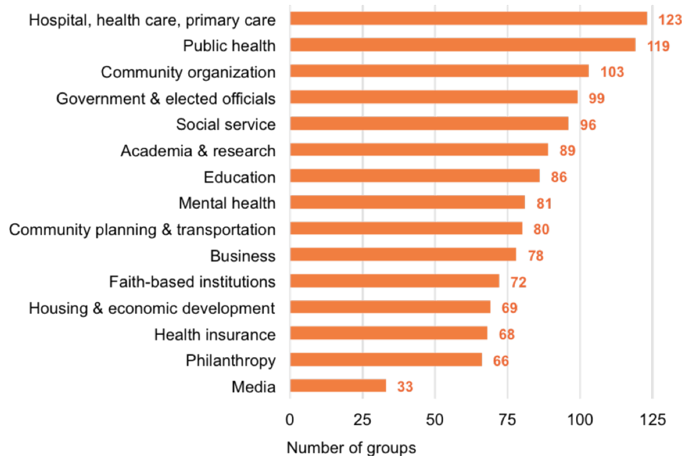
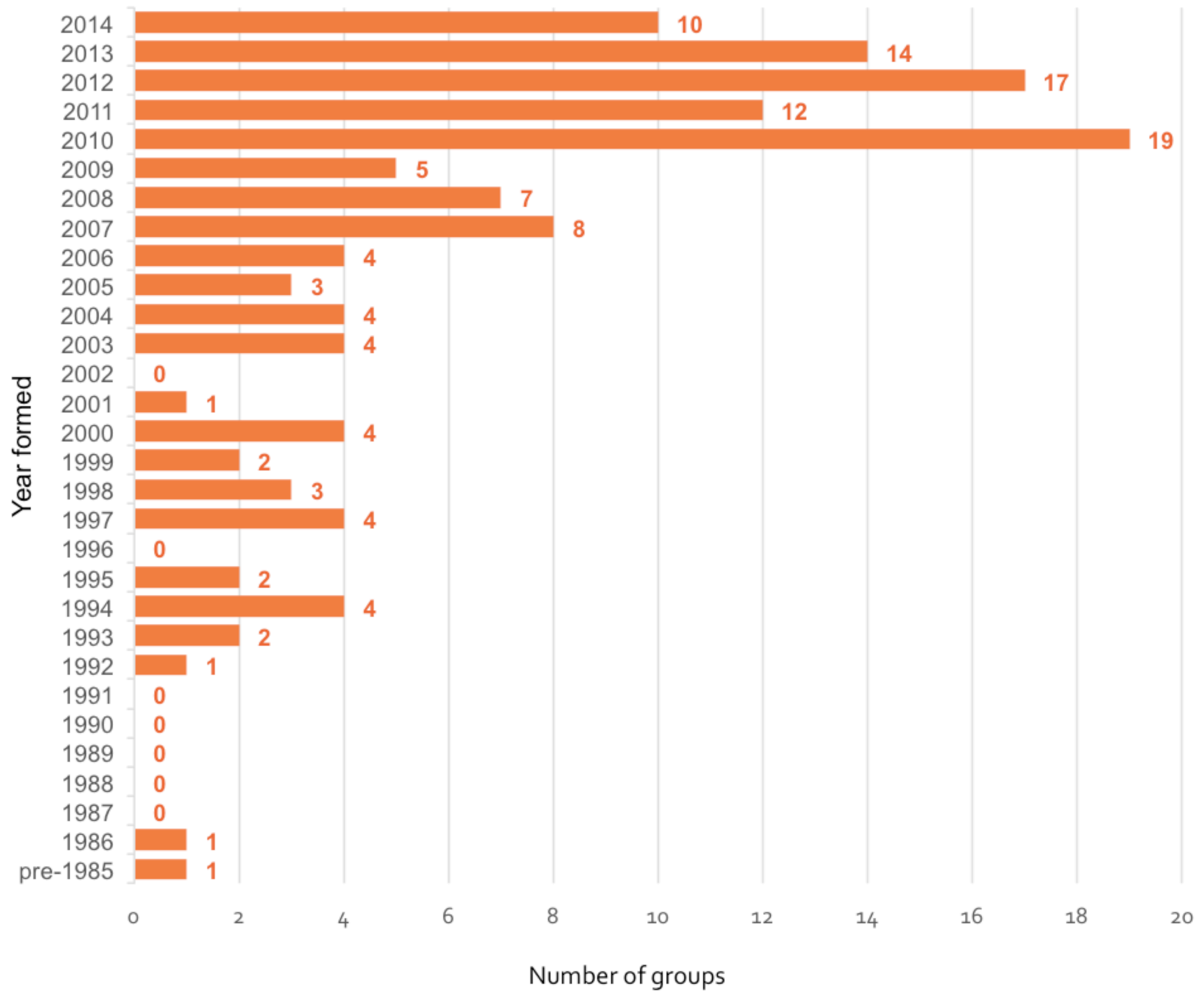


