



The American Hospital Association's

**CENTER FOR
HEALTHCARE
GOVERNANCE™**

Learnings on Governance from Partnerships that Improve Community Health

Lessons Learned from
Foster G. McGaw Prize Recipients

Advances in Health Care Governance Series

**Blue Ribbon
Panel Report**

About the AHA's Center for Healthcare Governance

The American Hospital Association's (AHA) Center for Healthcare Governance is a community of board members, executives and thought leaders dedicated to advancing excellence, innovation and accountability in health care governance. The Center offers new and seasoned board members, executive staff and clinical leaders a host of resources designed to progressively build knowledge, skills and competencies tailored to specific leadership roles, environments and needs. For more information, visit www.americangovernance.com.

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Prize for Excellence in Community Service

Advances in Health Care Governance Series

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Introduction and Overview

Hospitals' and health systems' accountability and commitment to their communities are not only for the care provided within the organizations' walls, but also for improving the overall health of the communities they serve. Many are acting on that commitment by striving to achieve the goals of the Triple Aim: 1) improving the patient experience of care; 2) improving the overall health of the population; and 3) reducing costs.

As evidenced by the 30-year history of the Foster G. McGaw Prize for Excellence in Community Service and the recipient organizations profiled in this report, the exceptional commitment of many health delivery organizations to improving the health and well-being of the communities they serve is not a new phenomena. However, the transformation occurring in the health care field has spurred the acceleration of broad-based partnerships of many types that are focused on community health improvement.

Purpose of the Study

As health care evolves toward a community and population health focus, new models of care delivery and governance are emerging. These models reflect a focus on multi-sector collaborative partnerships involving hospitals, health systems, public health and other community organizations developed to address community health in its broadest sense, optimizing both health status and quality of life. This multisector, collaborative approach to community health improvement has been endorsed by the Institute of Medicine, Robert Wood Johnson Foundation and other organizations and studies (Prybil et. al, 2014) as an inclusive, productive way to benefit communities and achieve the Triple Aim.

The AHA's Center for Healthcare Governance, with generous support from the Baxter International Foundation, studied how selected Foster G. McGaw Prize recipients are working with community partners to better understand and address community health needs and ensure sustainable partnership governance. The organizations profiled here were selected because of their broadly recognized devotion to community health, development of enduring partnerships that improve it, and track record of achievement.

This report shares findings that emerged from primary research of the study participants' community partnerships and a broader Blue Ribbon Panel discussion of community partnership structure and functions; mission, vision and sustainability; and governance.

Thirty-four interviews were conducted with hospital/system leaders and individuals affiliated with the community partnerships in the study to develop comparable profiles of these partnerships. Areas of focus included each partnership's governance model; governance responsibilities and authority; reporting structures and processes; partnership staffing; partnership resources and funding; challenges; and advice to others seeking avenues to facilitate community health improvement.

A Blue Ribbon Panel reviewed findings emerging from the interviews and discussed commonalities, differences, and key themes and learnings about the governance of these community partnerships that may be used by the field. The Blue Ribbon Panel was comprised of representatives of the organizations studied and their community partners, along with governance experts, others representing additional community partnership models, AHA's Center for Healthcare Governance, Foster G. McGaw Prize Committee members and an executive of the Baxter International Foundation.

Seven Foster G. McGaw Prize recipients participated in this study (see sidebar on page 6). Profiles of study organizations appear in the Appendix on page 24. For more detail on the partnerships studied, go to www.greatboards.org and www.americangovernance.com.

Overview of Key Study Findings

Panelists discussed partnership roles and structures, mission, sustainability, governance, culture, attributes of success and leadership characteristics that facilitate successful partnerships. They explored the diversity of governance models and key challenges partnerships face in improving community health. In addition, they shared their views about what drives the mission and vision of the partnerships, how partnerships are formed and funded, how initiatives are determined, critical

Sidebar

Study Organizations

Allegiance Health (*Jackson, Mich.*) is a community-owned, locally governed health system comprised of more than 40 different facilities. The 480-bed health system has served south central Michigan since 1918.

Crozer-Keystone Health System (*Springfield, Penn.*) is comprised of five hospitals, a comprehensive physician network and other facilities. The health system serves the five-county Delaware Valley region, including the city of Philadelphia.

Henry Ford Health System (*Detroit, Mich.*) is a not-for-profit system comprised of multiple hospitals, medical centers and a large group practice. The health system has served a tri-county area of Southeast Michigan, including Detroit, since 1915.

Memorial Hospital of South Bend/Beacon Health System (*South Bend, Ind.*) is a community-owned, not-for-profit health system. The 526-bed hospital has served St. Joseph County, Ind. since 1893.

Mt. Ascutney Hospital and Health Center (*Windsor, Vt.*) is a 35-bed, not-for-profit hospital and health center that has served a nine-town area in Windsor County, Vt. and Sullivan County, NH since 1933.

Palmetto Health (*Columbia, S.C.*) is a hospital network comprised of more than 11,000 team members, physicians and volunteers serving Richland County and the surrounding areas. It is the largest health system in the South Carolina Midlands region.

St. Joseph's/Candler Health System (*Savannah, Ga.*) is a faith-based, not-for-profit health system. The 714-bed system serves Savannah and the Low Country district of South Carolina. St. Joseph's Hospital has provided care for the community since 1875. Established in 1804, Candler Hospital is Georgia's first hospital and the second-oldest continuously operating hospital in the United States.

competencies required for effective community partnerships and more. Key themes include:

- Governance of community partnerships is responsible for:
 - defining a clear and purposeful mission and vision;
 - determining the various community organizations that can provide the greatest value in achieving the mission and vision;
 - determining the most appropriate structure for ensuring success of the partnership in achieving its mission, vision and strategies; and
 - clearly understanding its role and responsibility for the programs and initiatives it oversees.

