

# From Common Ground to Shared Action:

Lessons from Health Care Systems  
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Working Together to Advance  
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Recognizing that the scope and complexity of advancing health at a population level is beyond what any one sector can achieve alone, the health care field has focused increased attention in recent years toward understanding what facilitates meaningful partnerships between public health, health care delivery organizations, community-based organizations and communities. The National Association of County & City Health Officials' (NACCHO's) *2016 National Profile* survey documented that 64% of local public health department respondents collaborated with nonprofit hospitals on their most recent community health assessment, with an additional 6% in discussion to do so in the future. Similarly, the 2017 American Hospital Association (AHA) Annual Survey found that more than 80% of hospitals and health care system respondents reported working with their state or local public health department, either in collaborative action or through a formal alliance.

While such collaboration between sectors is not new, there is increased focus in the field on how these partnerships can more effectively move beyond shared assessment to implement shared strategies to improve health and achieve equity in communities. As the membership associations for hospitals/health care systems and local public health departments, the AHA and NACCHO, with support from the Centers for Disease Control and Prevention (CDC), came together as the Partnership for Public Health (PPH) to collect information on this topic from members and thus inform what resources should be created to guide these efforts. This report details key learnings, insights and ingredients for what makes a successful cross-sector collaboration, with examples included from leading partnerships between hospitals, local public health departments and community organizations across the country.

## Learning from Examples of Leading Partnerships

To understand the landscape in which these partnerships operate, we conducted two listening sessions at standing meetings of community health assessment and improvement planning consortium members in Cuyahoga County (Cleveland), Ohio, and King County (Seattle), Washington. We selected these consortia for our listening sessions based on guidance from public health and health care delivery experts in the field, including consultations with NACCHO and AHA staff and conversations with members actively engaged in such collaborative work. Both consortia included representatives from hospitals and health care systems, local public health departments and other community partners. We also collected information from two AHA member conferences that focused on additional input from the rural perspective. During these information-gathering sessions, we asked a series of questions about foundational elements of the partnerships, collaborative structures and processes, as well as outputs and outcomes, to ultimately gather leading practices from several bright spots across the country.

Situated on the banks of Lake Erie in urban Northeast Ohio, Cuyahoga County's consortium, Health Improvement Partnership–Cuyahoga (HIP-Cuyahoga), consists of members across more than 300 organizations, which include government, academic and nonprofit organizations, as well as community residents. Following a *collective impact model* as its structured form of cross-sector collaboration, HIP-Cuyahoga's backbone organization, the Cuyahoga County Board of Health, leads efforts to guide the consortium's long-term vision and strategy, advance policy, develop shared measurement and evaluation practices, maintain transparent and ongoing communications and monitor funding. The HIP-Cuyahoga steering committee, which is grounded by five anchor organizations and led

by two co-chairs, oversees the activities of four subcommittee groups. To ensure parity among leadership roles for members, HIP-Cuyahoga steering committee's co-chairs serve two-year terms and are responsible for creating steering committee agendas and facilitating meetings. As a large consortium, HIP-Cuyahoga also rotates its community meeting venues, providing more flexibility for members across the region based on their location.

In comparison, King County's Hospitals for a Healthier Community (HHC), in the Seattle metropolitan area, has a more informal structure. Originally conceived by King County's Department of Public Health, HHC consists of 11 hospitals and health systems across the region working in partnership with local government. The Washington State Hospital Association (WSHA) serves as an in-kind supporter of HHC's efforts, frequently providing meeting space for the consortium to gather and take action on both community health assessments and local health priorities.

In Cuyahoga County, members of HIP-Cuyahoga shared that the Cuyahoga County Board of Health helped launch the community health assessment, or CHA, and health improvement planning process which resulted in the county's first equity-grounded community health improvement plan (CHIP) in 2015.

Following the completion of the 2013 community health assessment, HIP-Cuyahoga expanded its scope beyond assessment to identify and act upon shared priorities agreed upon by public health departments and other diverse partners from across the region, through development of a partnership operating structure. With this infrastructure in place and a common vision, the consortium voted and built consensus to focus on four main priorities: eliminating structural racism; healthy eating and active living; linking clinical care and public health; and chronic disease management.

The "Linking Clinical Care and Public Health" subcommittee formed an important working group focused on conducting coordinated, comprehensive countywide community health assessments and health improvement strategies grounded in equity. This group of HIP-Cuyahoga partners, led by the Center for Health Affairs (the Northeast Ohio hospital association) and the Case Western Reserve University School of Medicine, has been working for several years to realize this vision by aligning local public health department and hospital community health assessments in Cuyahoga County. HIP-Cuyahoga's efforts to link clinical and public health, coupled with state regulatory language requiring hospitals and public health departments to shift to the same three-year assessment and improvement planning cycles in each county, also was a catalyst for coordinated community health assessments and planning in Cuyahoga County. This work to align assessments was realized on a small scale in 2018 and has grown to encompass more partners in 2019. The next chapter of collaboration between public health, hospital stakeholders and other diverse partners will inform and help shape HIP-Cuyahoga's future priorities, focus areas and infrastructure.

