c o m m u n i t y

PARTNERSHIPS

Taking Charge of Change Through Partnership

A primer on

community

collaboration

for health

VHA
VOLUNTARY HOSPITALS OF AMERICA, INC.

Acknowledgments

VHA would like to express appreciation to the many VHA health care organizations that participated in the development of this document. These organizations provided invaluable information and experience. Thanks to all the people who reviewed this document and who support these hospitals and their community partnership efforts.

Special thanks to:

> Hartford Hospital, Hartford, Conn.
> Ivinson Memorial Hospital, Laramie, Wyo.
> Miami Valley Hospital, Dayton, Ohio
> Nebraska Methodist Hospital, Omaha, Neb.
> Our Lady of Lourdes Medical Center, Camden, N.J.
> Riverside Methodist Hospital, Columbus, Ohio
> Sutter Health, West Sacramento, Calif.
> The Delaware Valley Partnership for Healthy Babies, VHA East and VHA of New Jersey
> United Health Services Inc., Binghamton, N.Y.
> U.S. Health Corp., Columbus, Ohio

VHA also would like to give special acknowledgment and thanks for the dedication and commitment of Joe Pecara. Mr. Pecara was senior vice president of corporate services at Our Lady of Lourdes Medical Center. He was an inspiration to the creation and completion of this document, and we sincerely regret his passing.

This document was researched and written by Christina Bethell with assistance from Deborah Carpenter and Christine McFetridge, all from VHA's Information and Research Division. Thanks also to Ron Arena of Neal and Associates for his creative contribution to this project.

Contents

Individual partnership profiles are included in the back pocket of this book.

Executive Summary

Health care organizations are entering a new age of innovation where working in partnership with their communities and with each other is a key strategy for improving health status, increasing access to health care and managing costs.

"Partnership" is more than a catch phrase for the '90s. In health care, as in the rest of corporate America, resources are limited, and partnership is an accepted practice for organizations striving for higher goals and productivity. In 1992, computer giant IBM, for example, announced a partnership with rival Apple Computer Inc. to develop an operating system and another partnership with two of its overseas competitors to develop advanced computer memory chips.

Another example of partnership involved a nonprofit corporation. In what analysts called a rare and ingenious alliance, NBC and PBS joined forces in the summer of 1992 to cover the Democratic and the Republican national conventions. "Ten years ago, there wasn't a reason to be cooperative," noted one top news executive. "Today, the different economic climates of the industry and the changes in cable and technology made this not only possible, but, in some ways, necessary."

In health care, forces such as increasing costs, declining health status and decreasing access make partnerships both practical and necessary. The sheer complexity of the problems in health care precludes a practitioner or an organization from going solo. The trend toward partnerships is linked to almost everything that concerns a health care organization's mission. Partnerships are formed to improve the quality of clinical care and to improve access to health care, including integrating health care services and eliminating service redundancy. Other collaborative goals range from conducting a community health assessment and improving community health status to developing a care process that is more patient-focused.

Partnerships represent a means for health care organizations to meet the challenges of improving health status in their communities and demonstrating value. In 1992, VHA introduced five voluntary community benefits standards (see chart on Page 3) to provide a framework for health care organizations to meet community health needs. This guide supports the implementation of key elements of the standards by focusing on the creation and management of interprovider and interorganizational partnerships. It examines benefits, critical success factors and potential barriers of such collaborations; outlines implementation steps; and includes a sample community perception survey. The information presented here

was derived from site visits and interviews with numerous VHA institutions involved in community partnerships and from an extensive review of the literature.

Whether a partnership involves global corporate giants or local community groups, the benefits of collaboration make partnerships well worth the time and effort it takes to develop them. Because not-for-profit health care organizations already participate in a partnership by virtue of their voluntary boards, they are positioned to take a leadership role in forging new relationships with their communities that will help solve some of our most pressing health care concerns. Health care organizations should continue to strengthen relationships with physicians, health care staff and employees so that they build community partnerships from a strong internal base reflective of the spirit of community they seek to create within their external environment.

In its vision statement, Voluntary Hospitals of America places a major emphasis on the importance of partnership as a goal for VHA and VHA institutions.

> *Individual VHA hospitals and multihospital systems will work collaboratively with each other, with other providers in their communities, with physicians, nurses and allied health professionals, and with employers, insurers and governments to assure that their resources are effectively deployed to enhance the health status of the communities they serve.*

Our health care system is changing, and the next decade promises transformations in many areas of health care. Managing these changes will mean creating and managing effective partnerships within and among health care organizations and the broader community. Partnerships help health care organizations to take charge of change.

VHA's Voluntary Community Benefits Standards: A Framework For Meeting Community Health Needs

STANDARD #1: DEMONSTRATE LEADERSHIP AS A CHARITABLE INSTITUTION
Minimum guidelines:
- Assert leadership in organizing communitywide efforts for the needy
- Reach out to the underserved to provide needed primary and preventive health care services and health education
- Attract and use donated funds to serve the needy
- Participate in Medicaid and other federal, state and local health care reimbursement programs for the needy
- Formally plan for and provide charity care or maintain an open door policy to the extent of financial ability

STANDARD #2: PROVIDE ESSENTIAL HEALTH CARE SERVICES
Minimum guidelines:
- Cooperate with other community health care providers to maximize the meeting of essential community health needs
- Render health care services and educational services that are specifically designed to meet assessed community needs and improve community health status
- Operate a 24-hour emergency room to the extent needed by the community

STANDARD #3: BE ACCOUNTABLE TO THE COMMUNITY
Minimum guidelines:
- Have a volunteer governing board composed of members of the community the hospital serves
- Invite and respond to community input and involvement in the planning and review of hospital activities
- Voluntarily disclose information on hospital services, financial status, community benefit activities and charity care to the public
- Advocate health care cost containment efforts and promote the efficient use of health care resources within the community

STANDARD #4: EVIDENCE COMMITMENT TO COMMUNITY BENEFIT
Minimum guidelines:
- Embrace a mission statement and bylaws that reflect a commitment to a charitable purpose and community benefit
- Provide leadership for organizing communitywide efforts for enhancing community health
- Integrate a community benefits plan based on assessments of community health needs into overall strategic plan
- Educate and involve employees and medical staff in the provision of community benefits

STANDARD #5: OPERATE FREE FROM PRIVATE PROFIT
Minimum guidelines:
- Maintain a corporate and legal structure that meets all requirements for not-for-profit status
- Ensure that affiliated business enterprises serve the hospital's charitable purpose and present no conflicts of interest with the not-for-profit, charitable mission of the hospital
- Employ financial surpluses to further the institution's charitable purpose and not to promote private inurement to any individual

NOTE: For a copy of VHA's introductory guide to these community benefits standards, "Voluntary Standards: A Framework For Meeting Community Needs," please call VHA's Washington, D.C., office at (202) 822-9750.

I. Introduction

We need more than new laws, new promises and new programs. We need a new spirit of community, a sense that we are all in this together. If we have no sense of community, the American dream will continue to wither. Our destiny is bound up with the destiny of every American. We are all in this together, and we will rise or fall together.

President-elect Bill Clinton
Nov. 3, 1992

The forces driving the renewal of America's health care system have never been greater. Tens of millions of Americans have insufficient, and often decreasing, access to care. The cost of health care continues to register unsustainable increases. Persistent and prevalent health status problems, plus uncertainties about the quality and effectiveness of care, also contribute to the widespread concern and debate about health care in this country. Many VHA institutions are harnessing these forces for change and channeling them to re-create the health care system in their communities.

The goal is a coordinated system of care focused on improving health status and demonstrating value—a system where the health of individuals and communities is the recognized measure of success.

Transforming the health care system to meet this goal requires continued leadership, operational and policy innovations in our health care organizations, government, businesses and communities. The challenge is to create a human infrastructure linked by the power of an enlightened and shared vision of health. This challenge is the goal of community partnerships.

