



CCPH SPECIAL SECTION

Promoting Collaborations that Improve Health

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ABSTRACT *There is growing interest and investment in health-related collaboration in the United States. In an environment characterized by increasingly complex health problems, substantial resource constraints, and a fragmented health system, public and private organizations as well as communities are recognizing that most objectives related to health and health care cannot be achieved by any single person or organization working alone. Partnerships that bring together diverse people and organizations have the potential for developing new and creative ways of dealing with today's turbulent environment. Despite its potential advantages, collaboration also presents daunting challenges. Further, documenting the effectiveness of partnerships in improving health and well-being has been difficult. Given the significant difficulties of collaboration and the lack of evidence of its effectiveness, questioning whether the investment in health partnerships is justified seems reasonable. In this paper we address this question by illustrating the connective power of collaboration. We describe how collaboration, by connecting individual-level services, broadening community involvement in population-based health strategies, and linking individual-level services and population-based strategies, can improve the health of communities. We then discuss activities that could assist partnerships in reaching their collaborative potential and conclude by presenting the most compelling reasons for pursuing collaboration.*

KEYWORDS *Collaboration, partnerships, community health improvement, health system change.*

There is a substantial and growing interest in health-related collaboration in the United States. In response to grassroots efforts, as well as to foundation and government initiatives, thousands of health partnerships have been established

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(Zuckerman *et al.*, 1995; Butterfoss *et al.*, 1996; Lasker *et al.*, 1997; Israel *et al.*, 1998; Kreuter *et al.*, 2000; Mitchell & Shortell, 2000). These partnerships differ in form, in what they are trying to achieve, and in whom they bring together. Yet they all share a common impetus: the recognition that in today's environment most objectives related to health and health care cannot be achieved by any single person or organization working alone (Gray, 1989; Mattesich & Monsey, 1992; Zuckerman *et al.*, 1995; Lasker *et al.*, 1997).

Virtually all communities in the United States (like many communities in other countries) are facing extremely challenging health problems, many of which have socioeconomic and environmental components (McGinnis & Foege, 1993; Lasker *et al.*, 1997). Nonetheless, health professionals and organizations are increasingly expected to do more with less, and with the growing interest in health outcomes, many of them are being held accountable for achieving results that are beyond their direct control (Gray, 1985; Alter & Hage, 1993; Bazzoli *et al.*, 1997). Equally important, the component pieces of the American health system—its various types of professionals, organizations, services, strategies, and programs—have not really operated as a system. Lacking an infrastructure or policy environment that encourages or enables them to interact, these components have functioned largely independently of each other and independently of a broad range of community groups that can influence health (Lasker *et al.*, 1997). Because of this lack of connectivity in the health system, people and organizations with complementary resources and skills have difficulty supporting each other in achieving common goals, establishing functional linkages among potentially reinforcing services and strategies, or engaging the broader community in a meaningful pursuit of health actions and decisions.

Despite the potential benefits of collaboration, it is important to recognize that collaboration is often time-consuming, resource-intensive, and frustrating (Chinman *et al.*, 1996; Cheadle *et al.*, 1997). Health partnerships can be challenging because collaboration requires relationships, procedures, and structures that are quite different from the ways people and organizations have worked in the past (Mitchell & Shortell, 2000). Many partnerships do not get past the planning phase, and of those that do, many are not able to implement their plans successfully (Kreuter *et al.*, 2000).

Nonetheless, the growing investment in collaboration suggests that funders and people involved in partnerships believe that it is a more effective approach to addressing health issues than efforts made by any single organization or sector (Shannon, 1988). However, it has been difficult to document the effectiveness of partnerships in improving health and well-being (Weiss, 1987; Waddock & Bannister, 1991; Kreuter *et al.*, 2000; Roussos & Fawcett, 2000). Considering the daunting challenges involved, one might reasonably ask whether the current interest and investment in health partnerships in the United States is justified. To address this question, we focus on the connective power of collaboration—why stronger connections between people and

organizations in different sectors are needed and how this connectivity can improve health and the functioning of the health system. We then explore what can be done to help partnerships and communities realize the full potential of collaboration.

The Connective Power of Collaboration

The power of collaboration to improve health and the functioning of health systems lies in its ability to establish missing but critical connections (Lasker *et al.*, 1997). Gray (1989) defines collaboration as “a process through which parties who see different aspects of a problem can explore constructively their differences and search for solutions that go beyond their own limited vision of what is possible.” By bringing people with different perspectives together, partnerships have the potential to identify new and better ways of thinking about health issues. By linking the complementary skills and resources of diverse people and organizations, partnerships have the capacity to plan and carry out comprehensive actions that coordinate a variety of reinforcing services, strategies, programs, and systems (Gray, 1989; Center for the Study of Social Policy, 1998²; Potapchuk *et al.*, 1999). The unique advantage of collaboration can be realized when the partnership as a whole is greater than the sum of its parts (Taylor-Powell *et al.*, 1998³).