Figure B-2. **Sector representation across groups** (sectors not collapsed)



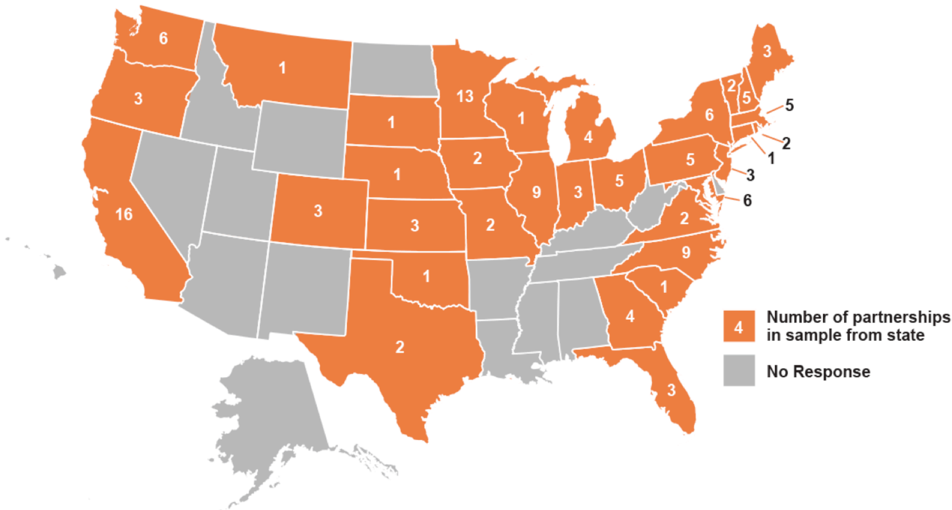
Question #2. What year did this effort begin? (n=132)

Figure B-3. **Frequency by year formed**



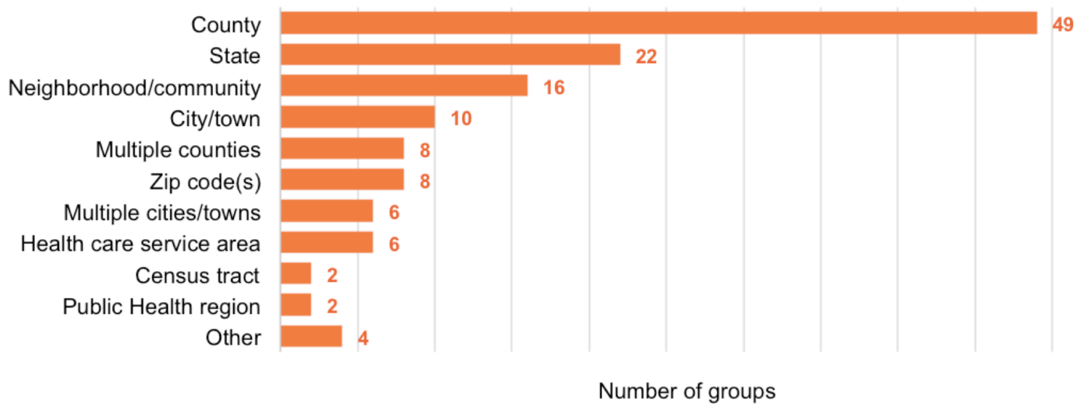
Question #3. Where is this partnership located?(n=133)

Figure B-4. **Locations of partnerships in sample**



Question #4. What geographic level does this partnership address?(n=133)

Figure B-5. **Groups by geography addressed**



Question #5. What is the overall purpose of your partnership?(n=123 responses; 121 coded on one or more of the dimensions below*)

The three dimensions of "purpose" are defined below, along with three coding levels – selective (1), mixed (2), comprehensive (3), or indeterminate (0) – and examples of each.