A Shift in Focus

Elements of the Paradigm Shift		
Competition	⟶	Collaboration
Disease-oriented	⟶	Health-oriented
Assumed Accountability	⟶	Explicit Accountability
Institutional Focus	⟶	Community Focus
Paternalistic Model	⟶	Empowerment Model

To effectively address community health care needs, health care institutions are shifting from a primarily internal focus to a broader, collaborative vision. They are creating new linkages and a shared vision with their communities and with each other. They are expanding their circle of concern beyond individual clinical care to the health of the entire community. Through community-based partnerships, innovative health care organizations are extending their sphere of influence over the full range of physical, social, mental and environmental precursors to disease to become more health-oriented, community-based and driven by a vision of community and patient empowerment. Community partnerships are central to the shifts that are reshaping the health care industry.

Several performance imperatives and key assumptions for health care organizations support the emergence of a collaborative approach to leadership and management within health care organizations.

Challenges for Transforming the Health Care System

Performance Imperative	Key Assumptions
Improve Health Status	Recognizing that solutions to our most intractable health problems can only be effected through communitywide efforts, health care organizations realize that they must become effective collaborators. They must maintain a broad definition of health that focuses as much on prevention and wellness as on treatment and disease. They should expand efforts to reach out in partnership with patients and the community to empower them as full participants in the wellness, prevention and care opportunities available to them.
Integrate Delivery	As both leaders and participants, health care organizations must forge collaborative partnerships within their communities and with other providers to coordinate efforts of all those whose inputs and efforts are needed to effectively address community health needs and to ensure coordinated and efficient access to care.
Demonstrate Value	As a central part of a network of community care, the health care organization must share significant accountability for the health of the community it serves. It must measure and communicate its effectiveness in improving health status and meeting community health needs. As an instrument of the public trust, the not-for-profit hospital must work in partnership with the community to consciously deploy resources on behalf of the community it serves, assuring access and value.

Partnerships, or collaborative alliances as they are sometimes called, take many forms. They can be as simple as an agreement between a hospital and a local school to provide health education to students. Some partnerships may incorporate complex, multiparty business arrangements among hospitals, physicians, payers and insurers. Others may encompass activities that engage hospitals, as part of a larger community coalition, in a comprehensive effort to improve community health status.

Partnership: The Common Link in Transformation

Partnerships occurring among health care organizations and other community groups

Integrated Care Networks

Community Benefit

Partnership

Partnerships occurring within health care organizations

Continuous Quality Improvement

Patient-Focused Care
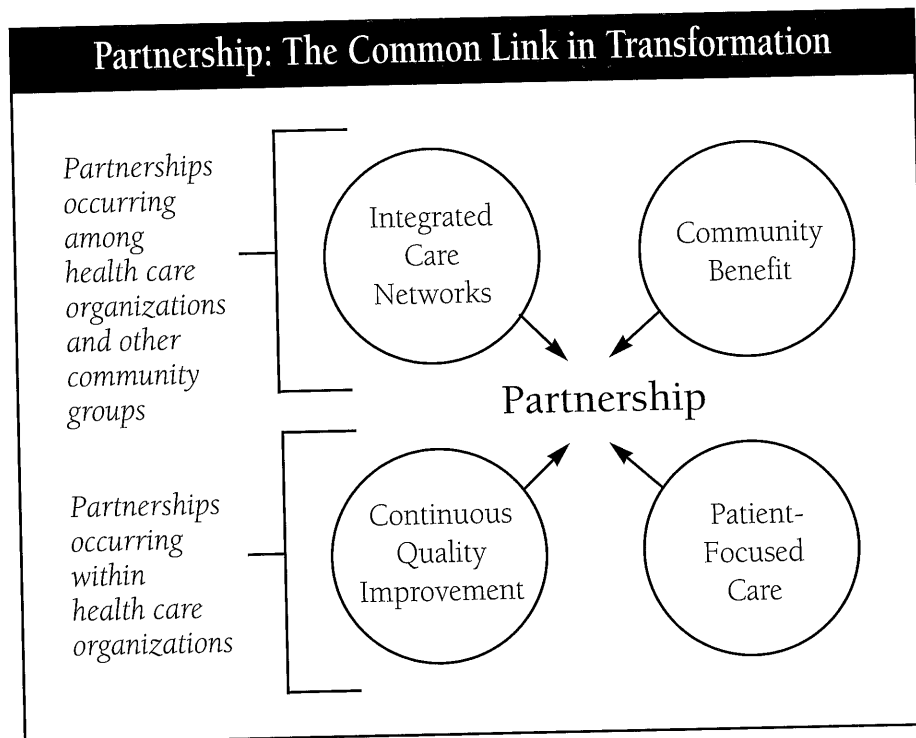
The focus of this document is on community partnerships that involve multiple sectors of the community. These interorganizational partnerships are created to address a particular community health problem and/or develop a broad-based, communitywide coalition based on a shared vision for the health of the community. Philosophically, these types of partnerships often are driven by:

- the power of shared vision and an understanding of the role of shared hopes, aspirations and culture in creating change
- a recognition of the implicit value of community participation in addressing systemic community health issues, preventing disease and nurturing wellness
- a commitment to the continuous renewal and improvement of community health that transcends needs for organizational autonomy
- a holistic, "systems" perspective that recognizes and welcomes the inherent interdependence of all sectors and individuals within a community

The information presented in this document can apply in varying degrees to many different types of partnerships, some of which are listed in the box below.

A Typology of Partnerships

Type of Partnership	*Examples of Partnerships*
Intraorganizational Partnerships (i.e., hospital/physician/ patient partnerships)	1. Case management: partnerships to improve the coordination of delivery across departments 2. Continuous quality improvement: partnerships within and between clinical staff and administration regarding quality improvement and cost-containment efforts 3. Patient-focused care: partnerships with patients to involve them in decision-making and the process and outcomes of their care
Interprovider Partnerships (i.e., hospital-to-hospital or hospital-to-physician partnerships)	1. Joint purchase of medical equipment 2. Coordination of referrals and patient records through electronic means 3. Joint management of services 4. Organizational mergers
Interorganizational Partnerships	1. Integrated care network to organize a purchaser, consumer and provider network 2. Development of a communitywide health coalition based upon a shared vision and action plan for overall health of the community 3. Targeted partnerships to improve specific community health problems

Partnerships: A Timely Order

The pendulum is swinging away from the hospital as competitor and toward the hospital as a system of change. Gennaro J. Vasile, Ph.D., former president and CEO of United Health Services Inc. in Binghamton, N.Y., summarized the shift this way:

> We have a need to compete, but we have a mandate to collaborate. We need to be responsible fiscal managers, but we also need to be driven by a vision for improving the health status of our communities. In many instances, the best way to effect change in a community is to accept your own limitations and commit yourself to working with other community agencies and hospitals, including those that you compete with in some areas.

Indeed, redefining industry norms to move toward collaboration and returning to community benefits as the yardstick for measuring the ultimate value of the health care delivery system is a timely order. Public trust in hospitals has reached a historic low. According to one study, 67 percent of Americans regard hospitals as business enterprises rather than social service organizations (Arthur D. Little Inc., 1988). A 1991 survey sponsored by the Delaware Valley Hospital Council surprised health care professionals when three of every four respondents answered "no" to the question, "Do you believe hospitals adequately provide community service?"

> The 1990s bring a new era of accountability, with new pressures and incentives. The decade will be shaped by collaboration and driven by continued fiscal cutbacks and by national health and social reforms. The public and private sectors will, of necessity, combine talent and resources. Hospitals will be expected to be leaders in this collaboration.

Thomas Chapman, president
Greater Southeast Community Health System
Washington, D.C.

Three major types of pressures are driving the formation of community partnerships.

1.   COMMUNITY HEALTH PRESSURES

> *In many cases, we have lost sight of the reasons we were founded and the basis*
> *for our not-for-profit status. Community service helps us remember that we are*
> *intended to be health care organizations for all of the community, not just illness-*
> *care institutions for part of the community.*

>> Erie Chapman III, J.D., president and CEO
>> U.S. Health Corp.
>> Columbus, Ohio

Through community partnerships, health care organizations can be leaders in coordinating and leveraging community health resources. Partnerships enable health care organizations to enhance access to care and address complex health problems. Striving to ensure access to care and improvements in community health status is central to the mission of our not-for-profit health care organizations and vital to the social and economic well-being of our communities. Partnerships create the relationships through which systemic and ongoing improvements can take place and can, in and of themselves, be considered a community resource for meeting health needs.

