

The Value of Community Partnerships

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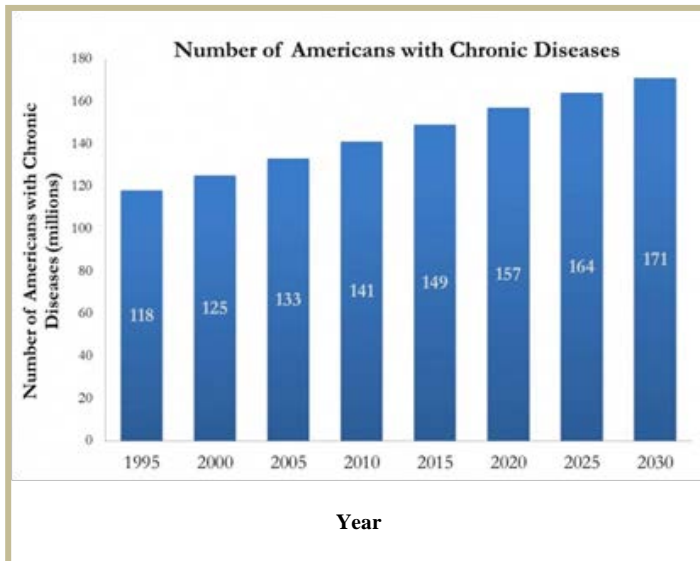
Background

Why do employers use community partnerships?

The Centers for Disease Control and Prevention's (CDC) *Principles of Community Engagement* defines community engagement as the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the well-being of those people. It is a powerful vehicle for bringing about environmental and behavioral changes that will improve the health of the community and its members. It often involves partnerships and coalitions that help mobilize resources and influence systems, change relationships among partners, and serve as catalysts for changing policies, programs, and practices.¹



For decades, public health advocates have partnered with groups such as primary care physicians, faith-based organizations, schools, and public health policy advocates to improve the health of the public. While this has resulted in a number of population health achievements such as reductions in the rates of tobacco use, a large percentage of the population still suffers from chronic diseases. In 2010, 141 million people had at least one chronic disease. That number is projected to increase to 171 million by 2030.²



Source: World Resources Simulation Center
http://www.wrsc.org/attach_image/evolution-american-chronic-disease

Workplace Health programs can greatly impact the health and productivity of employees and in turn, the organization's costs and earnings. Employers can further improve their return-on-investment by thinking beyond the work site. Employers can gain many advantages by participating in a community partnership. For example, access to additional opportunities for health promotion not available at the work site includes making programs available to spouses and dependents, and increasing the employer's visibility in the community, which may improve employee retention and brand recognition. Employers can identify other community organizations and employers with similar program objectives and share or pool resources and ideas. In the end, this sharing improves workplace health programs and health outcomes for employees.³ Over time public health advocates have come to realize that workplaces are another important avenue to focus population health improvement efforts. The best partnerships are mutually beneficial with employers gaining valuable expertise and the ability to offer employee workplace health programs from community organizations, while lending their leadership skills to improve health campaigns and initiatives that benefit all community residents.

Factors outside the work site influence employee health and costs

Employers' positions, as health care purchasers and respected community leaders, put them in a unique and powerful position to be change agents for community health.⁴ In 2010, almost 57% of health insurance coverage in the United States was employer-based, providing coverage for 147.6 million Americans. In addition, employers paid more than 20% of national health expenditures in 2009 through contributions to private health insurance premiums, Medicare and workers compensation.⁵ Poor health of workers and with rising costs have gained employers' attention and made them key stakeholders in efforts to improve population health and the health care delivery system.