* Because the question was not posed to address these three aspects of purpose directly, not every response could be coded on each one. Two of 123 item responses were too general to be coded on any of the three dimensions and are not included in these results.

VISION - the outcome(s) sought: what health outcome(s) for what population

- Selective - specific aspect of health and particular subpopulation
  - Children will be physically fit through healthy eating and regular physical activity
  - To expand the permanent supportive housing inventory
- Mixed - specific aspect of health or particular subpopulation
  - To counter obesity and its related chronic diseases
  - To reduce cardiovascular disease at a systems and population level
- Comprehensive - whole population, all aspects of broadly-defined health
  - A healthy population and a vibrant economy
  - A county whose residents are informed and empowered to seek healthy lifestyle options to ensure an optimal quality of life

SCOPE - the systems that groups seek to change – health care, social, economic, etc. – and scope of change sought

- Selective - exclusive healthcare or non-healthcare focus
  - To transform primary care
  - Creating vibrant downtowns
- Mixed - some aspects of health systems and health care
  - Partnership [among] state and local health, planning, and transportation
  - Decrease inequity and improve local public health indicators in tandem with economic security
- Comprehensive - social, economic, and healthcare factors
  - Enhancing the ability of the healthcare system to engage in population health management by leveraging public health resources and encouraging linkages between public health and healthcare delivery systems
  - To address social and physical conditions such as housing, employment, opportunity, and social equality, build social connections, improve health behaviors, and access to health care

APPROACH - the intervention levers groups employ: programs or structures

- Selective - specific set of actions or single system lever
  - Through education and outreach
  - To advance the use by policymakers in both the public and private sectors of timely, non-partisan, high-quality information for evidence-based decision-making
- Mixed - assessment and planning; specific system levers
  - Assessment of community health needs, coordination of resources and programs that address needs, ongoing evaluation, development of community partnerships, provision of community-based experiences for [medical] students to enhance their ability to care for diverse populations
  - Providing information, coordination, collaboration, and advocacy
- Comprehensive - policy, systems, and structural levers
  - Through policies, systems, and environmental change
  - Transforming the community to create a culture of wellness through leadership development, system change, and improved access

Table B-2. **Purpose results by dimension**					
	Indeterminate (0)	**Selective (1)**	**Mixed (2)**	**Comprehensive (3)**	**Total coded**
Vision	2	21	36	64	121
Scope	24	52	37	10	99
Approach	34	32	37	20	89

Table B-3. **Purpose results by overall comprehensiveness**		
Coding combination	**Description**	**# of Groups**
0 in all dimensions	Statements too general to code on any aspect	2
1 in all dimensions	Groups with a highly targeted mission	10
3 in all dimensions	Groups trying to "do it all"	3
3 in all dimensions that could be coded	Additional groups that may be trying to do it all	17
3 or 2 in all dimensions that could be coded	Groups with somewhat comprehensive agendas	51

Question #6. Which innovations or system change strategies are you most proud of enacting? and

Question #7. What are the main challenges that you are currently experiencing or anticipate in the future?

Results for questions #6 and #7 (termed "accomplishments" and "challenges") are combined in the Table B-4 below below. We treated each entry by a respondent in one of the three spaces for listing accomplishments and challenges as one "statement" even if it expressed several different ideas. Individual statements could be coded under multiple types. Definitions and examples of the six types of accomplishments and challenges follow.

