



Partnership building toolkit

This toolkit includes a step-by-step guide to coalition building, partnership building activities and advocacy information. Use these tools to help your team define your impact area, establish partnerships, set shared priorities and sustain your efforts.



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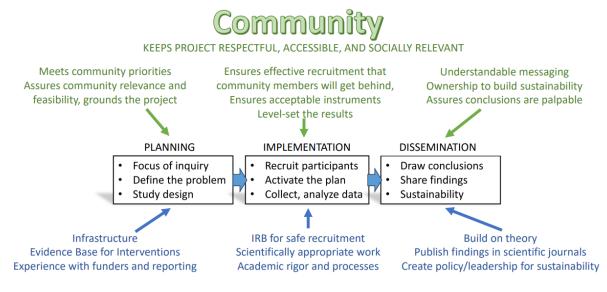
The Critical Need for Partnership

Most hospitals' missions include a statement about improving the health of the patients and the communities they serve. The World Health Organization defines health as, "a state of complete physical, mental, and social well-being, not just the absence of disease or infirmity." Social factors are major drivers of health, so it is important for healthcare systems to consider factors outside of healthcare delivery in their efforts to improve the health of their communities.

Although health systems and the personnel within them are experts at delivering healthcare, community members, community-based organizations and public health agencies are the experts at what is needed to support mental, social and physical health at the community level. Community members can make significant contributions to all phases of any intervention and keep projects accessible, socially relevant and respectful to the community.

Health disparities, or preventable differences in health outcomes linked to social and economic factors, appear in many health system quality metrics. The most effective way to eliminate these disparities is to consider their root causes, many of which are rooted in systemic inequities and cannot be addressed by a health system alone. Learning about health-related social needs and social and economic inequities is the first step in the process of creating equitable health systems.

Source: Social Determinants of Health, Centers for Disease Control and Prevention



KEEPS PROJECT SCIENTIFICALLY SOUND AND ACADEMICALLY RELEVANT

Health Systems/Academics





Rules of Engagement

Community engagement is essential in advancing health equity and is defined as collaboration between institutions and the larger communities (local, regional/state, national, global) for the mutually beneficial exchange of knowledge and resources in a context of partnership and reciprocity.

According to the CDC's Principles of Community Engagement, the goals of community engagement are to **build trust, enlist new resources and allies, create better communication, and improve overall health outcomes** as successful projects evolve into lasting collaborations. Institutions should develop their own guiding principles for community engagement. The University of Rochester Medical Center uses the following:

- long-term engagement,
- mutual benefit,
- mutual respect,
- shared findings,
- enhanced community capacity,
- shared responsibility,
- evidence-based,
- collaborative from start to finish and
- responsive to community priorities and perspectives.

The International Association for Public Participation (iap²) created a Spectrum of Public Participation designed to describe the continuum of community engagement from informing to empowering. Although any level of community engagement is good, institutions should move and grow along the continuum to reach a level of shared planning and decision-making with community partners. Under shared leadership, both partners receive the benefits from the community agency's participation in the process.

Sources: <u>The 2024 Elective Classification for Community Engagement</u>, Carnegie Foundation for the Advancement of Teaching; <u>Principles of community engagement</u>, CDC; <u>Spectrum of Public</u> <u>Participation</u>, The International Association for Public Participation.





IAP2 Spectrum of Public Participation



IAP2's Spectrum of Public Participation was designed to assist with the selection of the level of participation that defines the public's role in any public participation process. The Spectrum is used internationally, and it is found in public participation plans around the world.

	INCREASING IMPACT ON THE DECISION				
	INFORM	CONSULT	INVOLVE	COLLABORATE	EMPOWER
PUBLIC PARTICIPATION GOAL	To provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions.	To obtain public feedback on analysis, alternatives and/or decisions.	To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.	To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution.	To place final decision making in the hands of the public.
informed. acknowled and aspira provide fee how public		We will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how public input influenced the decision.	We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision.	We will look to you for advice and innovation in formulating solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible.	We will implement what you decide.

Often, institutions confuse stakeholder outreach with true community engagement. Outreach is characterized by implementing short-term solutions to address health disparities, such as initiatives to reduce the prevalence of diseases among certain subgroups in the community. Outreach involves lower levels of community engagement, such as reaching out to the community to join focus groups, answer surveys or complete satisfaction inquiries. True engagement involves consistent trust building, leadership development and long-term capacity building to address the community's health-related social needs. Engagement means collaborating with and sharing power with communities to identify and prioritize their needs and proposed solutions.