Employers rarely think about their organization's potential to help reform and improve the population's health and the U.S. health care system. Their investments in their own employees' health are much clearer and more relevant than investing in the broader community population. However, if employers and their workers are located in unhealthy communities, their investments can be compromised through higher medical claims and increased absenteeism. Employers can help improve the health and productivity of their employees by looking beyond the work site to the communities where their businesses and workers live.⁴



Cooperation toward the goal of improving community health includes targeting the following⁴:

- Unsafe communities that encourage sedentary behavior because of the fear of becoming the victim of a crime.
- Inadequate supply of nutritious food options surrounding work sites and campuses.
- Lack of sufficient physical education programs in schools that restrict physical activity for children.
- Neighborhood design with no sidewalks, trails, or parks that discourages physical activity.
- A health care system with a weak prevention and primary care infrastructure that forces employees and their families to use emergency services and in turn increase insurance premiums.
- Poor air and water quality.

Employers recognize that a world class workplace health program can be undermined or the health impact minimized by factors and influences that affect their employees when they are not at work. An employee's health is not portable or temporary and it is in the best interest of employers to help create healthy environments for their workers to live in regardless of where they are at any given point in the day. While employers have direct control over the structure and offerings of their workplace health programs, they are seeing more value and connections between the broader community environment and their workers' health.

Benefit

Value of partnering with other organizations

Investment decisions are made by building a business case that investing today will lead to economic benefit and a competitive edge tomorrow. Broadening the scope of self-interest to the community creates strong incentives for employers to invest in community health intervention strategies. The incentives and the business case for employers investing in building healthy communities include the following⁴:

- Raise employee productivity by improving the health and well-being of current and future workforces. Expanding and implementing worksite health elements to the community, such as allowing community members to use the company's gym, can improve the health status of prospective employees in turn improve recruitment and retention of workforce talent.
- Reduce health risks to control direct and indirect costs to the employer. Reducing direct costs such as health care claims along with indirect costs such as short and long-term disability claims, workers compensation, presenteeism, and absenteeism can reduce insurance premiums in addition to increasing productivity.
- Increase the buying power and consumption level for business products by improving the health and wealth of the community.
- Participate in community coalitions to strengthen the employer's brand recognition by increasing the possibility that potential clients see or hear their name repeatedly.
- Channel corporate philanthropy in a direction that will improve community relations, goodwill, or branding with the potential for a positive return-on-investment.
- Help create public and private partnerships and a multistakeholder community leadership team that can become the foundation for community-based problem-solving for other issues affecting the business community, such as economic development and education.



Small businesses do not always have the needed leverage to influence a shift in community health and health care. These employers must work together to achieve these goals and maximize these incentives.⁴

Community Example:

The Pick Up Community Supported Agriculture Program

A respected leader in the community that we can learn from is the Skowhegan Famers Market in Maine, which has spearheaded a partnership with local physicians and the neighboring Skowhegan Grist Mill to improve the health of the community. The Pickup is a program that sells locally grown in-season food to community residents. The Grist Mill, in addition to selling whole wheat flour and rolled oats, sponsors a double-dollar program offering locally grown food at reduced prices through a grant from the Wholesome Wave Foundation. Local physicians give out prescriptions for fresh fruit and vegetables for families with at least one obese family member through the Fruit and Veggie Prescription program.⁶ Community residents are offered a convenient, local resource for healthy food with the support of community organizations. Community employers aware of the program can refer their employees to it.

Starting a Community Partnership

Who uses community partners?

Any employer can use and benefit from a community partnership. Most employers would likely think of schools working together to share resources for the benefit of their students as good examples of community partnerships. They may not consider a zoo or a sporting goods company to be likely partners to improve the health of their employees by hosting a communitywide health screening event. Such joint efforts can increase the number of vendors and services offered, as well as generate more attention and create a larger turn out beyond the participating organization's employees. Another example might be neighboring employers banding together to enforce no-smoking policies for employees and guests, on their properties. Both are ways employers can collaborate for the betterment of their employees and surrounding community.