2.   COMPETITIVE PRESSURES

> *By improving our partnership with our community, we are improving our bottom*
> *line. Our business increases as our community awareness increases. Before, we were*
> *so focused on running our own show that we forgot that our community wasn't*
> *involved. Now we realize that if we are going to be relevant to the community and*
> *care for the people, we have to care for all the people.*

>> Thomas A. Nord, CEO
>> Ivinson Memorial Hospital
>> Laramie, Wyoming

As health care reforms continue to force the reduction of health care costs and allocate resources to those who provide the greatest value in coming years, it is inevitable that there will continue to be winners and losers. Health care organizations have a challenge to differentiate themselves and create a sustainable competitive advantage by demonstrating value and being both responsive and relevant to their communities. Doing so is key to maintaining public trust and patronage and ensuring long-term success. Community partnerships are an essential means for hospitals to promote goodwill and provide community benefits.

3.   HEALTH CARE POLICY PRESSURES

We can no longer look to government for complete solutions to health issues. We are clearly returning to an earlier approach in which communities must come together to solve their own problems—in health care and other basic issues.

Patrick Hays, president
Sutter Health
West Sacramento, California

Collaboration is considered a cornerstone for meaningful health care system reform. For example, health care reform is driving the development of networks of care that require providers to collaborate, assume greater financial risk and demonstrate accountability for the health of a discrete population. Community partnerships help health care organizations manage risk by improving their ability to build the critical linkages to integrate services and harness the creative ability of the community to prevent disease and promote health. Also, that health care organizations voluntarily collaborate to address community health problems is central to their being viewed as trustworthy and capable stewards of health care resources and key to avoiding the excessive government intervention about which so many health care organizations express concern.

II. Benefits of Partnership

Community partnerships embody a commitment on the part of the health care organizations and other community groups to join together to coordinate services and create innovative efforts to:

- enhance the health status of all persons within a defined geographical area
- provide easier and broader access to health care
- reduce redundant services and contain health care costs

Community partnerships seek to move health care professionals beyond a traditional, medical/disease model of treating individual symptoms and toward an active and systemic philosophy that seeks to prevent disease and care for individuals within the context of the entire community.

The partnership concept addressed in this document differs from historic examples of hospital-community outreach and intervention efforts. Historic efforts often were based on a "needs model" that promoted professional control as a dominant theme. In the traditional model, communities and patients are viewed as passive recipients of care, and intervention often takes place on an episodic basis. In contrast, the most successful hospital-community partnerships today are based on an "empowerment model" that promotes ongoing, mutual responsibility among all parties.

Benefits of Partnership: A Historical Perspective

In the past, national health legislation periodically mandated community partnerships among hospitals and other care providers and their communities as a means of empowering and ensuring consumer participation in decision-making. These laws include:

- Economic Opportunity Act of 1964 that established Neighborhood Health Centers
- Demonstration Cities and Metropolitan Development Act of 1966 ("Model Cities")
- Comprehensive Health Planning and Public Health Service amendments of 1966
- Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970
- Emergency Medical Service System Act of 1973
- Health Maintenance Organization Act of 1973
- National Health Planning and Resources Development Act of 1974

The objective of the hospital-community partnerships and participatory efforts required by the various legislation typically were expressed in terms such as:

- shaping and effecting changes in the health care system
- promoting responsiveness on the part of health service organizations
- increasing consumer and provider satisfaction
- improving the health status of individuals and the community at large
- increasing efficiency and better utilization of services

An analysis of the community participation aspects of these laws revealed that in all cases the purposes and outcomes of community participation were unclear; that key concepts, terms and phrases, as well as categories of community participants, lacked definition; and that the methods and procedures for involving the community generally were not described.

According to those evaluating the outcomes of these laws, many efforts by providers to work with the community were not successful based on several parameters. Conflicting philosophies, purposes and strategies among health care organizations and community organizations and an absence of true partnership with the community were cited as primary roadblocks to achieving the desired outcomes—roadblocks that can be addressed with conscious effort and the application of well-developed collaborative skills.

Source: Hayakawa, J.M., and L.K. Koseki. Medical Care, March 1979

Summary of Potential Benefits

Engaging in community partnerships provides a unique opportunity for health care organizations to share leadership with the broader community and forge solutions to critical health problems. Distinctive benefits of community partnerships for health care organizations are many.
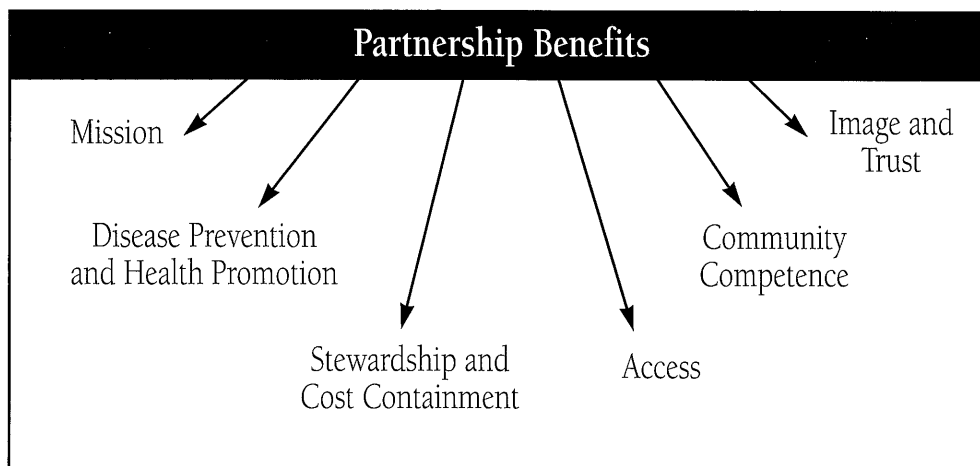
1. MISSION

By bringing together people who are involved and concerned with the health of this community, we are fine-tuning the services that each organization provides. The measurable benefit from our community partnership efforts is evident: a new service for the community. The less tangible benefit from this alliance is improved communication, accurate information and a spirit of cooperation that is remarkable in today's competitive society.

Thomas A. Nord, CEO
Ivinson Memorial Hospital
Laramie, Wyoming

Most not-for-profit hospitals are likely to agree that their fundamental mission is to support and improve the health of the communities they serve by providing high-quality health care services in a

cost-effective manner and by ensuring community benefit. Initiating and managing partnerships across and between organizations within the community increasingly is required to fulfill this basic mission.

2. DISEASE PREVENTION and HEALTH PROMOTION

We realize the important difference between planning for the community and planning with the community. Hospitals need to move toward the latter and create constructive partnerships. Hospital leaders must stimulate, facilitate and promote the coming together of nontraditional community partners. Hospitals must bring together public health departments, social services, citizens, educators and more in order to accurately evaluate the health status of the community and build partnerships that are focused on disease prevention and health enhancement.

James Willard, president and CEO
Lutheran Medical Center
Wheat Ridge, Colorado

Partnerships serve as models for disease prevention and health promotion. Numerous diseases, including AIDS, have their genesis in factors that are addressed optimally through communitywide efforts. Innovative models focusing on disease prevention are proving the role of partnership in prevention (Green and Kreuter, 1991).

3. STEWARDSHIP and COST CONTAINMENT

We have so many resources among us—and so many services that we are duplicating. If we don't begin to collaborate more, if we don't take our hospitals to the communities we serve, then I think we will deserve our fate. Some of us will succeed, and some of us will close our doors.

Joe Pecara, senior vice president of corporate services
Our Lady of Lourdes Medical Center
Camden, New Jersey

Partnerships allow participants to share and coordinate limited resources and offset the rising costs of health care in their communities. Financial constraints or lack of time often cripple the most achievable of dreams. Collaboration enables participants to collectively meet funding and staffing needs rather than placing the onus on one organization. Effective partnerships also can reduce duplication of services and limit costs, such as those incurred when each institution, in an attempt to stay competitive, acquires the latest in medical technology or organizes a separate and perhaps less comprehensive effort to address a community health need.

4. ACCESS

Working with "Born Free," our community collaboration to fight infant mortality, has given us the opportunity to see, firsthand, the variety and depth of problems our "Born Free" mothers face. We have a much greater appreciation for the risks and worries and negative influences they confront every day in urban life. We know it's tough. I think health care institutions can play an important role in addressing issues by helping to eliminate causes of inequity.