Trustworthiness is a critical principle of community engagement. The Association of American Medical Colleges created a Principles of Trustworthiness Toolkit to help hospitals and health systems facilitate community discussions. The toolkit includes the 10 Principles of Trustworthiness.

10 Principles of Trustworthiness

- 1. The community is already educated; that's why it doesn't trust you.
- 2. You are not the only expert.
- 3. Without action, your organizational pledge is only performance.





- 4. An office of community engagement is insufficient.
- 5. It doesn't start or end with a community advisory board.
- 6. Diversity is more than skin-deep.
- 7. There's more than one gay bar and "Black church" in your community.
- 8. Show your work.
- 9. If you're gonna do it, take your time, and do it right.
- 10. The project may be over, but the work is not.

Source: Principles of Trustworthiness Toolkit, Association of American Medical Colleges

Centering Community Voices

Authentic community engagement is actionable and centers community voices. The disability activist motto "Nothing About Us Without Us" emphasizes that communities must be included in discussions and decision-making processes that affect them. Hospitals and health systems must ensure that community members can share their ideas, participate in decision-making conversations and create shared accountability structures. For hospitals and health systems, this may look like including community members on the Board of Directors or starting a Patient and Family Advisory Committee.

The Minnesota Department of Health encourages healthcare systems to:

- explicitly include and engage with those in poverty, communities of color, American Indians, immigrant communities, and others experiencing health inequities;
- go beyond forming intermittent relationships for the purposes of gaining feedback;
- seek to build and sustain lasting relationships; and
- be willing to listen and allow the community to lead the work.

Source: <u>Nothing About Us Without Us</u>, Secretariat for the Convention on the Rights of Persons with Disabilities

Getting Started

Before engaging community partners, health systems should 'do their homework'. This involves assembling a planning team to focus on a specific need, thoughtfully identifying potential partners, and examining the history – good and bad – of engaging with these partners and their community.

- 1. Examine the institutional data to identify health disparities. Notice when patients within a specific demographic group have worse health outcomes than their peers.
- 2. Create an internal planning team. Consider inviting staff from the following departments:
 - a) population health and health equity;
 - b) community health;
 - c) social work and case management;





- d) quality and performance improvement;
- e) clinical staff:
- f) government relations;
- g) public relations and marketing;
- h) research;
- data analytics and information technology; and i)
- j) executive leadership.

Together, the planning team might consider developing a Partner Profile to develop organizational goals.

ACTIVITY



Operating/leadership structure?

and definitions?



TO THIS PARTNERSHIP? Technical?

> Olinical? Other?

Source: Hospital Community Collaborative Module 1, American Hospital Association

- 3. As a team, define the problem:
 - examine the stratified data to identify the problem and associated disparities; •
 - determine whether the identified problem appears in other data sources, such as • population health data:

THIS PARTNERSHIP?

What need are you fulfilling?

How does this partnership

How do you know this is a need?

goal support your organization's strategic priorities?

What are the revenue/funding opportunities that factor into this partnership?

- determine whether the problem is identified in your organization's most recent Community Health Needs Assessment and Community Health Improvement Plan;
- discuss the problem with members of the community (or Patient and Family Advisory ٠ Committee) and ask whether they have also identified it as an area of concern; and
- consider what success looks like and what resources are needed to get there.





4. Use the American Hospital Association's Competency/Capacity Matrix to identify current and potential community partners. Discuss who is missing from the team and who is needed to make this work successful.

		PARTI	VER	PARTNER	PARTNER	
COMPETENCY/CAPACITY	,					
Sample Partnership Capa	cities					
Reference materials Subject matter expertise	Expanded staff and Meeting and event		Brand value/reach Linguistic compete		Political connections Access to neutral/	
Subject matter expertise Lived experience Clinical expertise	Meeting and event Data sharing, collec Project manageme	tion and analysis			Access to neutral/ third-party facilitators Social media followers/ reputational reach Service delivery capacity including staffing, expertise and availability	
Grant-making expertise IT and technical support	Cultural understand Funding					

Source: <u>Hospital Community Collaborative Module 1</u>, American Hospital Association

Find and Engage Community Partners

After identifying potential partners' needed competencies and capacities, identify community-based organizations that excel in these spaces. Finding these partners can be done through communication.

• Explore coordinated care networks such as 211, Unite Us, FindHelp, NowPow, or any other platforms for identifying community-based organizations.