All types of employers form community partnerships—large and small, for-profit and nonprofit, public and private, and white-collar and blue-collar industries. They can partner with organized groups, agencies, institutions, or individuals and may collaborate if they share common goals, policies, or programs targeting their own employees' health. All employers involved can contribute to the partnership in order for everyone to benefit. Every employer's role must be clear and measurable and help to attain the strategic objectives of all partners.⁴

Assessing your readiness to partner

Organizations can assess their readiness to collaborate by modeling other successful partnerships and building on key attributes includes⁷—

- Acknowledgement that existing systems can be improved and no one partner can achieve change alone.
- A lead community partner who is credible, can speak with authority, and will allow the partners to become respected sources of information about problems and potential solutions.
- A pledge by all partners to invest staff and resources to the partnership.
- A core leadership that can communicate the initiative's shared vision, builds the membership, manages the partnership, makes available resources to support and sustain the objectives, and evaluates progress.



Partnerships can suffer from confusion over shared vision, roles, and responsibilities; an inability to attract or leverage sufficient resources; and unequal levels of commitment. Employers may consider these factors individually before they agree to partner, in order to ensure a strong and successful community partnership. The following chart is a quick reference guide to help determine readiness to partner.⁷

Table 1. Readiness Factors

FACTOR 1		FACTOR 2		FACTOR 3		FACTOR 4		LEVEL of READINESS
Shared Vision for Change	+	Credibility and Legitimacy of Partners	+	Commitment to Invest in Partnership	+	Core Leadership and Management with Resources	=	Ready for Partnership Development
		Credibility and Legitimacy of Partners	+	Commitment to Invest in Partnership	+	Core Leadership and Management with Resources	=	Confusion and No Case for Partnership
Shared Vision for Change	+		+	Commitment to Invest in Partnership	+	Core Leadership and Management with Resources	=	Little Known = Little Leverage
Shared Vision for Change	+	Credibility and Legitimacy of Partners	+		+	Core Leadership and Management with Resources	=	Frustration About Lack of Resources
Shared Vision for Change	+	Credibility and Legitimacy of Partners	+	Commitment to Invest in Partnership	+		=	Standstill

Source: Learning from Business Community Partnerships: A Cluster Evaluation Report 2005
http://www.hitachifoundation.org/storage/documents/cluster_evaluation.pdf

What employers look for in a community partnership?

Effective community partnerships can improve personal outcomes for those who receive services and foster positive change in the systems that influence the services.⁸ The following is a list of characteristics to consider when joining or creating a community partnership.⁷

- Ensure a good match and build trust before making a commitment.
 - ✓ Determine what you want to accomplish, what you bring to the table, and what you want from your partners.
 - ✓ Define shared vision and set strategic goals.
 - ✓ Be flexible when necessary.
- Frame expectations and shared values with clarity.
 - ✓ Determine and communicate the advantage for the partners and community.
 - ✓ Offer multiple opportunities and make it easy and convenient to become involved and engaged.
 - ✓ Be clear about roles, what you want partners to do and what you can do, and what results you want to see.
 - ✓ Show results and use them to leverage more commitment and involvement from partners.
- Learn the language and culture of partners to deliver a coherent message.
 - ✓ Take time to learn each other’s language, culture, and decision-making processes.
 - ✓ Build on strengths and build capacity by using partners’ unique competencies and expertise.
 - ✓ Manage the partnership through regular communications by a designated person.
 - ✓ Provide support of and investment in participants.
 - ✓ Identify and solve problems jointly.
 - ✓ Continue to look for connections, areas of interest, and future goals to sustain the partnership.
- Build relationships and use personal motivations and core values of individuals and the employers.
 - ✓ Determine the personal motivations for engagement that go beyond making the business case.
 - ✓ Discover specific motivations and beliefs and foster and support key stakeholders in the partnerships.
- Establish an evaluation plan in the beginning.
 - ✓ Agree on factors and outcome measures for participation in programs and for the partnership.
 - ✓ Determine roles and responsibilities for documenting progress and outcomes.
 - ✓ Create and adhere to a timeline and a method for sharing and using results for ongoing improvement.