Thomas G. Breitenbach, president and CEO
Miami Valley Hospital
Dayton, Ohio

Partnerships can provide consumers with more effectively coordinated health care and improved access to health care services. For example, a coalition that includes a variety of professional health care organizations, local educational institutions, social services agencies, religious organizations, etc., could provide a high-risk pregnant woman access to not only expert neonatal or perinatal care, but also to professional counselors, parent support groups and experts in nutrition and health.

5. IMAGE and TRUST

Sentara Norfolk General remembers that we have our origins and roots in the community. To be sure everything we do provides a benefit to the community, we actively involve community members in our program development process. We look to them to specify what their needs are and strive to be as responsive as possible to meet those needs through the spirit of partnership that involvement creates.

Howard Kern, administrator
Sentara Norfolk General Hospital
Norfolk, Virginia

Partnerships help hospitals improve their image and reinforce the trust of their community. Image is an increasing concern for hospital CEOs. Eighty-one percent of the administrators responding to a recent survey said they support a national campaign to improve the image of hospitals (Hospitals, Sept. 5, 1992). Steps taken to improve health in our towns and cities will help hospitals build bridges in their communities and develop relationships that produce unlimited goodwill.

Many health care professionals establish community ties by serving on school boards, leading civic fund-raising campaigns, volunteering services to literacy programs, etc. These involvements lay the groundwork for trusting relationships that foster working partnerships and coalitions.

6. COMMUNITY COMPETENCE

> *One cannot assume that a community filled with competent individuals is a*
> *competent community.*
>
> <div align="right">Anonymous</div>

Through partnership, hospitals can assume a leadership role in identifying and responding to community health needs. Health care organizations cannot continue to be relied on as the last resort for addressing the social and environmental ills of communities. Developing community competency is essential to moving away from this inefficient dependence.

A competent community is defined as one in which the various components of the community work together to identify issues, envision action and maximize assets (Goeppinger, Lassiter, Wilcox, 1982).

- **Identify issues**—collaborate effectively in identifying the problems and needs of the community
- **Envision action**—achieve a working consensus on goals and priorities; agree on ways and means to implement the shared goals
- **Maximize assets**—collaborate effectively in required actions

The concept of community competence focuses on the functioning of a collective unit vs. its sub-parts. It views community health as a process, involving the health capabilities and action-potential of the community and its constituent groups. It encourages the adoption of a "strengths approach" to community problems, whereby there is a belief that all communities have strengths to call upon to resolve issues and problems. Sustaining community competence is an ongoing, dynamic and conscious process. Developing community competence means not fostering dependence on the traditional, paternalistic "needs model" that has historically prevailed in health care.

Eight Conditions of the Competent Community

1. COMMITMENT—Residents value the community and are willing to expend time and energy for its maintenance.

2. SELF/OTHER AWARENESS AND CLARITY OF SITUATIONAL DEFINITIONS—Community members perceive clearly their own identity and their positions on issues of concern to the aggregate. Members also perceive accurately the identity and positions of other community members with respect to important community issues.

3. ARTICULATENESS—Members of the community verbalize their needs, views, attitudes and intentions clearly. They express their perceptions of their positions as they relate to the positions of the other community components.

4. EFFECTIVE COMMUNICATION—Information is sent and received accurately. The community strives to develop a shared vision.

5. CONFLICT CONTAINMENT AND ACCOMMODATION—Community shows inventiveness in working out ways to manage conflicts. Conflict is faced openly and managed effectively rather than denied or suppressed.

6. PARTICIPATION—Residents actively contribute to defining and achieving community goals.

7. MANAGEMENT OF RELATIONS WITH THE LARGER SOCIETY—Community recognizes, obtains and effectively utilizes the resources and supports made available by the larger social system.

8. MACHINERY FOR FACILITATING PARTICIPANT INTERACTION AND DECISION-MAKING—Community creates formal, yet flexible, mechanisms to facilitate interaction and decision-making.

Benefits of Partnership: Lessons From the U.S. Department of Labor

In 1991, the U.S. Department of Labor launched the Job Training Partnership Act, requiring the coordination of all those agencies and organizations involved in job training in communities. The initial assessment of this effort identified major strategies and characteristics of coordination and assessed the relative advantages and disadvantages of interorganizational collaboration. In a careful study of 60 projects under way across the United States, the Department of Labor found that the advantages of partnerships substantially outweigh their disadvantages.

Advantages for "clients"

- better access to wider range of services

Advantages for agencies/organizations

- ability to secure additional public and/or private funding
- access to additional and synergistic nonfinancial resources
- greater flexibility in using funds
- ability to offer a wider range of services targeted toward client needs
- increased knowledge and communication among agency staff
- ability to place clients at little or no additional costs
- increased operational efficiency and reduction of duplicative agency efforts
- enhanced ability to serve mandated target groups
- improved image with clients, employers and the community
- specialization in areas of expertise
- enhanced performance outcomes

III. Critical Success Factors

There are no easy formulas or shortcuts for creating successful community partnerships. No single model will best serve all communities, and there is no substitute for hard work and long-term commitment. Some critical factors that promote success can be identified, however.

A community partnership may be considered successful by criteria that will vary according to the expectations and mind-set with which it was initiated. Community partnerships have both intrinsic and extrinsic measures of success. Intrinsic measures value the inherent worth of partnerships, whereas extrinsic measures focus more on the observable work accomplished and objectives attained. If those involved in a partnership focus only on extrinsic measures of success, they may miss some of the more meaningful outcomes of a partnership effort.

Partnership Score Card	
Extrinsic Measures of Success	**Intrinsic Measures of Success**
1. Improved decision-making through more complete information 2. Coordinated and more accessible health care services 3. Reduced community health costs 4. Measurable improvement in health status	1. Improved social and political organization of the community regarding health care issues 2. Personal growth and leadership development for participants 3. Increased consumer and professional satisfaction and support 4. More innovative approaches to problems

The insights offered in this section are based on interviews with CEOs and senior managers of VHA institutions and other professionals who facilitate community partnerships. These professionals agree that effective partnerships share several common characteristics.

10 Critical Success Factors for Effective Partnerships

1. **COMMITMENT**

   Effective partnerships require the commitment of top decision-makers.

2. **VISION**

   Effective partnerships create a shared vision for what can be accomplished.

3. **STRATEGIC PLAN**

   Effective partnerships are central to the hospital's mission and strategic plan.

4. **COMMUNITY HEALTH ASSESSMENT**

   Effective partnerships are based on an assessment of need from a community perspective.

5. **REALISTIC EXPECTATIONS and DETERMINATION**

   Effective partnerships embrace the challenge of collaboration, maintain realistic expectations and realize that long-term outcomes require patience.

6. **"WINNABLE" ISSUES**

   Effective partnerships begin by addressing "winnable" issues that allow for measurable success.

7. **BROAD-BASED**

   Effective partnerships are broad-based, involving multiple sectors of the community.

8. **EQUITABLE**

   Effective partnerships promote a genuinely collaborative model and seek relative equity among participants.

9. **CULTURALLY SENSITIVE**

   Effective partnerships are sensitive to cultural diversity within the community.

10. **ONGOING EVALUATION**

    Effective partnerships allow for ongoing evaluation of the process to assess results, establish new goals and encourage further community action.

Commitment

There is no other way that as few people can raise the quality of the whole American society as far and as fast as can trustees and directors of our voluntary institutions, using the strength they now have in the positions they now hold.

Robert K. Greenleaf
"Governing Boards: Their Nature and Nurture," 1989

1. Effective partnerships require the commitment of top decision-makers.

A health care organization's involvement in the community starts—or doesn't start—because of the level of interest and commitment of the CEO and board. When top decision-makers internalize a community-oriented vision and develop a passion for making it work, that's when things start to happen. Over and over again, it has been demonstrated that top-level health care professionals, along with other communitywide leaders, must take the lead in initiating efforts to meet health needs.

Top decision-makers in health care organizations are responsible for infusing a new corporate culture both within their governing board and among employees. At the heart of this shift in values is the belief that community benefit is more than the provision of charity care and community outreach and that it requires the development of true partnerships with the community backed by a comprehensive community benefit program.

Managers and employees need to believe that assuming stewardship for the health of the community, beyond providing clinical care, is an appropriate role for their organization. A key part of that role is becoming more effective and committed partners with the community they serve.