- Search "organizations working on [issue you want to address]".
- Explore community coalitions, but don't assume that one already exists.
- Ask (or consider partnering with) your local health department.
- Ask community members where they find resources for the issues you want to address.
- Query your institution's community advisory groups.
- Review your organization's CHNA/CHIP to identify partners.

Be creative in identifying partners and look for their assets. Consider government agencies; local businesses; organizations that focus on education, transportation, housing or food; faith-based organizations; volunteer organizations; and worker-owned cooperatives.

Source: Download "A Playbook for Fostering Hospital-Community Partnerships to Build a Culture of Health" below.

View an archive of the webinar <u>Fostering Hospital-Community Partnerships to Build a Culture of</u> <u>Health</u>.

Download <u>'Hospital-Community Partnerships to Build a Culture of Health: A Compendium of Case</u> <u>Studies</u>'

Before reaching out to a new community-based organization, see if there are other people within your institution that are already partnering with the organization. If they are an existing partner, ask your colleague to do a soft hand-off and facilitate introductions. Discuss previous work your organization has done with this partner and acknowledge any wrongdoings or misperceptions. After this, present your ask to the partner with a low-risk, high-reward request. When the partner agrees to join you, work with them to plan a kickoff meeting.

Sources: <u>A Playbook for Fostering Hospital-Community Partnerships to Build a Culture of Health</u>, American Hospital Association

Organize a kickoff meeting

Determine what kind of meeting will work best.

- 1. Join an existing community collaborative:
 - If many of your desired partners have an established meeting, ask to join them for a session to discuss your concern, pitch an idea and ask for partnership.
 - Reach out to leadership before showing up.
 - Consider sharing information with the group ahead of time.
 - Be open to meetings that do not look like health system meetings.
 - Establish clear next steps.
- 2. Invite a partner to your existing meeting:
 - If you only need one or two additional community partners, invite them to your meeting.
 - Reach out to their leadership to explain your request and share why you selected them.





- Seek input on how to make the meeting convenient this may mean modifying existing meeting times or processes.
- Share the agenda and create clear expectations for partners.
- 3. Host a new meeting with all partners:
 - Hold an hour-long meeting with new partners to signify a fresh start.
 - Use a meeting scheduler to make sure you can accommodate as many partners as possible.
 - Create and distribute a clear agenda that begins with significant time to meet and get to know each other.
 - Prioritize community-based meeting locations and consider an informal meeting format.
 - End the meeting with clear next steps.
- 4. Host a longer retreat, or "synergy meeting":
 - Use the format for new meetings, allowing more time for conversation and work.
 - Set aside significant time to develop trust and work together.
 - Get food!
 - Schedule breaks so that your partners do not get burnt out.
 - Do not exceed a half day and ensure your participants do not feel trapped.

During the kickoff meeting, make the focus getting to know each other. Share your partner profile and encourage your partner agency to do the same.

Source: Get to know your partner, American Hospital Association

After the partners feel comfortable with each other, develop a team charter to define how all partners will work together for the project's success. In the team charter, consider:

- What is the goal of the partnership?
- How will you agree on your goals, expectations and values?
- How will you deal with challenging situations?
- Define expectations for meetings, minutes, etc.





BUSINEC **TEAM CHARTER CANVAS** TEAM VALUES What are the values that are recognized by all team members that the **EXPECTATIONS** What do team members expect from eachother in order to be(come) a successful team? team live by? Ż TEAM MEMBERS DRIVER TEAM GOALS Who is behind the wheel? Who is the navigator? How will the team choose a direction? How will the team take decisions? Who is on the bus and what do they bring to the team? What is the goal the team want to reach? When is the Roles, values, skills, effort a success? character traits? n ſ TROUBLE What will you do when the shit hits the "van"? 0 P OBSTACLES ENERGY SOURCE What generates energy in the group? What gets every-one going? What would prevent the team to reach their goal?

Source: Team Charter Canvas, Design a Better Business

Care Connections			
PARTNE	R PLEDGE		
(set a timeline and deadline).	te your intervention goal) in (state your community) by re the sustainability of our intention, we commit to the following:		
1) Meeting (frequency)	4) Identifying ongoing sources of funding		
2) Bringing new partners to the table, including those from our respective organizations and communities who will help advance	 Gaining management recognition and support from our our respective organizations 		
goals 3) Defining, tracking and reporting metrics to our management, chmpions, funders, advocates and community (frequency)	6) Other		
Signature	Signature		
<u> </u>			

Consider a formal commitment to sustain the partnership and the work ahead. The Hospital Community Collaborative suggests a "Partner Pledge."