Illustrations of Connective Power

This connective power of collaboration can be illustrated by describing how it can be used to strengthen and combine the basic types of actions that communities use to identify and address health issues (Lasker, 1999⁴). Such actions include services provided to individuals, such as clinical services (e.g. medical, dental, and mental health services); wraparound services that overcome logistical and cultural barriers to care (e.g. transportation, translation, and child care); outreach services (e.g. home visiting and mobile clinics); and social services (e.g. job training, case management, insurance). These actions also encompass strategies that focus on populations, such as the collection and use of data and other information; public education campaigns oriented toward particular groups; community screening programs to identify individuals at risk or in need of clinical or social services; the development, advocacy, enforcement of laws and regulations; and social campaigns that promote health through non-regulatory means (e.g. Mothers Against Drunk Driving). Collaboration can strengthen these actions in several ways: (1) by connecting the fragmented array of health and social services that organizations provide to individuals; (2) by involving additional people and organizations in population-based health strategies; and (3) by

linking individual-level health services and population-based public health strategies.

Connecting Individual-level Services

Clinical care plays an important role in reducing the burden of disease and improving health. Yet, no matter how good the practitioners in a community are, their caring and expertise are of limited value if people have difficulty getting to the places where these practitioners work, communicating with them due to language or cultural barriers, managing the complex medical regimens that are prescribed, navigating their way through the health system, obtaining or retaining health insurance, or getting needed food and supplies. In most communities, services that can address these needs are available through an array of government agencies and private sector organizations but, frequently, these wraparound, outreach, and social services are disconnected from each other and from the clinical care that is provided by mainstream medical practices. This fragmentation is creating problems in many communities, as their populations become older, more culturally diverse, and more chronically ill.

As documented by Lasker *et al.* (1997, 1998), collaboration can provide the glue to connect these otherwise fragmented services. In communities around the country, medical practices, groups, and institutions are working to link the clinical care they provide to wraparound, outreach, and social services. In some cases, connections among services are made by linking public health nurses or community health workers to the people who receive care in particular practices. In other cases, *one-stop* centers are established that locate a broad range of clinical and support services in one convenient place. Another approach uses coordination offices to link medical practices and their patients to services provided by a broad array of organizations throughout the community.

Broadening Community Involvement in Population-based Health Strategies

Collaboration can also strengthen a community's capacity to improve health by engaging people and organizations not traditionally involved in population-based public health strategies. This type of collaboration is useful in bringing diverse perspectives, resources, and skills together to define a community's health agenda and to take action to address that agenda.

Consider how collaboration can strengthen a community's capacity to collect and use information. Through Healthy Communities, Turning Point, and a variety of other initiatives, diverse people and organizations are becoming involved in broad-based partnerships to define and assess health (American Hospital Association, 1994⁵; Lasker, 1998⁶). As previously under-represented voices contribute to the dialogue through meetings, community forums, focus groups, and door-to-door surveys, many of these partnerships are beginning to articulate a new, broader view of health. Health is being defined as well-being rather than the absence of disease. These partnerships are

embracing the full range of environmental, social, economic, behavioral, and biological factors that contribute to well-being. Additionally, they are highlighting the contribution that people and organizations in a variety of sectors can play in actually addressing these factors.

Along with this change in perspective, communities are identifying indicators for assessing health and well-being that go beyond traditional health data, such as morbidity and mortality statistics, to include measures that can assess behavioral and environmental health risks, key aspects of social well-being (e.g. poverty, employment, and housing), and community assets and values (Lasker, 1998). By involving government agencies, private sector organizations, and residents in their efforts, community partnerships can obtain the broad range of information they need to carry out these types of health assessments. By harnessing the diverse skills and contacts of these partners, partnerships can also enhance their capacity to analyze the information they collect and to use the results to support a variety of activities, including making programs more responsive to community needs, setting community health priorities, and identifying people and organizations to involve in collective actions to address these priorities.

Linking Individual-level Services and Population-based Strategies

While partnerships that connect individual-level services or that broaden community participation in population-based strategies can be very useful, perhaps the greatest power of collaboration is its ability to combine the services and strategies in these two dissociated domains. Traditionally, the people and organizations involved in providing services to individuals and in carrying out population-based strategies have worked independently. However, by combining individual-level services and population-based strategies, partnerships can promote access to care and the delivery of needed clinical services, and they can also strengthen their ability to identify and address underlying causes of health problems (Lasker *et al.*, 1997).

To illustrate this type of collaboration, consider non-insulin-dependent diabetes mellitus (NIDDM), which is reaching epidemic proportions in the United States. Clinical care can prevent or delay many of the serious consequences of NIDDM by helping patients control their blood glucose levels and detecting and treating complications in their early stages (United Kingdom Prospective Diabetes Study Group, 1998). However, a substantial portion of people with NIDDM do not receive this care, even when the services and supplies are covered by insurance and when the delivery of these services is assessed through report cards, such as HEDIS (Health Plan Employer Data and Information Set).