IMPLEMENTING– Initiating, maintaining, or completing an action; conducting a project or program

- Accomplishments
  - Comprehensive lung cancer screening program with medical oversight [and] scholarships for those who cannot pay
  - The creation of an FQHC satellite site on a public housing authority
  - Providing internships to low-SES teens to build leadership capacity
- Challenges
  - Successfully completing goals
  - Service delivery for prevention and health promotion programs to the most vulnerable populations within our service area—remote rural areas and low-income residents
  - Inertia; hesitancy to act

COLLABORATING – Engaging and keeping engaged all of the right stakeholders; working together

- Accomplishments
  - We've been working with restaurants, convenience stores, grocery stores, the farmers market, and schools to increase the availability, identification, and selection of healthful food and beverage choices across the community's food environment.
  - 90 participants [in a convened forum] agreed to be involved in a partnership to seek initiatives to support healthy equity and build vibrant and healthy community
  - Programs involve an array of government and community organizations
- Challenges
  - Building a strong partnership with the school district with good communication and transparency around decision-making
  - Continued volunteer involvement by over 200 organizations
  - Competition [for funding] impedes collaboration, even when it is just a perception of competition and would be more beneficial to work together on projects and funding proposals.

FINANCING – Identifying, securing, or maintaining funds to support action agenda or partnership infrastructure, or changing the ways health and health care are financed

- Accomplishments
  - All [accomplished] with volunteers and no budget
  - Dedication of some of the casino revenue to support the initiative
  - Used venture philanthropy to fund a three-year diabetes health coaching demonstration project in eight primary care practices
- Challenges
  - Developing a sustainable funding mechanism for population-based initiatives. A Wellness Trust is being considered.
  - Social and emotional wellness/healthy and safe physical environments are such integral factors in healthy communities and yet these two issues are often excluded or only mildly identified in funding opportunities.

    - Movement from bundled payments to capitation. Bundles are more easily implemented by single actors, capitation requires vertical integration of elements of the healthcare delivery system.

COMMUNICATING – Keeping internal or external stakeholders informed; conveying ideas to the public or particular audiences; advocacy

- Accomplishments
    - After much education and advocacy [a municipal policy was passed]
    - Taking the "Community Conversations" to the next level. Conversations were held with five racial/ethnic communities to gather information and create effective messages that encourage healthy behavior changes. We are now working to engage these communities in taking collective action to address policies and system changes that will impact diabetes control and prevention.
    - Building a single voice for advocating access needs to the legislature and key stakeholders
    - Report [produced] on root causes of illness and premature death
- Challenges
    - Continued education of business community of the importance of community health as it relates to economic development
    - Client recruitment; getting known in the surrounding counties
    - Maintaining and renewing public focus on key issues long enough to effect real and meaningful change

IMPACTING – Achieving desired results; effecting change

- Accomplishments
    - Reducing students' obesity by 3.2% over a two-year period in a large elementary school district
    - 37% reduction in youth violence over a four-year period and two years murder-free in the city
    - Programming has been linked to the evolution of several bills, regulations, or sub-regulatory policy
    - 5:1 return on investment for 26 patients from a single managed care organization
    - 23 municipalities adopting smoke-free green spaces policy
- Challenges
    - Loss of impact and alignment if members stop participating due to competitive or regulatory pressures
    - Improving health access
    - Addressing poverty
    - Financial reform of the health care system is necessary to improve overall health but very tricky to do.

MEASURING – Identifying or agreeing on appropriate metrics; capturing, securing or sharing data

- Accomplishments
  - Aligned measures of health care cost and quality used across the state to improve care
  - Community screenings and electronic health records have been integrated and are used for project surveillance to track and measure population health outcomes across the community.
  - Implementing a web-based community dashboard to better track local indicators and increase the visibility of community needs
- Challenges
  - Issues of ownership and politicizing data
  - Determining how best to achieve good information on outcomes and measures
  - Changing the way providers have traditionally documented
  - Real-time data on key community indicators is not available and we often have to make decisions with out-of-date information.

Table B-4. **Types of accomplishments and challenges**

	Number of accomplishments (n=322)	Accomplishments by partnership (n=120)	Number of challenges (n=310)	Challenges by partnership (n=118)
Implementing	201	100	105	75
Collaborating	141	84	123	82
Financing	31	30	113	87
Communicating	62	47	37	33
Impacting	58	38	9	9
Measuring	20	18	24	20

Question #8. How strong is your emphasis on improving or redesigning (a) healthcare access, quality, and/or cost; (b) health behaviors and risk factors; (c) social, economic, educational conditions or services; and (d) physical environments? (n=126)