This includes, but is not limited to, responsibilities such as overseeing the community health needs assessment and using results to determine community health priorities; accessing funding and overseeing funds flow; and defining needed leadership diversity, experience and competencies.

- Respect, trust, transparency and a passion to make a meaningful difference in improving the health of the community are elements of a culture that drives successful partnerships. The culture should exhibit wide and continuous communication, constructive debate, mutual

Sidebar

Report At-A-Glance

This Blue Ribbon Panel report has five sections and an Appendix.

The **Introduction and Overview** describes the purpose of the study, highlights the study organizations, and includes a summary of key findings and highlights of the panel discussion.

Key Themes: Community Partnership Structures and Functions provides a summary of panelist insights into the assessment of partnership structure and functions; partner roles, the key importance of the Community Health Needs Assessment; and achieving collective impact.

Key Themes: Partnership Mission, Vision and Sustainability discusses factors that link partners and communities; the need for collaborative efforts to demonstrate impact; and factors such as strategic focus, shared values and thoughtful approaches to funding that support partnership sustainability.

Key Themes: Partnership Governance discusses differences between institutional and partnership governance; principles of collaborative partnerships; and use of a

collaborative governance model to help guide and direct partnership efforts.

The **Conclusions and Recommendations** section outlines the critical challenges facing hospitals/health systems and their community partners as they work to adapt to a rapidly transforming health care environment. It predicts the likely governance model of the future, and highlights many of the advantages of the model. In addition, it includes recommendations for hospitals/ health systems and community partnerships that emerged from the lessons learned from Foster G. McGaw Prize recipients and the Blue Ribbon Panel deliberations.

The **Appendix** includes a partnership governance readiness assessment and a table that summarizes study organizations' community definition; the year each first initiated a partnership; the number of their current initiatives; and the number of their current partners.

respect, inclusiveness, continuous learning and humility. Governance participants should view themselves as “servant leaders” who are good collaborators, analytical, passionate, inclusive and engaging. They also should be able to assess and take appropriate risks, including sometimes serving as “contrarians” to propel critical conversations that must occur in order to ensure optimal community health improvement success.

- Hospitals and health systems play a vital role as conveners/integrators/ facilitators of community partnerships, but should not necessarily be the “conductor” or “controller” of the partnership.

Hospitals/health systems are anchor institutions, and oftentimes may be primary funders of initiatives. In this role, they bring together and engage stakeholders in a shared way to understand community health problems and identify solutions and priorities.

- Key attributes of community partnership success include innovation; flexibility; synergy; meaningful coordination; shared interest and a common understanding of shared impact; communication among both the partners and the community; and an intense commitment to achieve a shared, outcomes-driven mission and vision.

- Successful partnership governance requires a high level of trust and engagement among the community partners and the ability to envision a future where health and health care in the community are different and better than they are today. It also benefits from continuous engagement in a governance dialogue with a central focus on common objectives and tangible outcomes and a holistic view of what defines health and what health care should be.
- Improving community health will require collaborative structures able to govern the activities of diverse organizations with common missions to improve health and health care; improve quality, safety and consumer satisfaction; and do it all in the most efficient and outcomes-focused manner possible. Board members will require new skills and tools in order to successfully guide collaborative efforts forward in the face of complexity and uncertainty. And, they will need to translate the health needs of their communities into action through engagement with and leadership of multi-dimensional affiliations and community partnerships.
- Institutional and partnership governance are different, as described on page 12 of this report. Partnership governing entities govern best through a collective input model with a supporting infrastructure and an entrepreneurial governance culture rather than the more traditional and comfortable executive governance culture. An executive governance model is more “top down,” and typically develops programs and services around currently available resources. Entrepreneurial governance is nimble, flexible and innovative. It is able to clearly define health care needs and match them with the most valuable resources and determine multiple avenues through which to achieve the mission and objectives of its diverse partners. It capitalizes on developing and nurturing “organic relationships” in which partners who know and respect one another share a common view of needs and opportunities, and are committed to common objectives and to achieving extraordinary health improvement outcomes for those they are privileged to serve.

Key Themes: Community Partnership Structures and Functions

While study organizations share a commitment to improving the health and quality of life of their communities, their programs, services, funding, partners, structures and functions vary widely. Each organization approaches its community’s health needs in unique ways, and all have an evolving approach to the governance of their community partnerships. In one way or another, they all include a focus on better health through physical, emotional and mental well-being; and a passion for wellness.

A Broad-based Definition of Health

The partnerships studied all focus on a broad definition of health—encompassing both medical conditions and diseases and social determinants of health. Therefore, all viewed their work as dependent on long-term collaborations among a wide range of partners to address complex, underlying causes of ill health and poor quality of life.

Said one panelist, “We all need to remember that if our goal is to improve the health of our communities, health care is 20 percent of that equation. The remainder is comprised of determinants, such as lifestyle, behaviors and social conditions. Improving the health of the community is a long-term project involving independent parties working together. No one organization will be, or should be, in command and control.”

Putting the Community Health Needs Assessment to Work

Panelists observed that the Community Health Needs Assessment (CHNA) can provide the focus, priorities and metrics around which hospitals, public health agencies, and other community partners can coalesce, enabling them to concentrate on community needs rather than the needs of the partners. The CHNA serves as a resource to pull stakeholders together to identify and understand the community’s health needs, and ensure the partnership is united to pursue a shared mission and vision for community health improvement.

Most of the study organizations cited their CHNA as the foundation that drives both community health improvement goals and the partnerships essential to achieving those goals. “For us, everything begins with the joint and coordinated community health assessment process. The result is that everyone works from the same data,” one panelist said.