Similar to HIP-Cuyahoga, King County's Hospitals for a Healthier Community (HHC) in Washington state was spurred by questions about how to leverage community assets to improve health.

Following a collaborative assessment process, HHC discovered that the work individual partners were doing to address community needs sometimes overlapped. To better address the needs of the community, the consortium came together to understand others' perspectives and identify shared priorities. Next they put together a charter that highlighted the shared goal of collaborative assessment and laid out core values of trust and respect, along with upholding the consortium as a safe space in which participants share issues and provide feedback. The group established that they would address priority areas as they arise; the first target was a coordinated plan to increase residents' access to care through a campaign to increase Medicaid enrollment. While the effort was countywide,

populations in areas identified as having racial, ethnic, socioeconomic or geographic disparities were a key focus of the initiative.

In addition to listening sessions at these two consortia, we solicited opinions from the field at two AHA member convenings: the Association for Community Health Improvement (ACHI) 2019 National Conference and the 2019 AHA Rural Healthcare Leadership Summit. The primary purpose of these sessions was to enhance our understanding of how context might impact partnership, particularly in more rural settings. We learned that while some of the issues facing rural communities are similar to urban areas, rural communities have some unique advantages as well as challenges. First, proximity can be a source of strength in partnerships, as potential partners are more likely to be familiar with one another. On the other hand, an attendee at one of these sessions noted that this same proximity can create the impression that “there’s nothing new to learn” from repeatedly engaging with well-known individuals and groups and that these individuals may already be stretched. Two key challenges consistently referenced were related to measurement and availability of services. Regarding data, smaller population sizes can make it difficult or impossible to obtain sufficient data; when available, these data may not be granular enough to allow targeted action. Finally, some rural settings may not have the same foundation of established community services to meet residents’ social needs, such as availability of homeless shelters to assist unhoused community members.

## Key Ingredients to a Successful Collaboration

While great variability exists in the field related to hospital and local public health department collaboration — in particular when shifting focus from partnering on assessment to taking shared and aligned action — our examples highlight key ways that communities can and are successfully collaborating.

### Developing a Common Understanding and Shared Vision

In effective consortia, each partner approaches the collaborative from their own perspectives, business strategies, types of expertise and missions. At the outset of a new partnership for community health, communities have benefited from level-setting conversations around the following topics:

- **Understanding the mutual benefit of collaboration.** Health systems and public health departments have their own cultures, language, operating processes, business models and regulatory landscapes. Having conversations to understand each partner’s perspective, interests, and the resources and capabilities they bring to the table is essential as well as important to acknowledge. Additionally, understanding each organization’s mission statement and connecting it to the overall goals of the partnership’s collaborative efforts will help with accountability and sustainability. This understanding will allow the partners to develop a shared and aligned value proposition for their personal and organizational involvement in the partnership and its work.
- **Establishing clear language and shared definitions.** Public health departments and hospitals have their own set of jargon. When adding in other community partners, the use of sector-specific jargon can create barriers to establishing trust as well as to planning and operationalizing the shared agenda. To further complicate matters, partners may use the same terms differently — for example, in regards to localities or populations. Hospitals and public health departments may not have aligned service or catchment areas. At the outset of the collaborative process, communities indicated it is helpful to have transparent discussions on who the target community or population is for both assessment and shared action, as well as to define

other key elements that will be important for the work moving forward. Consortia may wish to adopt *consensus definitions of key terms such as population health, community health, and social needs vs. determinants of health*, among others.

- **Agreeing on a target population.** With clear language in mind, partners should come to agreement on the populations to serve. Coming to agreement on focus populations does not mean that there must be 100% alignment of population focus, but rather an honest recognition of where that overlap and commonality do and do not occur and the implications for the partnership.
- **Creating a shared vision.** Once partners have a common understanding of each community and individual organization's interests and missions, it is important to find a shared value proposition and impact statement for the consortium through a shared vision created by the partners and other stakeholders, including community members with real-life experience. This shared vision is often the thread that carries partnerships from assessment, to joint priority setting, into collective implementation. The shared vision can — and should — link back to individual organizational missions and strategic plans, but it is meant to drive the collaborative community health process for the partnership. This enables tackling upstream determinants of health that are adequately addressed only when working collaboratively across sectors.