Table B-5. **Average emphasis in given areas**	
Emphasis on improving or redesigning…	**Average strength***
Social, economic, educational conditions or services	4.1
Physical environments	3.7
Health behaviors and risk factors	4.5
Healthcare access, quality, and/or cost	3.8
New ways to finance and sustain initiatives over time	3.9

*Scale: 1=Minimal; 5=Very Strong

Question #9. Which of the following funding types has your group ever used to support your action agenda and/or your partnership infrastructure? (n=115)

Figure B-6. **Use of financing mechanisms by groups** (categories not collapsed)

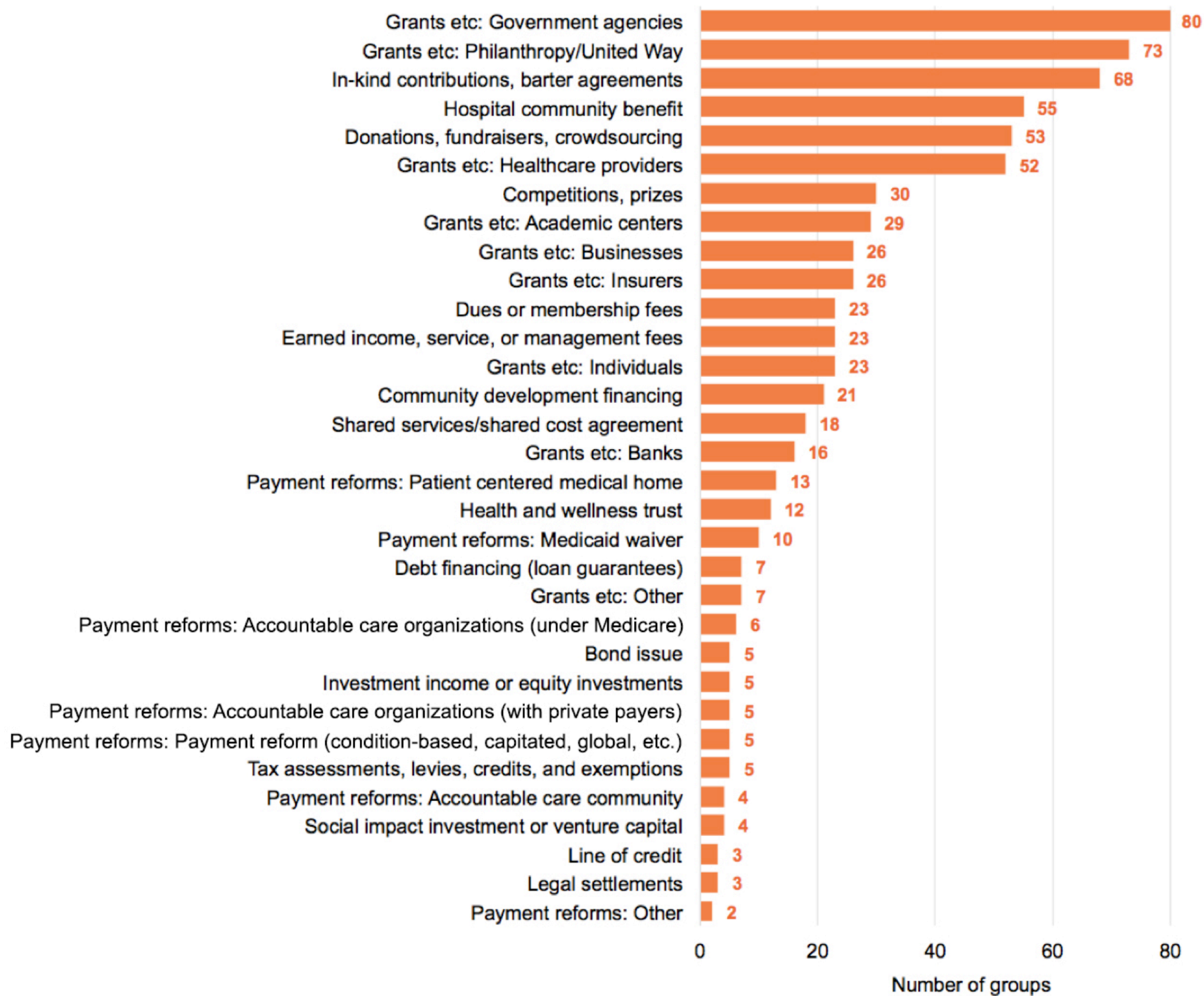


Figure B-7. **Use of financing mechanisms by groups** (categories collapsed)