Connecting With the Community

Many community partnerships have a long history of coming together, either formally or informally, to tackle a small piece of a larger, complex community issue in order to have a greater impact. Leaders of these efforts are passionate and driven by a commitment to their community.

Some community partnerships are not driven by hospitals. They develop from within the community. These partnerships often view the hospital as being on the same footing as other partnership members. “There’s much more openness if everybody has an equal seat at the table,” one panelist observed.

Most partnerships begin with a central focus or intention that brings community partners together. This community challenge or focus is different in each community, but is often something “big” that requires many partners to work productively together to address it.

“Our resources serve at the pleasure of the community. Whatever priorities they set are what our resources support,” observed one panelist. “I can’t imagine it happening the other way around.”

Achieving Collective Impact

Collective Impact is a methodology referenced and used by several panel organizations to tackle the multi-faceted challenge of improving community health. Collective Impact is based on the belief that it takes multiple organizations, cross-sector coordination and a shared purpose to successfully address and overcome the magnitude and complexity of many of today’s social problems, including population or community health. The magnitude and complexity of social problems defy not only single solutions, but also the ability to determine at the outset of an initiative what potential solutions might succeed. To overcome this barrier,

Collective Impact focuses on bringing together multiple agencies and organizations, creating alignment and common purpose among them. Through their shared understanding of the problem and their learning, knowledge, awareness and resources, they can collectively identify and implement new solutions.

Critical to the success of community partnerships is the ability to maintain a focus on shared priorities, ambitious goals that cannot be reached independently, and a sense of interdependency. As one panelist noted, “It’s critical that we not view ourselves as independent or dependent, but interdependent. When we operate with that logic model, when we all depend on one another, we can begin the long journey to create a healthier community.”

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John Kania and Mark Kramer identify five key conditions for Collective Impact in a *Stanford Social Innovation Review* article (Winter 2011). The following year in the same journal, Shiloh Turner and his colleagues discussed activities that backbone organizations typically conduct to support collaborative initiatives. More on their work appears in the sidebar on page 10.

Form Follows Function

Partnership form and structure follow function—the structure and support for each community partnership will be unique to the community’s needs, partners, size, demographics, resources and partners’ commitment.

For entrepreneurial, innovative, pioneering organizations, structure can be viewed as an anathema. However, the key is to balance the

Sidebar

Conditions for Achieving Collective Impact

1. **Common agenda.** All participants have a shared vision for change, including a common understanding of the problem and a joint approach to solving it through agreed upon actions.
2. **Shared measurement systems.** Collecting data and measuring results consistently across all participants ensures efforts remain aligned and participants hold each other accountable.
3. **Mutually reinforcing activities.** Participant activities must be differentiated while still being coordinated through a mutually reinforcing plan of action.
4. **Continuous communication.** Consistent and open communication is needed across the many players to build trust, assure mutual objectives and create common motivation.
5. **Backbone organization.** Creating and managing collective impact requires a separate organization(s) and staff, and a specific set of skills to serve as the backbone for the entire initiative and coordinate participating organizations and agencies.

Backbone organizations generally conduct six activities in support of collaborative initiatives:

- a. Guide vision and strategy
- b. Support aligned activities
- c. Establish shared measurement practices
- d. Build public will
- e. Advance policy
- f. Mobilize funding

conditions that foster agility and innovation with the level of structure needed to provide continuity and sustainability for the partnership. The transcendent importance of trust also cannot be overstated.

“Structures and functions are really important,” said one panelist, “but relationships built on trust are key, and are dependent upon the people who work throughout the community health partnerships.”

The Vital Role of the Business Community

Citing health and wellness initiatives by organizations such as Boeing, Intel and other employers, panelists noted that employers have a vested interest in the health of their employees and the communities in which they work. Not only is it imperative to include the business community as partners, they suggested, but larger employers may, in many cases, also be the most logical conveners for community partnerships. However, in many cases, businesses are not well integrated into community partnership efforts. “If we truly want to create a healthier community we have to have significant involvement of the business community in the effort,” stated one panelist. “Too often when we engage in the discussion about creating a healthier community, the business community is left out.”

“Our community health improvement initiatives and alliances have to demonstrate to the business community, to employers and to health plans that they are making a positive impact on health and, at least eventually, a positive impact on health care costs,” noted another panelist.

The Hospital as Anchor

By virtue of their size, resources, mission and commitment to community health, hospitals often find themselves as leaders, conveners or “anchors,” providing the resources in community partnerships. A health care organization’s role does not mean, nor should it be confused with, leading or controlling the agenda of the partnership. Oftentimes, a more appropriate and successful role for the hospital/health system is to serve as an integrator, leading from behind.

According to one panelist, “While the Foster G. McGaw Prize winners are leaders in this space, most partnerships are still at a very nascent stage in terms

of their development and governance. We're still trying to understand how best to create and lead these partnerships, and we need to understand there's not a one-size-fits-all approach."

Another panelist said, "If we're going to really improve community health through multi-sector partnerships, our hospitals and health systems have to be key players. That doesn't mean, however, that they should always be the leader or owner of the partnership. That's one model that may work well in some communities, but not so well in others."

"Running community partnerships and doing collaborative work requires collaborative leadership, which is very different from more hierarchical, traditional command-and-control leadership that a lot of organizations are used to," another panelist observed.

Key Themes: Partnership Mission, Vision and Sustainability

Mission and Vision: The Partnership "Glue"

Partnerships identified the importance of collaboratively developing a mission and vision for the work they are doing together. "The glue that holds everything together is the mission, values and vision," stated one panelist. "Community health improvement partners will operationalize the mission in different ways based on community needs and their unique capacity to address those needs within a broad community health improvement framework."