Getting the Partnership off the Ground

There are three key phases of getting a partnership started⁹—

- I. **Initiate Action**—This requires an understanding of the landscape of key partners and the existing work underway, baseline data on the problem to develop the case for change, and an initial governance structure that includes strong and credible champions.
- II. **Organize for Impact**—This requires that stakeholders work together to establish common goals, create a supporting backbone infrastructure, and begin the process of aligning the different organizations involved against the shared goals.
- III. **Sustain Action and Impact**—This requires that stakeholders pursue prioritized areas for action in a coordinated way, systematically collect data, and put in place sustainable processes that enable active learning and course correcting as they track progress toward their common goals.

Community partnership efforts are more effective when they are built from current efforts. Use those efforts to engage established employers, rather than creating an entirely new solution. Employers need to understand that this partnership will not be built overnight. It takes time to create an effective framework that allows stakeholders to work together. The first two phases can take between six months and two years, depending on the scope of the problem, the degree of existing collaboration, and the extent of community engagement. Conducting a readiness assessment as listed above can help to anticipate the time required. Once the partnership is established, Phase III can last a decade or more. While the process to see change can be long, progress happens along the way. These small steps to the ultimate goal are positive reinforcements that demonstrate the value of working together to keep the partnership going.⁹

Success Story

YMCA of the USA's Healthier Communities Initiatives¹⁰

In 2005, YMCA of the USA, the nation's oldest and largest health and wellness organization, was given funding to support the Centers for Disease Control and Prevention (CDC) Steps communities' efforts to address the nation's growing concerns regarding obesity and other chronic conditions. They provided grants to local YMCAs and Steps communities to work together on proven, chronic disease prevention and promotion programs.



This funding, along with private foundation support, was leveraged to form the Healthier Communities Initiatives (HCI) that led to collaborations with other community leaders to ensure that healthy living is within reach of the people who live in YMCA communities. YMCAs that are engaged in the HCI focus on collaborative engagement with community leaders, how environments influence health and well-being, the role policy plays in sustaining change, supporting local health departments and YMCAs in advancing community leadership in the nation's efforts to prevent chronic diseases and related risk factors, and many others. YMCA of the USA partners with national organizations and federal agencies to leverage resources, share technical expertise, and connect local or state affiliates.

The ultimate goal of HCI is to create sustainable changes that improve community environments and to—

- Enhance the role of policy, systems, and environmental changes in healthy lifestyles.
- Build relationships by focusing on the leading health issues facing communities.
- Strengthen the capacity for coalition building.
- Attract a diverse set of volunteers to build healthy communities.
- Increase communities' ability to promote equitable policy and environmental changes that support healthy living.

Involving community leaders is one of the key principles driving the initiative. The leaders use their positions, influence, and ability to make changes within their organization and the greater community. Community leaders include, but are not limited to—

- Public health officials and hospital executives.
- Voluntary health/chronic disease group leaders.
- Presidents of local businesses and executives of chambers of commerce.
- Community advocates/activists and neighborhood association leaders.

The YMCA of the USA and community leaders are increasing opportunities for their neighbors to be healthier through planning and implementing evidence-based strategies that support healthy living. For example—

- Increase access to, and use of, attractive and safe locations for physical activity.
- Developing supportive environments to complement and support individual and family efforts to make healthy decisions.
- Influencing worksite policies and implementing worksite wellness programs.
- Increasing healthy food choices in restaurants, grocery stores, worksites, schools, and other community settings.
- Increasing the availability of fruits and vegetables, making community gardens more accessible for community members and increasing the locations and hours of farmers' markets.
- Influencing policies such as the requirement of sidewalks and countdown cross signals in neighborhoods.

Their partners include—

- Active Living by Design.
- Alliance for a Healthier Generation (AFHG).
- American Hospital Association.
- American Planning Association.
- Directors of Health Promotion and Education (DHPE).
- Food Research Action Center.
- National Association Chronic Disease Directors (NACDD).
- National Association of County and City Health Officials.
- National League of Cities.
- National Recreation and Park Association.
- Partnership for Prevention.
- Robert Wood Johnson Foundation.
- Stanford Prevention Research Center.
- Trust for America's Health (TFAH).