Setting and Attaining Shared Goals

When all partners are comfortable and feel integral to the team, it will be time to consider the goals of the project. Over the next few meetings, the group must define the goal that the team wants to achieve. When will the team know they have succeeded? Each member should clearly see how their partnership contributes to the overall goal.

Partners should work together to establish a SMARTIE Goal, which adds inclusivity and equity to the traditional SMART goal development.

SMARTIE Goal	
S – Specific	What do you want to do?
M – Measurable	How will you track progress?
A –Attainable	How will you do it?
R – Relevant	How is this relevant to each partner's mission?
T – Time-bound	When do you want to do it?
I – Inclusive	What new perspectives could you bring into the project?
E – Equitable	Can you change the goal to incorporate equity and inclusion?

This process includes revisiting health disparities data with your community partners. Discuss additional data sources that can be used to define the problem and measure improvement. Determine how data will be shared, who will 'own' the data, when results will be shared and whether data use agreements are necessary.

Examine the data together and talk about what's 'really going on'. The community should be heavily involved in the process of gathering information, with emphasis on community members' voices and lived experiences. Facilitate the process of prioritizing and identifying root causes within a community using the tools below.

SMARTIE Goals can start by writing a problem statement, which should be done collectively.

Sources: <u>Mobilizing for Action through Planning and Partnership</u>, National Association of County and City Health Officials; <u>Leveraging Community Expertise to Advance Health Equity</u>, Urban Institute.

Writing a Problem Statement (activity)

This document provides an overview of the basic components that make up a problem statement. This tool can assist your organization with developing its own problem statement to address any needs, concerns or improvement areas.





Problem statement tool

Identify the key components of the problem:

- <u>Gap:</u> identify the gap between where you are and where you want to be.
- <u>Timeframe and trend:</u> describe how long the problem has existed and what kind of trend it is following (i.e., is it getting worse?).
- <u>Impact:</u> quantify the gap (cost, time, quality, environmental, personal, etc.).
- <u>Importance</u>: describe the importance of this problem to the organization, the community, an individual, etc. to better understand the urgency.
- <u>Problem statement:</u> summarize the problem in two to three sentences.

Sample problem statement

- <u>Gap:</u> Patients in the North Country lack reliable transportation to and from the hospital. The hospital's single outside EMS provider cannot support the patient volume.
- <u>Timeframe and trend:</u> This has worsened recently.
- <u>Impact:</u> Patients miss appointments or get stuck in the hospital with no way to get home. Patients that need to be transferred to a higher level of care are not transferred.
- <u>Importance:</u> Patients do not get the right level of care on time and cannot get home. These barriers cause frustration with the health system. Patients may also delay care until it's an emergency, increasing the likelihood of poor outcomes. Missed appointments also have a financial impact on the hospital.
- <u>Problem statement:</u> Patients in the North Country lack reliable transportation to and from the hospital. The hospital relies on a single outside EMS provider that cannot support the hospital's patient volume. As a result, patients miss appointments, remain in the hospital too long, are not transferred to the correct level of care on time and put off preventive care. This causes patient harm and has a negative financial impact on the hospital.

Helpful tips for writing a problem statement

- Look for the problem, not the solution.
- Keep the statement to two to three sentences.
- Distinguish between symptoms and the problem itself.
- Know your resources and their strengths.

After the problem has been clearly articulated, it's time to identify solutions collaboratively. There are many ways to do this but it is important to find a way that allows all voices to be heard. Avoid larger institutional partners having the "lead" and the loudest voice when considering solutions.

Suggestion: Facilitate a "<u>brainswarming</u>" session using the instructions below. This activity uses writing instead of talking to generate ideas from your partners. It solicits input from everyone and creates space for new ideas and creative thinking, leading to solutions that may not be obvious.





Brainswarming activity

- 1. Write your goal at the top of a large piece of paper/whiteboard.
- 2. Write down available resources at the bottom of the paper/whiteboard.
- 3. Have your meeting participants (partners) add their own sticky notes with additional resources and strategies that may lead to possible solutions.

Source: <u>Fostering Hospital-Community Partnerships</u>, American Hospital Association



This activity is one of many that your group may find useful in identifying solutions as a group. Consider using it alongside other collaborative visioning exercises to gather input from all participants.

Maintaining Success

While setting goals and identifying solutions, the team should consider sustainability. This should be done early in the process, not at the end of the project. **Sustainability** is the ability of a team to





continue its mission or program far into the future. Whether the project ends or evolves into an ongoing program, ensure the project has an impact.