Communication Creates Understanding

Panelists advised that organizations/partners need to ensure they communicate clearly, effectively and often with each other and with the community about the community's health, the work the partnership has undertaken and progress to improve community health, the resources being dedicated to those efforts, and how the community and its health are changing. Ongoing, multi-directional communication not only clarifies partnership work to advance the mission and vision, but also has the potential to identify when mission and vision may need to evolve to meet the needs of a changing community.

"Running community partnerships and doing collaborative work requires collaborative leadership, which is very different from more hierarchical, traditional command-and-control leadership that a lot of organizations are used to."

— Blue Ribbon Panelist

The Bottom Line: Impact on Health

Understanding the leading community health risks and barriers is only part of the health improvement solution, according to one panelist. Defining the right metrics and demonstrating meaningful impact are essential to sustainability.

"Unless collaborative efforts can, over time, show impact and results—that the measures we're focusing on are moving in the right direction and there's a positive impact—these efforts will not be sustainable," he said. "There is a huge premium on clearly defining what needs are being addressed, what can't be done in addressing needs, performance and progress metrics, and the objective evidence of impact." Another panelist also noted, "In addition to data collection and analysis, we're incorporating real-time feedback loops to determine if and how we're making a difference; and if not, what we need to change."

"In the absence of agreement on need and performance metrics, it is difficult if not impossible to be accountable to anybody, or to maintain the interest of funders, anchor institutions and other stakeholders," another panelist observed.

Multiple Hospitals/Health Systems as Partners

Partnerships have seen the value of multiple hospitals/health systems working together to maximize resources and impact to improve the health of their communities' most vulnerable populations. These hospitals/health systems may not work together in other ways, but through participation in community partnerships they are choosing to collaborate to fulfill a broader mission to improve community health.

Recognizing the critical need for broad and deep resources to ensure community health improvement success, one panelist said, “It’s important to frame what you want to accomplish in terms that are big and broad enough that they transcend the resources of any of the hospitals/systems in the partnership.” Working together to conduct a community health needs assessment, for example, is one way hospitals/health systems can collaboratively meet the needs of the communities they serve.

Strategic Focus

Two of the health systems represented in the study develop strategic plans for their community partnerships, measuring and identifying areas of highest need and potential for greatest impact. Goals are identified and key champions are assigned to each goal or initiative.

Panelists observed that there are times to act opportunistically, but organizations and partnerships should be alert to the risk of straying too far from the partnership’s mission or responding to a few dominant community voices.

Guiding the Partnership

The values of respect, humility, integrity, honesty and trust are key to successful relationship building and maintenance. These “softer” aspects of community partnerships are critical to sustainability, and should be carefully nurtured.

Each community’s environment is different; and the complexities of some are heavily influenced by politics, the number of partners, or the need to navigate partnerships with local or regional competitors.

“The biggest challenge in any successful community health improvement partnership is not motivating the partners,” one panelist observed. “They are already motivated. The challenge is getting them to a

common, mutually agreeable place. And that place may not be the place that you initially intended. They may guide you to a better place.”

Conscientious Funding

Panelists generally advocated a conservative approach to initial project funding. Broadening scope, counting in-kind contributions and potential redirection of employer premium dollars to support community health improvement are potential means of strengthening financial stability. Panelists also advised using mechanisms such as grants, endowments and institutional support to diversify funding.

Key Themes: Partnership Governance

Success through Simplicity

Simplicity was identified by one panelist as vital to the success of a partnership comprised of many and varied partners. Simple foundational principles that guide the partnership and its governance should be put in place early in the partnership’s development. For examples, see the sidebar on Principles of Collaborative Partnerships on page 13.

Institutional and Partnership Governance are Different

Panelists observed a distinction between governance of a health system or sponsoring organizations and governance of the partnership itself. When representatives from individual community organizations serve on the partnership’s policy-setting body/board or the hospital/health system’s board, stronger community engagement, insight and understanding of the importance of investing in community partnership and community health results.

Despite that, one panelist said that hospital/health system governance and the governance of community partners may not always align well. “We haven’t intentionally said there is partnership governance, and connected it to our system governance,” she said. “Hospital and health system governance and partnership governance often have different cultures, with their participants living in very different worlds.”

“Hospital and health system governance and partnership governance often have different cultures, with their participants living in very different worlds.”

— Blue Ribbon Panelist

Sidebar

Principles of Collaborative Partnerships

Collaborative partnerships and their governance require flexibility and will look different from community-to-community. Even so, common principles exist among successful partnerships that guide their success. The principles below, which emerged in panelists' discussion, help set the framework for the structure, function and governance of productive, sustainable and collaborative community partnerships.

- **Partnerships must be community-driven.** Collaborative partnerships for community health are comprised of diverse organizations and individuals passionately striving to address problems common to all. Partnerships and their governance structures require flexibility and will vary to meet the needs, resources and characteristics of each community.
- **All stakeholders must be meaningfully engaged.** Plans cannot be made based on what some “think” the community needs. All community stakeholders must be identified and represented in determining, planning and executing on governing priorities to ensure:
 - Well-informed, data-driven decisions regarding the purpose, vision, strategies and implementation of the partnership's work; and
 - Interest, investment and trust in the partnership and its initiatives.
- **More can be achieved together than alone.** Stakeholders are committed to working together in partnership, leveraging each partner's resources and complementary talents to create a synergy among partners that enables greater accomplishment than can be achieved by working alone.
- **Partner equity ensures sustainability.** Regardless of size, financial or in-kind contribution to the partnership, stakeholders are considered equal. The success of a partnership may depend on backbone or anchor institutions assuming the role of conveners, facilitators or integrators, and relinquishing leadership or control of the agenda.
- **Community health and well-being improvement is a shared core purpose.** Members of the governance structure are stewards of the community's resources, its health and well-being, and of the trust placed in them by the community. As such, members of the governance structure must be committed to working together in partnership for the benefit of the community. The shared purpose, vision and common priorities for the health and well-being of the community are adhered to as the crucial focal point of community partnerships' meeting agendas, discussions, deliberations and decisions.
- **Creative approaches are needed to tackle all-encompassing problems.** Improving community health is an all-encompassing concern that includes multiple socio-economic issues and requires:
 - Long-term perspectives and commitments;
 - Data-driven decisions;
 - Seeking out best practices;
 - Willingness to take well-calculated risks; and
 - Willingness to embrace bold, innovative approaches.