CEOs and other senior managers should include physicians and employees at all levels in shaping a vision for the hospital's role within the community. Doing so may require the development of a stronger spirit of community within the organization as well. Creating a vision in cooperation with physicians and employees, rather than communicating a "top-down" vision, generates shared ownership and enthusiasm and unlocks the enormous creative potential of these individuals to contribute to the fulfillment of the vision. It allows the organization to capitalize on the varied and valuable perspectives of physicians, nurses and other front-line care providers and the myriad of employees who meet patient and community health needs.

Effective CEOs understand their role as catalysts for pulling the "players" together, generating widespread support for collaboration and ensuring allocation of fiscal and human resources to implement the vision.

Vision

Few, if any, forces in human affairs are as powerful as shared vision.

Peter M. Senge
"The Fifth Discipline: The Art and Practice of Learning Organizations," 1990

2. Effective partnerships create a vision for what can be accomplished.

Effective partnerships revolve around shared vision. They take place when involved parties are so determined to strive toward an envisioned future that they are willing to compromise on turf issues, differing corporate cultures and clashing strategic goals. This determination develops when participants view the vision for what can be accomplished as compelling and consistent with their own missions and purposes for meeting the needs of the community.

Patience and persistence are required when a diverse group of individuals from various sectors of a community work to create a shared vision. Visioning is a creative process, and a clear vision evolves over time in a community partnership. As such, creating a vision may be viewed as a dynamic process that challenges members to continuously renew and refine success over time. Many different skills and technologies are available to help create a shared vision.

Consider some lessons learned about what constitutes an effective vision. Visions of success should:

- be short, inspiring and lofty (possibly even seeming unattainable)
- focus on a better future
- encourage hopes and dreams
- appeal to common values
- state positive outcomes

- emphasize the strength of a unified group
- use word pictures, images and metaphors
- communicate enthusiasm and excitement
- establish a healthy tension between what is and what is desired

(Kouzes and Posner, 1987, in Bryson, J., 1991)

A vision of greatness must focus on service, on adding value to and empowering others. The long-term success of any organization represents more than market share or profit. Long-term success reflects making a contribution to others. A vision of greatness is about what we offer each other. It is an act of service.

Leland Kaiser, Ph.D.

The CEO must adopt and internalize an expanded health care mission which is focused on improving the health status of his/her community. In many instances, this may require a leap of faith for the CEO to allocate resources to improve, what seems at the outset, a nonquantifiable benefit to the community. In a competitive health care arena, this becomes even more challenging. We have found that increased market share and volumes have been a natural byproduct of investing resources to improve the community's health status. The process to meet community health needs is another application of the continuous quality improvement process. Everyone wins!

<div align="right">

Gennaro Vasile,Ph.D., former president and CEO
United Health Services Inc.
Binghamton, New York

</div>

3. Effective partnerships are central to the hospital's mission and strategic plan.

Community benefit programs in general, and community partnerships in particular, have only minimal impact if they are viewed merely as "another thing to do" or as peripheral to an organization's primary mission. A strategy for community benefit and community partnerships is fundamental to the success of an organization's efforts for responsive, effective community stewardship and the assumption of financial risk, should the organization operate within a global budget or other payment capitation environment.

Top-level managers and staff members who support community involvement often are driven by a written institutional statement that validates their commitment. Board members should go on record as having approved a shift in emphasis from short-range, competitive strategies to longer-range, community-oriented strategies, and they should reward cooperative behavior. VHA's voluntary community benefits standards are being adopted by some organizations that wish to make an explicit commitment. Also, many health care organizations develop a community benefit plan that is fully integrated into their overall operations and medical services plans.

Senior managers are urged to design a process that allows physicians, employees and volunteers to share in a commitment to community participation. Those professionals who take only a clinical perspective in their delivery of health services should be encouraged to consider the importance of community-building partnerships and asked to participate. New-employee orientation should include a segment on the hospital's role as a community benefit organization. Lastly, human resources development efforts may focus on helping managers develop the personal skills and perspectives required to effectively collaborate and understand and manage community partnerships.

> *When viewed from an organizational context, it is critical that community not be understood as another tool for controlling performance. Community must be developed from our values and belief systems; it requires a conversion from the disconnectedness that currently grips many institutions.*

<div align="right">

Terry Pitts, administrator
Central California Faculty Medical Group
Fresno, California

</div>

Critical Success Factors: A Management Perspective

In his article "High-Level Performing Health Care Organizations," Steven Shortell, Ph.D., identified several strategic characteristics of high-performing health care organizations. Many of these are relevant to initiating and managing effective hospital-community partnerships.

High-Level Performing Health Care Organizations:

1. STRETCH THEMSELVES—They set high standards, embrace overarching goals and emphasize continuous management development.

2. MAXIMIZE LEARNING—They plan ahead, learn by doing and are willing to conduct experiments.

3. TAKE RISKS—They are willing to be something other than what they have always been. They recognize the need to develop new programs and services outside of their traditional areas of expertise and experience. They recognize the need to network with other organizations to expand their ability to address needs.

4. EXHIBIT TRANSFORMATIONAL LEADERSHIP—They develop, communicate and role-model a new strategic vision required to be successful. They pay attention to meanings and symbols. They help people let go of the past, while showing new ways for success in the future.

5. ARE SPIRITUAL—They provide meaning to themselves and others. They create and actively manage the future from a strong base of meaning and purpose.

Source: Shortell, S.M., Hospital and Health Services Administration, July-Aug. 1985

Because we are a community benefit institution, the community's agenda is our agenda.

Frederick D. Alley, president and CEO
Brooklyn Hospital Center
Brooklyn, New York

4. Effective partnerships are based on an assessment of need from a community perspective.

Each community has unique needs, interests and values that must be assessed, defined and understood to enhance the success of a collaborative relationship between organizations and individuals. To meet the health care needs of communities, a relevant strategy must start "where the people are." In some circles, the technique for understanding a community is referred to as "community diagnosis." Community diagnosis is based upon three constantly changing and interdependent conditions.

- The health status of the community, including the population's level of vulnerability to health problems
- Community health capability, or the potential of the community to address its problems
- The likelihood that the community will engage in action once needs are assessed

A community diagnosis is meant to identify health needs and the resources and willingness of various sectors of a community to meet health needs. Results of an assessment assist providers and residents in choosing priority health issues to address and guide the formation of successful strategies. A community health assessment is not necessary for all hospital-community partnerships. However, when the goal of collaboration is to create a global vision and a set of strategies for community health, assessment is a critical step. Even when the purpose of a partnership is to address a predetermined need, securing and responding to community input and data about that need provides critical information for addressing issues such as access, coordination of care, prevention and appropriateness of care.

Operational definition of a community health assessment:

A community health assessment is a dynamic process undertaken to identify the health needs and goals of the community, enable the communitywide establishment of health priorities and facilitate collaborative action planning directed at improving community health status and quality of life. Involving multiple sectors of the community, the assessment draws upon both quantitative and qualitative population-based and health-services utilization data. With a strong emphasis on community ownership of the process, a community health assessment supports developing community competence in the identification of and response to community health needs and goals.

Realistic Expectations and Determination

Ivinson Memorial Hospital began meeting with representatives from community organizations in May 1991, initially through an advisory group, to help establish a network within the community. The group evolved into the Albany County Community Health Awareness Committee and goals for 1992 were established. The ACCHAC members quickly realized the value of networking and collectively setting priorities for improving the health of the community.

Albany County Community Health Awareness Committee
Ivinson Memorial Hospital
Laramie, Wyoming

5. Effective partnerships maintain realistic expectations and a spirit of determination.

Achieving significant outcomes and results from partnerships can take a long time. A significant time lapse between interventions of a partnership and desired outcomes is common. This long-range payoff can frustrate efforts—especially if immediate, observable results are expected. Also, typically conflicts arise—especially in the early stages of a collaboration. Predictable sources and areas of conflict include:

Who—groups to involve and/or target for action

What—objectives, goals and measurable results

Where—location, definition of community

When—timing and duration

How—strategic and financial means, delegation of work

Why—philosophical perspective and guiding vision

Expecting and planning for conflict and nurturing a cooperative attitude can improve chances of success. Numerous group-process techniques exist for managing conflict. It is particularly important to remember that in communities without a history of partnership, attempts to develop partnerships may spark the expression of long-suppressed resentments and attempts to place blame for community health problems. Getting past the "blame game" may be the most significant hurdle for many partnerships.