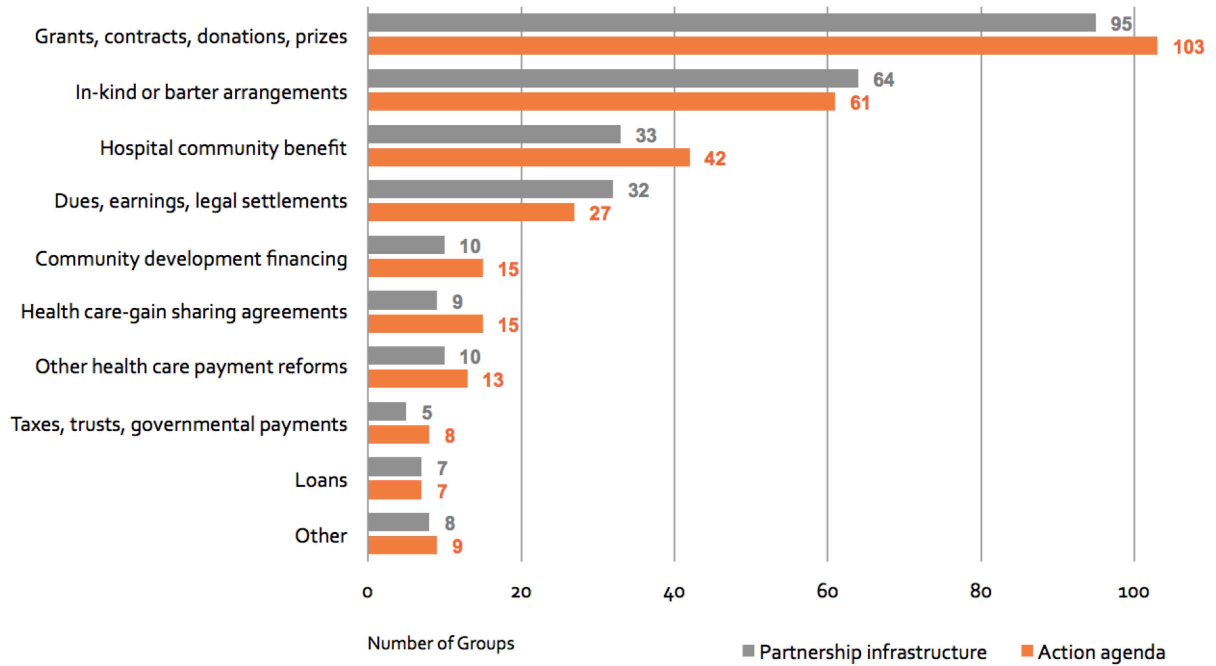


Table B-6. Financing Mechanisms by Category

Grants, contracts, donations, prizes	In-kind or barter arrangements	Community development financing	Taxes, trusts, governmental payments
• Academic centers • Banks • Businesses • Government agencies • Healthcare providers • Individuals • Insurers • Philanthropy/United Way • Other • Donations, fundraisers, crowdsourcing • Competitions, prizes	• In-kind contributions, barter agreements • Shared services/shared cost agreement **Hospital community benefit** **Dues, earnings, legal settlements** • Dues or membership fees • Earned income, service, or management fees • Investment income or equity investments • Legal settlements	**Health care gain sharing agreements** • Accountable care organizations (under Medicare) • Accountable care organizations (with private payers) • Accountable care community (accountable health community, etc.) **Other payment reforms** • Medicaid waiver • Patient centered medical home (or related primary care reforms) • Payment reform (condition-based, capitated, global, etc.) • Other	• Tax assessments, levies, credits, and exemptions • Bond issue • Health and wellness trust **Loans** • Social impact investment or venture capital investment (e.g., pay for success, capital for scaling, etc.) • Line of credit • Debt financing (loan guarantees)

Figure B-8. **Diversity of financing mechanisms used across groups** (categories not collapsed)