## Overall Structure and Decision-Making Processes

A diverse and inclusive range of perspectives and voices is fundamental to partnership success. However, for the partnership to function efficiently and equitably, there must be a deliberate and transparent effort to establish a process that ensures every voice can be heard and that trust is fostered through long-term relationships of mutual respect.

- **Roles and responsibilities.** Fostering trust and mutual respect starts with discussing roles and responsibilities of each partner and developing a formal or informal charter or memorandum of understanding (MOU). Formalizing or documenting roles also can help new partners or individuals from existing partners clearly understand their and others' commitments in joining the partnership. For instance, HHC members participate in collaborative efforts as desired, but not within defined "lanes" or any formal structure. Active participation in ongoing projects is not a requirement of membership, which is made clear to members when discussing roles and responsibilities.
- **Decision-making processes.** In any given consortium, every partner and person with lived experience has varying levels of power in the partnership. To address this imbalance and alleviate some of the associated power dynamics, partners should decide on a decision-making process that allows all voices to be heard in a balanced manner. Specific tactics for shared decision-making may vary throughout different phases of assessment and shared action. Some partnerships employ voting procedures, consensus-forming or other approaches; what matters is having an agreed-upon process grounded in trust that enables alignment and facilitates the partnership to advance toward shared objectives. HIP-Cuyahoga, for example, established subcommittees around specific priority areas, letting members whose strengths and organizational focus area best fit certain efforts gravitate in the appropriate direction. For group decisions, members either have a balanced number of votes per organization or establish a process for weighting votes, so that no organization with multiple members attending meetings skews the voting. The group reported that in order to streamline processes, many tactical decisions are increasingly made at the subcommittee level, with larger-scale strategy decisions being elevated to consortium-wide.

The key is to establish these processes up front, so that decisions are clearly and fairly made, regardless of the actual model used.

- **Importance of facilitator/convener.** A facilitator or convener can play an important role in collaborative efforts. They can support neutral facilitation of meetings when decisions need to be made and can help bridge perspectives among partners who have different assumptions about others' priorities. This person or organization can play the crucial role of "interpreter" between different sectors — i.e., health care delivery and public health. These sectors may use the same words or definitions but interpret their meanings differently, so having someone clarifying the dialogue can be particularly helpful during a partnership's initial convenings. In addition to assisting with cross-sector dialogue, a convener might serve as the logistical coordinator or host by setting up meetings, providing meeting space and facilitating invoicing for expenses.

While there is no best convener person or organization for every locality, options to consider include the state or regional hospital association, local public health institute, local public health association, an academic organization or a local health policy agency. While decision-making members of the consortia also could also play the role of convener, conversations about neutrality versus ensuring appropriate input would be critical.

For example, HHC's convening organization was the Washington State Hospital Association, which provided a venue for members to meet regularly yet let hospitals and local public health departments set and lead the agenda themselves. HHC members reported that WSHA's ability to host as a "neutral party" was actually a crucial ingredient for setting the tone of the partnership right from the start, since many organizations at the table did not have a long history of working together.

In contrast, HIP-Cuyahoga's collective impact structure means that its convening organizations needed to take a more hands-on role in its facilitation duties for the consortium. As mentioned, the Center for Health Affairs and Case Western Reserve University's School of Medicine serve as the neutral conveners of the joint community health assessments and health improvement strategies grounded in health equity for Cuyahoga County's local public health departments and hospitals.

## Moving Toward Shared Action

While the communities observed for this report each approached collective action in different ways, all started with a shared goal. In Cuyahoga County, members of HIP-Cuyahoga unanimously voted that health equity is its foundational vision, with priorities such as eliminating structural racism serving as a guide to achieve the vision. Members of King County's HHC came together around increasing access to care as their driving force. By starting with a shared call to action through shared priorities, the organizations of both consortia were able to move to action planning with a shared sense of purpose.

Having a common end goal in mind — as well as clear objectives of what to accomplish — allowed for each member organization to 1) recognize that tackling such large, systemic issues would be more effective with multiple players and a larger body of resources, and 2) capitalize on a call to action that supports or complements their existing organizational mission. It is from this call to action that shared action itself can take place, through a variety of implementation models.

With clear objectives, action can then take structured form. The common end goals of these consortia helped guide them in determining more specific community needs to target, such as focusing on chronic disease management and prevention in Cuyahoga County, and improving access to care among LGBTQ youth in King County. Both consortia also saw individual member organizations take shared priorities and strategies back to their own agencies, thus helping align the consortium's priorities with their own organization's mission and strategic planning efforts.

These key learnings provide the Partnership for Public Health with a call to action for the field: Cross-sector collaboration, which may start with assessments in many areas, has considerable potential to unite hospitals, community groups and public health departments around shared, large-scale community priorities that can forge new relationships, better health outcomes and more equitable care.

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