When it comes to complex health problems in our communities, the pain and the blame never belong to one group or organization alone.

Anonymous

Finally, effective partnerships appreciate that permanent or single solutions to complex social or community problems do not exist. They do not tolerate "all or nothing" thinking, but recognize that our most pressing health care problems will require ongoing collaboration and innovation.

Winnable Issues

> The success of this program hinges on a well-functioning team approach to caring for patients and their unique needs. We recognize that change takes a long time. You need to invest time and money up front, and the payoff comes down the road. We believe the more you give your community, the more you get back in the long run. Already we have seen positive results from our efforts and that encourages us for the future.

<div align="right">

Helen Hoesing, vice president
Nebraska Methodist Hospital
The Remote Fetal Monitoring System
Omaha, Nebraska

</div>

6. *Effective partnerships begin by addressing "winnable" issues that allow for measurable success.*

The long-run objective of a hospital-community partnership may be to improve overall health status and the competence of the community to address a series of health issues. It is important, however, for a new partnership to create an experience of success and generate a belief in the ability of the collaboration to make a difference. Selecting a "winnable" issue that is addressable and specific at the outset is one way to create a successful experience.

In his 1990 article "Improving Health Through Community Organization," Minkler stated that a winnable issue has four criteria. The issue should:

- be concise enough that any member of the group can explain it clearly in a sentence or two
- unite members of the group and engage them in a meaningful way toward resolution
- affect many residents in the community so that visibility and mobilization are easy
- be part of a larger strategic plan of the participating organizations and the partnership itself

Broad-Based

*The Hartford Action Plan on Infant Health is governed by a 21-member board
of directors from all sectors of the community. The 1992 board included a U.S.
representative, two state legislators, heads of two city hospitals and representatives
from city government, schools, key corporations and foundations in the commu-
nity. The 1992 budget was funded by more than 30 public and private sources.*

Hartford Action Plan on Infant Health
Hartford Hospital
Hartford, Connecticut

7. Effective partnerships are broad-based, involving multiple sectors of the community.

When forging partnerships among community organizations, it is important to consider the
wide scope of "players" who potentially can make a vital contribution in addressing a particular
issue. Ideally, other health care providers, as well as business, governmental, educational,
religious, social and civic organizations, should be called on to combine skills and resources.
Participation from these various organizations gives credibility to the partnership as a true
community endeavor. The wider the ownership, the deeper the impact.

Eng, Salmon and Mullan provide valuable insights when considering involvement of other
health care providers:

*The common notion that physicians, nurses, dentists and, occasionally, health educators
are the only providers of primary health care is restrictive and creates barriers between
these providers and others who help meet the health-related needs and desires of com-
munity members. There is a vast spectrum of professional and lay people who provide
important services.*

They contend that the larger health network also should include "natural helpers," such
as family, friends and clergy members, as well as community organizers, informal leaders and
others who contribute to the community empowerment processes.

In organizing a coalition, leaders should attempt to recruit professional organizations and community-based groups that are in the best position, professionally and philosophically, to respond from an organizational standpoint. The anticipated purpose of the proposed partnership must fall within the broad boundaries of each organization's purview to commit funding, staff time or technical support.

As an example, a large number of professional organizations and community-based groups concerned with fetal and infant health issues might help shape initiatives to reduce infant mortality rates. The National Fetal and Infant Mortality Review Program suggests these groups be considered in such an effort:

Professional organizations:
- community service administrators
- public health and social service agencies
- local physician societies (including obstetrics, pediatrics, family practice, emergency medicine and pathologists)
- nurse organizations
- midwifery organizations
- hospital associations
- local hospitals and clinics
- health professional schools and universities
- specialized child health organizations

Community-based groups:
- political leaders
- church groups
- neighborhood organizations
- civic groups
- educational organizations
- philanthropic organizations and foundations
- housing or tenants' rights organizations
- local businesses and business groups

The unique concerns and contributions of each participating group make it possible for a coalition to accomplish far more than any one institution could do on its own.

Organizing a collaborative effort is facilitated if the partnership defines the community it hopes to represent and the impact it hopes to make. A clear and appropriate conception of the community should be developed, including an understanding of a community's parameters, components and dynamic qualities. Defining "community" is often an iterative process, whereby an initial broad definition is developed and subsequently more focused definitions emerge around specific community partnership strategies.

Social interaction and interdependence most vividly characterize the concept of community. A review of approximately 100 definitions of community revealed that the most widely cited attributes of community are (Hillery, 1975):

- shared geographic area
- possession of common ends, norms, means
- consciousness of kind
- common ties to opportunities and threats
- interdependence for self-sufficiency
- totality of attitudes
- collection of institutions that makes up a locality group

Once a community has been generally defined, understanding it involves consideration of the following factors:

People: Who?
- socioeconomic and demographic variables
- risk profile shared by an aggregate
- ethnocultural characteristics, values and ideals

Place: Where? and When?
- geopolitical boundaries, census tracts, block groups
- conceptualize as "community of problem ecology,"
  "community of action capability," "communities of
  identifiable need"

Purpose: Why?

- desired outcomes

- shared values

- guiding motivation and philosophy

Power: How?

- communications network

- lines of power and authority (explicit and implicit)

- interplay among stakeholders

- flow of resources

Community	
People Factors	Place Factors
Purpose Factors	Power Factors
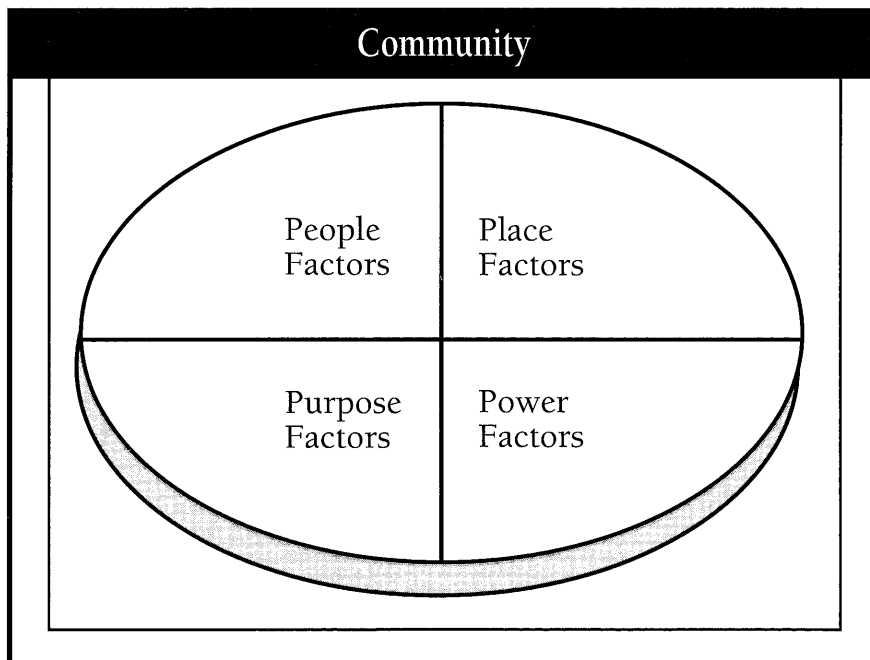
Source: Operational definition of community adapted from Shamansky and Pesznecker, 1981

Equitable

The steering committee of the Franklin County Leadership Council to Reduce Infant Mortality represents hospitals, the Columbus Health Department and the March of Dimes. The steering committee structure has been successful in desensitizing issues and eliminating turf battles.

> Franklin County Leadership Council to Reduce Infant Mortality
> U.S. Health Corp.
> Columbus, Ohio

8. *Effective partnerships promote a genuinely collaborative model and seek relative equity among participants.*

Because hospitals are often the most prominent community health organizations represented in a partnership, they tend to be the dominant partners. A hospital may be inappropriately viewed as "resource rich" or as having a selfish interest in the partnership. A review of successful collaborative efforts suggests the hospital's optimal role is to serve as a catalyst for creating the partnership and to assume leadership only through a conscious appointment by the partnership once it is formally established. Each participant in a partnership should function as an equal partner, and partnership leadership should be equally accessible to all parties. A genuinely collaborative model should allow all participants to influence decisions related to finances and governance of the partnership. Some partners may not be able to contribute financial resources. The wisdom, political influence and community trust some partners bring are equally important and concrete, however.