(continued)

Sidebar

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- **A “systems approach” ensures continuity.** A systems-oriented approach creates solid foundations for building and aligning integrated delivery systems for community health improvement and maintenance.
- **Goals and progress reporting ensure accountability.** Change requires an intense focus on results. Clear measures or indicators of progress provide direction and create inspiration and motivation. Consistent monitoring of balanced scorecards or dashboards, and communicating progress to the broader community are essential to demonstrating accountability, earning community trust and building hope for the future.
- **Governance must be structured to ensure sustainability.** Sustainability of the governance structure and collaborative partnerships is critical to the health of the community and is dependent on a clear purpose or intention, the commitment of partners, a plan of action, adequate funding, effective implementation and demonstrated progress.

Regardless of the scope of resources contributed by the health system or other sponsoring organizations, a sense of equity among partners must exist to ensure a successful partnership.

Who's in Charge?

Governance of cross-functional partnerships can be challenging and cumbersome, but is necessary for

The Five Ps of Governing Community Partnerships

Principles of health gain (increasing the health of the communities).

Process of stakeholder engagement (getting people engaged).

Plan that has a dashboard of bold targets (can't have sustainability or progress without measuring where we are going).

Partnering with diverse and passionate community organizations.

Progress reporting to the community via media collaboration and social media.

directing diverse community health improvement efforts with purpose, coordinated strategies and responsible resource management designed to achieve optimal results. Despite a partnership's structure or the roles assumed by various partners, Jim Rice, Ph.D., governance expert, Foster G. McGaw Prize reviewer and a study panelist, suggested community partnerships should be governed less by structure and more by what he termed the “Five Ps” listed in the box above.

Governance of community partnerships requires a leadership style that includes increased attention to relationships, awareness of differing and potentially conflicting interests, and the need to develop collective mindsets. Governance also can benefit from an understanding of the characteristics of collaborative/collective governance. Bringing clarity to the partnership governance role is vital to ensuring sustainability. “Too often collaboration takes place, but nobody's in charge. What we're trying to do is to bring some order to that,” said one panelist. “We need to understand what we're attempting to accomplish with our collaborative governance. Are we making decisions? Are we securing plans? Are we managing risk?”

One panelist went further in outlining her views about the need for collaborative governance that provides

Sidebar

Collaborative Governance in Community Partnerships

Thinking and operating independently does not fully leverage and maximize the community health improvement opportunities that can result from joint efforts and shared resources. A collaborative governance model, which unites boards with common interests and common missions in integrated thinking, planning and doing, is ideal for hospitals and health systems and their community partners. Collaborative governance holds the potential to accelerate the transformation of health care services from a system comprised of organizations working in silos of care, with different and sometimes conflicting agendas, to what Stephen M. Shortell, Ph.D., director of the Center for Healthcare Organizational and Innovation Research at the University of California, Berkeley, calls “accountable communities for health.”

According to Shortell, accountable communities for health are cross-sector organizations that come together to form a governance body or “integrator” entity with the skills and resources to accept

responsibility for allocating resources to maintain and improve the health of an entire identified population of community residents. His definition of an “integrator entity” resonates with a definition of collaborative governance put forth by panelist Jim Rice, Ph.D. Rice defines collaborative governance as “a structured process in which organizations with a common interest engage in joint needs analysis, planning and implementation in service of the collective good, and then share accountability for outcomes.”

Due to their size and scope, hospitals and health systems are uniquely well positioned to advance program and service integration through collaborative governance models. These models include a wide range of community providers that collectively develop high reliability programs and services that improve the consumer experience, increase the quality and safety of care, improve the broadly-defined health of the population served, and maximize participating organizations’ role and value in ensuring a healthier community.

overarching coordination of the entire partnership’s efforts. “You have a convener that provides administrative leadership. You have an anchor organization and one or more organizations that provide backbone support. Then you have partners that embed themselves into schools, businesses, health services, mental health services, churches, media and other community touch points,” she said. “The role of collaborative governance would be to study, prioritize and resource problems, and then drive the work to resolve them, educate, assess, measure, improve and advocate.” For more on Collaborative Governance in Community Partnerships, see the sidebar above.

Governance and Leadership Competencies

Passionate leadership is an important catalyst for partnership success; however, the partnership cannot be dependent on a single individual, and must develop the structure and succession planning critical to sustaining partnerships through leadership transitions. Planning for leadership continuity should be based on key competencies needed to effectively lead and guide community partnerships. Panelists identified both individual and collective competencies essential to successful community partnership governance and leadership. These competencies are listed in the sidebar on page 16.

Sidebar

Governance and Leadership Competencies Required for Successful Community Partnerships

Individual Competencies Needed for Successful Community Partnerships

“Who an organization sends to participate in a coalition is an indication of their prioritization or value stake in the coalition and its work.”