Broad-based community partnerships can enhance the effectiveness of insurance policies and performance measures by putting in place a comprehensive system of supports that makes high-risk groups and health professionals more aware of what can be done to detect and treat NIDDM. These

support systems include a number of reinforcing individual-level services and population-based strategies. Elements of these support systems might include: (1) *education and media campaigns* developed with various types of health professionals and susceptible population groups so that the messages are meaningful to the intended audiences, delivered by spokespersons they find credible, and disseminated in places where they live, work, learn, and pray; (2) *screening programs* in high-risk neighborhoods that identify people who do not know they have NIDDM or who are in need of diabetes services; (3) *wraparound services* that help people get to medical practices where they can receive care and communicate effectively with clinicians; (4) *outreach services*, delivered by community health workers that help patients manage diabetes treatment regimens; (5) *social services* that help patients obtain or retain health insurance and get coverage for needed medications and supplies; and (6) *information systems* that support practitioners and patients identifying and generating reminder letters for patients who need such services but have not received them, and billing insurers automatically when services are provided.

In addition to enhancing access to diabetes care and the delivery of such care, collaborations that connect individual-level services and population-based strategies have the potential of addressing some of the underlying causes of NIDDM. By leveraging their combined influence, resources, and connections, partners in broad-based collaborations can: (1) promote the availability of healthy foods in schools, work sites, vending machines, and fast-food restaurants; (2) make the ingredients for healthy foods more readily available and affordable in local markets; (3) provide instructions for preparing these foods in churches and community groups; (4) reinstate physical education classes and recess in schools; and (5) create safe environments for active play and sports for children and adults. Thus, such partnerships can foster an environment that supports the adoption of healthy behaviors.

Realizing the Power of Collaboration

The connective power of collaboration has the potential to enhance the ability of communities to achieve critical health and health system goals. Yet this potential is very difficult for many partnerships to realize. It is extremely difficult for diverse people and organizations to work collectively, especially when they come from different professional, racial, or ethnic cultures; have little experience working together; are skeptical of each others' motivations; and are not accustomed to sharing resources or power. To realize the potential of collaboration, a partnership must adopt a process that combines partners' complementary perspectives, resources, and skills so the group as a whole can develop new and better ways of thinking about problems, and can plan and carry out comprehensive actions. Below is a discussion of activities that can assist partnerships in realizing their collaborative potential.

The Center for the Advancement of Collaborative Strategies in Health at the New York Academy of Medicine has developed research instruments that assess the degree to which a partnership has harnessed the power of collaboration to strengthen its thinking and action. These instruments are currently being used in a national study to identify the factors that have the greatest influence on the ability of a partnership to realize the unique power of collaboration. The factors being studied include the effectiveness of the leadership, effectiveness of the administration/management, adequacy of resources, decision-making processes, challenges the partnership faces, and the benefits and drawbacks for partners. Results from this study will be used to inform the creation of diagnostic tools and training programs that can help partnerships improve their collaborative potential.

For partnerships to sustain their activities, they need to establish procedures and structures that involve a broad range of stakeholders, including community residents, in collaborative action and decision-making. Establishing such procedures and structures can help communities develop innovative ways of addressing problems and promote more feasible and locally responsive programs (McKieran *et al.*, 2000⁷). The Center is working with community partnerships to explore how diverse stakeholders can effectively be engaged in ongoing efforts to define and assess community health and well-being, set health priorities, and work collectively to address these priorities.

Currently, partnerships in the United States are working in a policy environment that hinders rather than facilitates their efforts. Creating an environment that is more conducive to the work of partnerships will require actions by government, private foundations, and academic institutions. Financing barriers that need to be addressed include the short-term nature of external funding, categorical program requirements, and the inadequate level of funding for administration and management support (Gardner, 1994⁸; Mitchell & Shortell, 2000). Creating meaningful incentives for key people and organizations to participate in partnerships necessitates attention to community benefit requirements for nonprofit organizations, performance standards for health organizations and programs, academic tenure and promotion policies, and the training of students and residents in health professions (Friedman, 1997⁹; Cortes, 1998; Karlin & Sullivan, 1999¹⁰).

Lastly, there is a need to develop new and better methodologies to assess the impact of partnership actions on the health of the community and the functioning of the health system. Difficulties documenting the impact of collaboration on health and the health system relate as much to the challenges of, and limited investment in, this type of research as to the problems partnerships face in achieving their outcomes (Roussos & Fawcett, 2000). As increasing attention is focused on evidence for effectiveness, this lack of documentation has the potential to seriously undermine future financing for collaborative community health interventions.

Conclusion

Considering the daunting challenges involved in realizing the benefits of collaboration, one might ask whether the current interest in collaboration in the United States is justified. In spite of the limited evidence documenting the effectiveness of partnerships in improving health, we believe the answer must be “yes.” The most compelling reason for pursuing collaboration is that there is no other way to achieve the health objectives people in communities care about and very little can be accomplished by any person or organization working alone. Finally, the connective power of collaboration has the potential to create a real health system in this country; one that focuses on health and well-being; one that brings service providers together with the people they are trying to serve; one that enables communities to take innovative and comprehensive actions to address the full range of environmental, economic, social, behavioral, and biological factors that influence health.

Notes

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