The health care organization, as an advocate of community partnerships, may assume other important functions in addition to financial contributions, including:

- resource broker
- process facilitator
- technical expert
- impartial consultant
- educator
- conflict negotiator
- health planner

Analysts have identified several ways that health care organizations typically operate in community partnerships. The following is adapted from one such categorization.

Continuum of "Partnership"

The character of the interaction between the provider and the nonprovider community falls on a scale that begins with "therapy" and ends with "partnership." As the community assumes more and more equality in the collaboration, the provider moves closer to a true partnership with shared power.

SHARED POWER

Partnership
Community groups that are empowered in an equal relationship with "power-holding" organizations

Delegated Power
Majority of decision-making seats to "nonpower-holders"

Citizen Control
Decision-making clout entirely in hands of "nonpower-holders"

Informing
Providers educate the community

Consultation
Providers consult community on actions/issues without ensuring views will be heeded

TOKENISM

Placation
Interaction primarily directed at avoiding community revolt

Manipulation
Educate community to support ends of the organization

Therapy
Interact with the community as if it is passive; attempt to "cure" without active involvement of those they are trying to cure

NONPARTICIPATORY

Source: Adapted from S.R. Arnstein, 1969

Fostering equity in partnerships:

In some cases, establishing a separate organizational entity to address a particular health issue has advantages. Such an entity can better assure equality among partners and minimize issues of turf and ownership. In addition, it is sometimes helpful for participants to meet at neutral sites, especially during the initial stages of a partnership when trust levels have yet to be worked out. Finally, having the same people from each organization participate in a partnership over time assists in developing trust, cohesiveness and commitment.

Culturally Sensitive

*The South Linden Prenatal Project is a coalition of 30 agencies, as well as commu-
nity residents, formed to lower the infant mortality rate in the South Linden neighbor-
hood, a once economically viable community now in decline. The project includes a
new clinic, located near a neighborhood middle school, offering collaborative services
from several organizations.*

South Linden Prenatal Project
Riverside Methodist Hospital
Columbus, Ohio

9. Effective partnerships are sensitive to cultural diversity within the community.

Addressing the racial and cultural issues of a particular community is essential to the success of a
partnership. Many of today's most pressing health problems are disproportionately pervasive and
prevalent within certain minority populations. Racial and cultural sensitivity is required to effectively
work with diverse populations that constitute a community. Organizations must continually strive
to understand and accept people for who they are and where they are. Health care providers that meet
the formidable challenge of understanding and effectively incorporating elements of a community's
disparate racial and cultural norms into a service regimen will earn respect and trust and expand its
ability to address challenging health issues.

When considering these cultural issues, hospitals may reflect on several questions.

- What do we know about the ethnic, cultural and religious diversity in the community?
- What languages and dialects are spoken in the community?
- What is the literacy rate among different groups?
- To what extent does hospital staff represent the composition of the community?
- Are there cultural groups in the community that practice nontraditional forms of healing?
- To what extent does the institution's mission and the attitude of senior administration and
  clinical staff reflect cultural sensitivity?
- How and to what degree are culturally diverse representatives of the community involved in
  setting direction for the hospital (e.g., board representation, board-community meetings, etc.)?
- Do community health care initiatives reflect neighborhood diversity?

Critical Success Factors: Cultural Perspectives

Here is a sample approach for health care organizations involved in organizing minority groups into a partnership:

1. Develop a demographic and epidemiological profile of the target minority area, including identification of:

   - income status
   - indices of preventable morbidity and mortality
   - lifestyle health risk factors
   - indigenous leadership

2. Initiate appropriate processes to enter the community and gain trust and credibility, paying special attention to:

   - tactful negotiation with community gatekeepers (including neighborhood leaders such as elected officials, local service providers, business owners, clergy, educators, youth workers and senior citizen workers)
   - communicating that anticipated efforts toward partnership are genuine and nonthreatening
   - exhibiting unconditional positive regard and empathy for the local community
   - tolerating a "period of suspicion" prior to establishing credibility
   - offering tangible incentives for community participation in a collaborative effort
   - assuring gatekeepers and residents that resources and skills are available to facilitate their control over their own destiny; often the resources needed are minimal (e.g., meeting space, printing and clerical assistance, professional expertise, etc.)

3. Organize a consumer-dominated, decision-making community coalition to represent the community in a partnership. This group should:

   - interface with the community
   - oversee the process of developing initiatives on its behalf
   - help conduct a community health assessment and set priorities

Source: Adapted from Braithwaite, et al., 1989

Evaluation

Founded in 1979, the Southern New Jersey Perinatal Cooperative is owned by 15 hospitals. Since 1984, the infant mortality rate decreased by about 20 percent in the seven counties served by the cooperative, and a five-year grant allowed the cooperative to expand beyond clinical services and to provide prenatal care to the region's rural areas.

<div align="right">

Southern New Jersey Perinatal Cooperative
Memorial Hospital of Burlington County
Our Lady of Lourdes Medical Center
Shore Memorial Hospital
Underwood Memorial Hospital

</div>

10. Effective partnerships allow for ongoing evaluation of the process to assess results, set new goals and encourage further community action.

Continuously improving the quality and effectiveness of a community partnership requires integrated and ongoing program evaluation when developing and implementing partnership activities. Program evaluation can be thought of as continuing education for those who manage partnerships. It is especially important to the extent that the partnership is a departure from previous activities that have proven successful.

An evaluation provides a basis for understanding the impact, implementation and costs of partnership efforts. In general, a program evaluation helps managers to reconsider:

- the basic goals of the partnership
- the means through which goals are to be achieved
- the amount of funding and other resources allocated to the activity
- the ongoing administration of the partnership

Although there is a clear rationale for why a program evaluation should be conducted, there can be significant confusion about organizing, implementing and meaningfully using information gained through evaluation. There are six useful caveats regarding program evaluation (Shandish, et al., 1991).

- Program evaluation occurs under time and resource constraints that require tradeoffs among the scope, depth and breadth of an evaluation.

- Program evaluation often is resisted until or unless people see its value.
- One-time program evaluation efforts are inevitably flawed.
- Program evaluation should be designed to anticipate needs or it is likely to become "another report on the shelf."
- Program evaluation is not value-free.
- It is essential to consider carefully when a program is ready to be assessed for results because premature or late evaluation can bias results.

When organizing an evaluation, several key questions should be asked.

- What do we hope the evaluation will tell us? What questions are we trying to have answered?
- What evaluation design and techniques can best provide the information needed to answer these questions? Options include client surveys, observational analyses, worker interviews, financial and clinical data analyses, partnership participant focus groups and process studies.
- When should the evaluation occur? Should it be conducted on an ongoing basis, over a discrete period of time or at one point in time?
- Who should conduct the evaluation—an outside person or company, workers themselves or clients themselves?
- Against what normative standards should partnership outcomes be measured? Should these standards be relative to other similar efforts or absolute?
- What activities will be carried out to facilitate the use of the evaluation?

A review of program evaluation efforts reveals five criteria for successful evaluations.

- The full scope of issues to be addressed is clearly specified.
- A continuous commitment by partnership leaders is maintained.
- An advisory group oversees evaluation, analysis and use.
- The limitations of the evaluation are acknowledged clearly and regularly.
- The evaluation makes coherent use of nontechnical findings.

Critical Success Factors: Lessons From Other Studies

I. Other studies of community partnership confirm the findings set forth in this document. For example, a joint publication of the Education and Human Services Consortium, which includes groups such as the National Governors' Association, the National League of Cities, the U.S. Conference of Mayors and the Children's Defense Fund, analyzed partnerships among various community health groups. The report identified five variables that shape interagency partnerships formed to address family and child health issues.

- **Climate:** **The Environment for Change**
  The study concluded that the social and political climate in a neighborhood or community is the first factor likely to influence an interagency initiative.