- Well-respected individuals
 - Known and respected as a community leader
 - Demonstrates integrity and humility
 - Motivated by mission and purpose; driven by passion not power
 - Trusted by others
 - Inspires and influences others
- Collaborative leadership
 - Values partnership, collaboration and teamwork
 - Strives to build consensus and cohesiveness
 - Flexible
 - Looks beyond self-interests, cooperates with partners (including competitive organizations) to address common community needs
 - Relinquishes leadership to partners when in the best interest of the partnership; willing to lead at any level of governance, from the front, from behind or alongside
- Well-informed and knowledgeable
 - Analyzes data and trends
 - Asks questions to get at root causes
 - Thinks critically; is able to make complex situations or ideas clear, simple and understandable
 - Explores creative concepts for addressing difficult challenges
 - Thinks strategically with a “big picture,” long-term perspective
 - Comfortable with uncertainty, ambiguity and complexity

- Willing to assess and take calculated risks
- Engages in constructive confrontation and challenges the status quo with insightful thinking
- Understands scale combined with urgency
- Decisive; willing to make difficult, but well-informed and evidence-based decisions
- Active commitment and engagement
 - Makes the time and commitment needed to be effective
 - Understands strategic partnerships and networks; is an active and visible organizational presence
 - Inspires community confidence and motivates engagement
 - Calls upon outside expertise when value can be added

Collective Competencies, Experience and Expertise Needed Among Partners

“No formal agreement can make up for the composition of a team, people who are passionate about the mission and are engaged for the right reasons.”

“Community health improvement is a journey. Success requires a strong culture, trustful relationships, and strength of commitment to achieve important outcomes, flexibility and continual learning.”

- Mission focused
- Respectful relationships among partners
- Strategic plan development and implementation experience
- Data and trend analysis expertise

(continued)

Sidebar

(continued)

- Population health management and/or epidemiology knowledge
- Experience with models of community collaboration
- Resource management expertise
- Advocacy experience at the policy level
- Financial planning and management
- Fundraising experience
- Inclusive, continually questioning who should be at the table representing perspectives, active initiatives, experience, knowledge and other concerns critical to the success of community partnership initiatives, including
 - Individuals from target populations in the community, or representatives who can speak on their behalf with sound understanding and perspective
 - Age diversity, ensuring inclusion of younger generations
 - Professional diversity, including business community and practicing clinicians

Partners who assume the role of “agitator” to constructively question the status quo and create tension also can be valuable assets in driving dialogue and creativity in addressing community health challenges.

Integrating the Community

Hospital/health system governance must evolve to encompass the greater community. “Traditional” governance has evolved from a predominantly financial focus to include an intense focus on quality and patient safety, patient engagement, compliance

and strategic thinking and planning. Now, community health improvement also is becoming a primary focus. In that evolution, it’s essential to engage the community and its different voices.

Thinking about the broad needs of a successful community health improvement effort, one panelist noted, “You have to have a body that does assessment of community needs, that works to establish priorities to which partners are individually and collectively responsible. That begins to sound like governance.”

One panelist commented, “We have a 25-member community board. Eleven seats are permanently preserved for specific titles in our community. For example, if you are the director of one of our county health departments you automatically have a seat on our board. This recognizes that the organization’s work is so critical that a board seat is reserved just for them,” she said.

Conclusions and Recommendations

The transformation in health care is driving organizations across the U.S. to develop wide-ranging community partnerships to improve population health. The transformation is driven in part by:

- the rise in chronic diseases;
- disruptive new technologies;
- rapid development of new care delivery sites;
- greater transparency of quality and cost data;
- social networking;
- globalization of health care services;
- increasingly limited capacity of governments to finance ever-growing health care needs;
- consumerism; and
- the rise of self-care.

These macro forces for change, among others, are transforming where and how health care is accessed across the U.S. But these are not the only driving forces.

Study Panelists on Emerging Governance Models

“The business models and changes in health care will, in large measure, accelerate the changes in the way we govern both our individual organization and our health improvement partnerships.”

“It seems we have two-level governance thinking. We have to change ourselves as health care organizations, but we also have to figure out how to engage community partners and empower them to carry out the important work of improving community health without us being the controllers and directors of the process. There’s always governance that exists at the health system level, but that’s not the same as governance of a broad range of community health improvement activities. The fundamental question is, should there be a true community governance model, and what would it look like?”

“An organic approach is probably where governance of these partnerships will likely remain for a while, bubbling up, coming together, meeting a common purpose with everyone adjusting on a real-time basis to emerging needs and opportunities.”

Hospitals’/health systems’ missions and visions to understand and respond to barriers to good health and productive lives also have resulted in diverse and successful community partnerships that work synergistically to understand population health risks and challenges; and tackle those through combined, coordinated community-wide efforts. Panelists comment on the implications of these forces for emerging governance models in the box above.

Panelists concluded that collaborative governance, defined earlier as a model which unites organizations with common interests and common missions in

integrated thinking, planning and doing, is an ideal model for hospitals and health systems and their community partners. It holds the potential to accelerate the transformation of health care from a system comprised of organizations working in silos with different and sometimes conflicting agendas toward a system of organizations with a common interest engaged in joint needs analysis; planning; and implementation in service of the collective good, with shared accountability for outcomes. Panelists said it will likely be the governance model embraced and implemented by health care organizations and their community partners. A readiness assessment for partnership governance appears in the Appendix on page 21.

While panelists agreed that hospitals/health systems are often the anchors and integrators in developing productive community partnerships, they should not always be the “controllers” of the process. At the same time, it is important that initial structural and organizational work be undertaken to create a foundation for the development of an effective community partnership. Often the hospital/health system is best positioned to do this initial work.

Below are recommendations that emerged from lessons learned by the Foster G. McGaw Prize recipients. These recommendations should be considered as hospitals/health systems work with community partners to develop a collaborative governance model that can result in high-value community health improvement outcomes. They are grouped into two categories: Recommendations for Hospitals/Health Systems and Recommendations for Partnerships.