Resources

- Oregon Public Health Institute (<http://www.wellnessatworkoregon.org/>). ✕
- National Business Coalition on Health (<http://www.nbch.org/>). ✕
- YMCA of the USA (<http://ymca.net/>). ✕
- CDC National Healthy Worksite Program (<http://www.cdc.gov/nationalhealthyworksite/index.html>). ✕
- Partnership for Prevention—Leading by Example: The Value of Worksite Health Promotion to Small- and Medium-sized Employers (<http://www.prevent.org/Initiatives/Leading-by-Example.aspx>). ✕
- CDC National Heart Disease and Stroke Prevention Program Guide for Public Health: Partnering with Pharmacists in the Prevention and Control of Chronic Diseases (http://www.cdc.gov/dhdsp/programs/nhdsp_program/docs/Pharmacist_Guide.pdf).
- CDC Communities Putting Prevention to Work (http://www.cdc.gov/CommunitiesPuttingPreventiontoWork/resources/foundational_skills.htm).
- Smoking Cessation Leadership Center's website on the Performance Partnership Model (<http://smokingcessationleadership.ucsf.edu/performancepartner.htm>). ✕
- Trust for America's Health—A Healthier America 2013: Strategies to Move from Sick Care to Health Care in Four Years (<http://healthyamericans.org/assets/files/TFAH2013HealthierAmerica07.pdf>). ✕

References

1. Centers for Disease Control and Prevention. *Principles of Community Engagement*. Atlanta, GA: Centers for Disease Control and Prevention. US Dept. of Health and Human Services; 1997;1:9. <http://www.cdc.gov/phppo/pce/index.htm>. Accessed January 3, 2013.
2. World Resources Simulation Center. Evolution of Chronic Disease Website. http://www.wrsc.org/attach_image/evolution-american-chronic-disease. Accessed December 9, 2012.
3. Green L, Daniel M, Novick L. Partnerships and coalitions for community-based research. *Public Health Rep*. 2001;116 Suppl 1:20-31.
4. Webber A, Mercure S. Improving population health: the business community imperative. *Prev Chronic Dis*. 2010;7(6):A121. http://www.cdc.gov/pcd/issues/2010/nov/10_0086.htm. Accessed December 15, 2012.
5. National Center for Health Statistics. *Health, United States, 2011, with Special Feature on Socioeconomic Status and Health*. Hyattsville, MD: 2012: 374-375.
6. Harlow D. *Skowhegan Farmers' Market is State's Most Popular*. Morning Sentinel. September 18, 2011. Skowhegan, ME. <http://www.onlinesentinel.com/news/farmers-market-is-states-most-popularamerican-farmland-trust-onlinesurvey-rates-skowhegan-at-no-1-2011-09-17.html>. Accessed January 7, 2013.
7. The Center for Youth and Communities. Heller School for School Policy and Management, Brandeis University. *Learning from Business Community Partnerships: A Cluster Evaluation Report*. Waltham, MA: The Center for Youth and Communities. Heller School for School Policy and management, Brandeis University; 2005. http://www.hitachifoundation.org/storage/documents/cluster_evaluation.pdf. Accessed December 2, 2012.
8. Revell G. Q&A on Customized employment: developing collaborative community partnerships. Training and Technical Assistance for Providers Website. <http://www.t-tap.org/strategies/factsheet/collaborating.pdf>. Accessed December 15, 2012.
9. Hanleybrown F, Kania J, Kramer M. Channeling Change: Making Collective Impact Work. Stanford Social Innovation Review 2012. http://www.medepi.net/docs/Hanleybrown2012_Collective-Impact.pdf. Accessed January 4, 2013
10. YMCA. YMCA of the USA's Healthier Communities Initiatives Website. <http://www.ymca.net/sites/default/files/pdf/overview.pdf>. Accessed December 15, 2012.