Remember that sustainability is not just about funding.

Sustainability factors to consider:

- Identify key internal experts and influencers to further your cause
- Develop agreements with partners to contribute staff or resources after the implementation phase
- Discover new funding and recurring revenue sources
- Gain leadership and board support for the efforts

Resource: Sustaining Improved Outcomes, New York State Health Foundation

Sustainability depends on measuring the impact and sharing the story of the project. There is no set time to tell the story – share your experiences before, during and after the intervention. Tell the story of the partnership and how it aims to make a difference in the communities you serve. Consider the perspective of your audience – what change are they looking for?

Check in with your partners throughout this process and address any problems or disagreements as they occur. For a formal partnership evaluation, consider the RWJF Partnership Assessment Tool for Health.

Resource: Partnership Assessment Tool for Health, Center for Healthcare Strategies

Remember to keep the flame alive! The wise coalition leader will make the coalition a happy place to be. They will build in some fun - sometimes to relax, push all work to one side, and simply enjoy one another's company. Find regular reasons to celebrate! Members stay involved not just because of the work, but because they feel affirmed as full human beings because their human spirit is nourished.

Resource: Community Tool Box, Maintaining a Coalition <u>https://ctb.ku.edu/en/table-of-contents/assessment/promotion-strategies/maintain-a-coalition/main</u>

Advocacy as a Solution

Your coalition may deploy strategies to attract the participation and support of community members and key decision makers from across different sectors. Local decision makers may include elected and appointed officials, institutional or organizational leaders and other individuals or groups involved in policy making in your community.

Using this approach, your coalition may focus on:





- **policy initiatives** (e.g., funding for community vaccine hubs or a community violence prevention program); or
- <u>changes to the built environment</u> that impact community and patient populations (e.g., creating equitable access to affordable transportation and healthy food).

Building relationships with decision makers

One of the most effective strategies to support advocacy solutions is to build relationships with local decision makers. Consider one of the following approaches:

- Educate your elected officials about your mission, services and impact on their constituents. Use personal stories whenever possible.
- Tell your elected official how a government grant your organization received has helped your constituents.
- Educate elected officials about the effects of a policy on their constituency.
- Invite an elected official to visit your organization so they see firsthand how government funding or policies affect day-to-day operations and the community's ability to access services.

Source: How to Advocate as a Nonprofit for Older Americans, National Council on Aging

Changing existing policies

Think about how your coalition can actively participate in the policymaking process. Consider taking these steps:

- Assess the situation and consider policy implications upfront.
- Develop a list of key decision makers for coalition participants to contact based on their interest in the issue.
- Provide concise summaries, data and talking points to guide conversations with policymakers:
 - o create a one-page fact sheet for each issue and draft talking points;
 - provide current health outcomes or social determinants data to illustrate the problem; and/or
 - provide information on existing policies, examples of successful policies and information on the issue as it is experienced by your community.
- Build community capacity to communicate with decision makers by partnering with other groups that have similar interests.
- Work with coalition members to craft simple statements about the issue and include specific implementation strategies to share with decision makers and the media.
- Bring the issue to policymakers' attention, using patient stories, when possible, to personalize the issue.





Understanding the limitations of advocacy by 501(c)3 organizations

If your coalition or partnership is considering policy-change strategies, be aware that most organizations that receive public funds or have 501(c)3 status cannot participate in lobbying activities. Lobbying activities include letter or phone campaigns, petition drives, promoting a position on a specific legislation, or endorsing or opposing a candidate.

Organizations may involve themselves in issues of public policy without the activity being considered lobbying. Organizations may conduct educational meetings, prepare and distribute educational materials or otherwise consider public policy issues in an educational manner without jeopardizing their tax-exempt status.

Source: Charities and Nonprofits: Lobbying, IRS





Resources

- 1. <u>Community Health Assessment Toolkit</u>, AHA Community Health Improvement network
- 2. <u>A Practice-Based Framework for Working with Communities</u>, American Hospital Association
- 3. Empowering Partnerships for Health Equity, American Hospital Association
- 4. <u>Five Tools for Helping Turn Big Ideas into Action: An Integrator's Toolkit</u>, Nemours Children's Health
- 5. Partnership Assessment Tool for Health, Center for Health Care Strategies
- 6. <u>Center for Community Health and Development, University of Kansas: Maintaining a</u> <u>Coalition</u>, Community Tool Box