Recommendations for Hospitals/Health Systems

Recommendation #1: Ensure a hospital/health system governance commitment to a robust effort to improve community health.

- Convene a board retreat or workshop to discuss the organization’s current commitment to improving community health.
 - Review the lessons learned by Foster G. McGaw Prize recipients, and their advice to others seeking to develop productive community health improvement partnerships.

- Review your organization’s mission and vision to ensure that community health improvement is a central focus, and that the organization has strategies specifically designed to improve community health.
- Answer the readiness assessment questions included in the Appendix to this report.
- Clearly define the organization’s commitment to identifying the barriers to community health, and take actions in concert with community partners to address the most serious community health issues.
- Communicate to employees, the medical staff, volunteers, vendors, payers, and the business and overall community the organization’s commitment to significant actions to improve community health.
- Begin the process of infusing and/or further nurturing a “culture of health” throughout the organization.

Recommendation #2: Appoint a community health improvement committee of the hospital or system board.

- Develop a committee charter that identifies participants (from the board, clinical staff, other staff and community representatives); key committee responsibilities, including oversight for community benefit activities and community health improvement strategies; reporting relationships; and a work plan with actions, resources required, individual responsibilities and projected time frames.

Recommendation #3: Ensure that the hospital/health system supports and participates in a community health needs assessment that meets regulatory requirements, extends deeply into the community, and is designed and implemented with community partners.

- Ensure the hospital/health system sets strategies based on results of the CHNA that focus on and support the collective work of the community partnership.
- Work with partners to analyze the results of the assessment and define multi-dimensional strategies to address agreed-upon needs.

Recommendations for Partnerships

Recommendation #4: Assess community health-related resources.

- Determine a preliminary list of organizations with a role in increasing some aspect of community health.
- Refine the list of resources to include individual organizations’ mission, leadership structure, programs and services, funding resources, etc.
- Determine an initial list of organizations to engage as partners to participate in a Community Health Needs Assessment. This list may include partners that are already conducting CHNAs independently, such as public health departments or competitor organizations.

Recommendation #5: Evaluate community partnership governance options.

- Convene community partners to explore options for a durable structure to most effectively coordinate community health improvement efforts.
- Determine a working mission, vision and values as a foundation for further discussion and planning.
- Explore ways to reduce or eliminate overlap and duplication of efforts, leverage resources and secure funding to maximum advantage.

Recommendation #6: With partner agreement, form a competency-based, multi-disciplinary “community partnership board.”

- Consider the competencies listed in the sidebar on page 16 in forming the partnership board.
- Develop principles for community health governance, using the principles outlined on pages 13-14 of this report as a starting point.
- Develop consensus-driven mission, vision, principles and partnership goals.
- Develop committees and task forces responsible for specific community health improvement strategies and objectives.
- Define projected outcomes and a process for measuring progress toward their achievement.

Recommendation #7: Assess community board governing performance.

- After one year, conduct an assessment of the community board's role, structure, practices and success.
- Identify strengths and weaknesses, and opportunities for development and performance improvement.

Recommendation #8: Continuously refine and improve governance and community health improvement operations.

- Conduct “real-time” assessments of emerging community health needs.
- Periodically review the progress of the community partnership and consider incorporating new partners and reviewing fund allocation to achieve maximum impact.

A 2014 study of 12 successful community health partnerships (Prybil et. al, 2014) offered a set of recommendations that are congruent and mutually reinforcing with this report, even though study populations were different—one on successful hospital-public health partnerships to improve community health, the other on hospitals/health systems that received the Foster G. McGaw prize for their involvement in multi-sector partnerships that improve community health.

The many common insights, points-of-view and recommendations from both studies deepen the foundation upon which further research of these partnerships can build and provide steps other community health partnerships can consider as they develop and mature.

Resources

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APPENDIX – Partnership Governance: A Readiness Assessment

Hospital/health system readiness to meaningfully embrace community partnership

- Does your CEO, board and leadership team have a genuine interest, vision and leadership for community partnership success?
- Does your hospital or health system have a culture focused on the community, beyond the walls of the hospital/health system?
 - If not, what creates barriers to community engagement?
 - What changes to the organization's culture would need to take place? How would that happen?
- How extensively are your executive leadership and board engaged in the community?
 - Do executives and board members serve on the boards of organizations that are or might be key partners in community partnership endeavors?
 - Do they otherwise engage or volunteer with organizations that are or might be key partners in community partnership endeavors?
 - Does the hospital have a strong network of relationships with key organizations, such as public health agencies, social service agencies and organizations, school districts, faith-based organizations, and more?
- Based on discussions and assessment of responses to the questions above, how would you gauge the hospital/health system's readiness to embrace community partnership and collaborative governance?
 - What changes need to be made to advance the organization's readiness and/or its engagement in governance of a community partnership?
- Has the hospital/health system discussed and determined a clear, specific intent for its community benefits and allocation of resources?

Ensuring a Common Purpose

One hallmark of partnership success is having a shared or common vision, a common understanding of the problem and agreement on a shared or collaborative approach to addressing the problem.

- Does each member of your community partnership have a clear understanding of the partnership's purpose?
- Has the partnership assessed the community's vision of what a healthy community is?
- Do your partners have a shared passion for community health and well-being?
 - Does each partner have the cultural ability to focus on the partnerships' common purpose; to look beyond the organization's own self-interests?
- Has the partnership clearly identified and agreed upon the initiatives it believes will "move the needle" on community health?

Anchor Organization Support

- In many communities, hospitals and health systems have the size, resource capacity and vested interest (mission) to serve as an anchor for a community partnership, which does not always mean the best role for the hospital should be to "lead from behind" the community partnership.
 - Does your hospital/health system have the organizational willingness to give up control of the community partnership agenda to another community organization?
 - Is the hospital/health system willing to assume the role of integrator or convener rather than conductor or controller of the partnership?
 - Is your hospital/health system prepared to "lead from behind," rather than from the front?
- Has your board and executive leadership discussed in depth how to best use hospital resources to address community health, and what your organization can offer a community partnership that others cannot?
- If your organization assumed the role of providing anchor support for the partnership, does it have the resources and commitment to provide:
 - Dedicated staff to support the work of the community partnership?

- Financial resources and financial management expertise?
- Epidemiology or other population health experience or expertise?
- Accountability to priorities, not funding?

Stakeholder Engagement

- Do your partners see the value of collaboration? Is there a strong understanding and value for true partnership among organizations?
- Are partners' missions and purposes well aligned?
- Are there understanding and acceptance that partners can have different reasons for working on the same things and still be successful (divergent needs, convergent strategies)?
- How strong is the commitment among key community partners?
 - Is it strong enough to contribute to consistency and sustainability of a community partnership?
 - How trusting are the relationships among partners?
- Have partners with competitive interests found common ground in addressing community health concerns?
- Although complete trust may be absent, are partners with competitive interests able to achieve respectful collaboration in the greater interest of the partnership and community?
- How inclusive is the partnership?
 - Does the partnership continually question who might be vital to the partnership, its understanding of community needs and its ability to successfully carry out identified initiatives?
 - Does it question how those individuals or organizations are or might be engaged in the partnership and its work?
 - Are certain "titles" in specific organizations reserved to ensure participation in the partnership (e.g. public health official, school district superintendent)?
 - Are partners engaged in ways meaningful to them and their mission or purpose?

- Are the roles of partners clearly defined? Are each partner's resources and complementary talents well-leveraged to avoid duplication of effort and to maximize resources?
- Do partners understand that who a partner sends to the collaboration indicates the organization's level of commitment (does the representative have decision-making authority or specific expertise and experience to contribute, or is he or she sent to listen, observe and bring back information to the partner)?

Bold Targets

- Are the partnership's goals ambitious enough?
 - Is what the partnership wants to accomplish bigger than any one partner would be able to pursue independently or in insolation?
 - Does addressing the problem and goals require a collective impact?

Structure

- Is your partnership's accountability to its funding source and that organization's interests, or is it to the community and the long-term vision, goals, and priorities of the community partnership?
- Would a formal or structured form of governance benefit the community partnership and help to advance the community's goals and vision?
 - In what ways might greater structure help? Would it improve accountability? Continuity? Sustainability?
- Does your partnership have the collective experience and expertise it needs to fully succeed?
 - How would you rate the partnership's collective knowledge of "best practices" in community partnerships and community health?
 - How would you rate the partnership's knowledge and/or awareness of collective impact?
 - How would you rate the partnership's willingness to embrace change, innovation and calculated risk?

- Are work groups structured around common areas of partnership interest rather than around the hospital or health system's specific interests?
- How transparent is the partnership? How well does it communicate its goals, initiatives and progress to sponsoring organizations, among partners and to the community at large?

Attributes of Success

- How well do you believe your partnership exhibits the following attributes of success?
 - Collaboration
 - Commitment
 - Common understanding of impact
 - Communication and transparency
 - Disruption of status quo
 - Flexibility
 - Innovative
 - Mission-driven
 - Passion
 - Shared purpose
 - Synergy among partners
 - Values-based

Organizational Profiles

Learnings on Governance from Partnerships that Improve Community Health Lessons Learned From Foster G. McGaw Prize Recipients

Name	Community Definition	Year First Partnership Initiated	Number of Current Initiatives	Number of Current Partners
Allegiance Health	Jackson County, Michigan	2000 (the Health Improvement Organization (HIO) was created)	15 collaborative initiatives, including HIO Action Team focus areas, the Cradle to Career Education focus, Financial Stability initiative, and other related partnerships. Within the HIO Community Action Plan alone, there are 5 shared goals, 27 objectives and 42 strategies that are being pursued collectively by community partners.	Across all initiatives there are more than 511 active members
Crozer-Keystone Health System	Delaware Valley region (five counties, including the city of Philadelphia), Pennsylvania	1992 (household health survey first conducted)	Numerous initiatives with many partners	More than 75 partner organizations and many community leaders work collaboratively to address various public health concerns and develop/promote initiatives to address needs
Henry Ford Health System	The tri-county area of Southeast Michigan (including Detroit and Wayne County, Oakland and Macomb Counties), but “community” spans regionally and nationally depending on the initiative, partners, and goals	In 1988, relationships with community partners began to take on increasing importance with strategic roles to play in improving patient and community health.	HFHS is currently in the process of surveying its health system to determine the number and type of community partnership initiatives. The inventory will be complete in 2016.	More than 200 partners
Memorial Hospital of South Bend/Beacon Health System	St. Joseph County, Indiana	1993	About 30	Every program funded by MHSB/Beacon Health System must include two or more collaborators
Mt. Ascutney Hospital and Health Center	Nine-town area of approximately 16,000 people in Windsor County in Vermont and Sullivan County in New Hampshire	1996	Eleven substance abuse prevention and treatment initiatives Eight chronic disease management and prevention initiatives Nine community Health Outreach Collaboration Infrastructure initiatives	42 community partners
Palmetto Health	Midlands region, South Carolina	1998	Numerous initiatives with many partners	More than 200 partners
St. Joseph's/Candler	Coastal Georgia and South Carolina Low Country	1997	More than 50	Currently, there are more than 50 areas of Partnerships and Collaboration although all outreach efforts are constantly fluid and evolving

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