- **Process:** **The Heart of Partnership**
  This review found that the second critical variable in creating and sustaining partnerships is the communication and problem-solving process participants use to establish goals and objectives, agree on roles, make decisions and resolve conflicts.

- **People:** **The Human Dimension**
  The consortium report states that, "The people who lead, participate in and eventually implement the activities of interagency initiatives constitute the third variable affecting the growth and development of joint efforts. Their vision, commitment and competence are central to a successful partnership."

- **Policies:** **Overcoming Technical Difficulties**
  The fourth significant variable affecting interagency partnerships is the set of governing policies that each agency brings to the table.

- **Resources:** **Making Change Permanent**
  In conclusion, the study noted that the availability of resources determines whether or not the changes in services and service delivery that the joint effort has established will become permanently institutionalized and the size of the population that will eventually benefit from these changes. If a project is initiated under a time-limited grant, the members of the partnership should commit to continuing the effort even when grant moneys are no longer available.

II. Another study conducted to evaluate interorganizational arrangements established for planning and implementing a collaborative health care delivery system concluded that four elements appear to be necessary for a successful interorganizational arrangement (Rowel and Terry, 1989).

- an objective but democratic planning process guided by a designated facilitator
- commitment by potential member agencies of representatives to the interorganizational arrangement after consultation with host agencies
- development and assigning of official documents spelling out the role and responsibilities of participating agencies in the interorganizational arrangement
- congruence between goals and objectives of the interorganizational arrangement and specific service objectives of member agencies

III. Finally, a study funded by the Amherst H. Wilder Foundation presents a summary of the literature relevant to interorganizational collaboration. The following factors were cited as critical to successful collaboration efforts (Mattessich and Monsey, 1992):

1. Operating environment
   - a history of collaboration in the community
   - collaboration group members are seen as community leaders
   - the political/social climate is favorable

2. Membership
   - mutual respect, understanding and trust
   - appropriate cross section of members
   - members see collaboration as in their self-interest
   - members have ability to compromise

3. Resources
   - sufficient funds
   - skilled convener

4. Communications
   - open and frequent communications
   - established informal and formal links

5. Purpose
   - concrete, attainable goals and objectives
   - shared vision
   - unique purpose

6. Process/structure
   - members have a stake in both the process and outcome
   - multiple layers of decision-making
   - flexibility
   - development of clear roles, responsibilities
   - adaptability

IV. Potential Barriers

A review of collaborative efforts, not only in health care but also in business, education and government, reveals potential barriers to a successful partnership. This report alluded to many of these barriers in earlier sections outlining critical success factors. The most common barriers include:

- "turf" issues and old resentments
- ignorance or dislike of the philosophy or operations of other agencies
- unrealistic expectations for the partnership
- short-term perspective and lack of patience among participants
- lack of receptivity of the "target groups"

Different institutional priorities, objectives and habits should be expected among partnership participants. These differences can lead various partners to arrive at decisions in different ways and hold different expectations and perspectives on the management and performance of the partnership. Even seemingly trivial matters, such as the clothes people wear or how they spend their lunch hours, may loom large in a collaborative effort. These barriers generally are overcome by getting to know, understand and accept the other agencies involved.

In many successful partnerships, the key agency staff knew each other well before collaborative efforts were undertaken. Failing to adequately assess these relational conditions can lead to premature alliances, broken promises and unmet goals. In the booklet "A Guide to Working Partnerships" from the Center for Human Resources at Brandeis University, the authors compare the partnership process to marriage:

> (Partnerships) include the stages of courtship, temporary tensions and squabble, making up, increased loyalty and commitment, and involvement of friends and extended family members…The consequences and responsibilities of partnerships should be considered seriously before the knot is tied because so many personal commitments and expectations…are at stake. The cost of failing, as well as the benefit of success, must be considered before beginning a partnership program.

In communities where health needs have been neglected and are particularly acute, the target population may suffer from "learned helplessness" or severe distrust of health care and other organizations. Under these circumstances, those who aspire to organize a community partnership will have to work first to raise hopes and build trust with the target community.

Once a partnership is successfully established, its ongoing success may be threatened by several factors, including:

- a perception by some organizations that they are losing control of their jurisdiction and the budget, staff and influence of the partnership
- lack of internal political support within the organizations of participants
- different geographical boundaries for coordinating agencies
- logistical complications, such as incompatible management information systems
- legal issues, such as restrictions on uses of grant funds

Some of the internal, psychological barriers may disappear as the coalition relationships mature over time and goals are realized. Practical barriers may diminish as participating agencies become more skilled at collaboration and grow accustomed to working with one another.

Potential Barriers: Lessons From Other Studies

The U.S. Department of Labor's Job Training Partnership program has been extensively reviewed. An evaluation of 60 partnership efforts in the United States identified the most significant barriers to developing successful interorganizational partnerships:

- the time and effort needed to plan and sustain coordination among organizations
- loss of autonomy in individual member decision-making
- interorganizational conflicts

Potential barriers were found to be avoided or overcome when:

- Players got to know and understand each other over time.
- Key players knew each other well before formal collaboration began.
- There was pressure from leaders of respective organizations to "make it work."

Source: U.S. Department of Labor, An Assessment of the JTPA Role in State and Local Coordination Activities, *Research and Evaluation Report Series 91-D, 1991*

All not-for-profit health care organizations, to one degree or another, are in partnership with their communities—if only by virtue of their voluntary community boards. Now, health care organizations are being called upon to expand their collaborative efforts within their communities far beyond their current efforts.

Listed below are some ideas for getting started that complement the information in previous sections on developing and managing partnerships.

Suggested steps to implement a partnership strategy

Assess current linkages within the community. Look for areas of overlap where different sections of the organization have relationships with the same community group. Create a visual diagram of relationships. Characterize current relationships: Are the ties strong or weak? Is the relationship productive or adversarial? Why? List additional groups with which partnerships may be considered.

Identify needs and opportunities for community partnerships and begin to shape the scope of activity that may constitute a partnership strategy for meeting community health needs. Such an effort may involve defining and assessing community health needs.

Build the relationships that will provide the basis for partnership efforts. Many of these relationships may already exist whereas others will be need to be developed. Strategies for the development of relationships with different groups may vary. In general, future relationships will be affected by the health care organization's current image within the community. Conducting a community perception survey to understand how the community currently views the organization can be helpful. *(See the prototype community perception survey included in Section VI, Page 47.)*

Assess the strengths and weaknesses of the community and the health care organization to initiate and implement effective collaborative efforts. Identify possible ways to build on strengths and improve weaknesses.

Jointly create partnership proposals with interested community participants. Creative partnerships often can meet overlapping goals and can generate or find innovative ways to meet funding and human resource needs.

Develop an explicit plan to develop and maintain community partnership relationships,
not just the activity engaged in by the partnerships. Pay particular attention to the many critical success factors and potential barriers outlined in previous sections of this document.

Reach out to other VHA institutions engaged in similar efforts to learn and share successes, challenges, tools and techniques with one another. Call (202) 822-9750 if you are interested in joining a community health improvement network.

Strategies to stimulate the development of partnerships

Many efforts can help generate interest and enthusiasm for community partnerships.

Educational workshops on community health issues
Invite community leaders to participate in a seminar to learn about community health issues and share ideas for addressing these issues.

Informational meetings with innovative community health leaders
In every community there are individuals and organizations that find innovative ways to meet community health needs. These individuals may not be well-known, or the needs they address may be small, but the innovation and effort they exhibit can be harnessed to address larger issues and inspire others to initiate similar efforts. Identify individuals and organizations marshaling efforts in the community to meet community health needs and ask them to share their experiences with hospital and other community leaders. Support their efforts where appropriate. Often the help required from the health care organization can be quite small, but the effect for the community-based effort can be enormous. A survey of hospital employees can help identify innovators.

Recognition of community leaders
Initiate a media campaign to highlight the successes of individuals and organizations involved in helping solve community health problems through partnership.

Opportunities list
Create a list of opportunities for hospital-community partnerships and identify anticipated benefits. Stimulate creative discussions and enthusiasm by sharing the list with others who could be involved.

Partnership workshops

Jointly plan a series of partnership workshops with others in the community to create a vision for community health. Conduct separate workshops to create ways to build on current efforts or begin new efforts to meet different community health needs. Consider workshops directed at building partnership leadership and management skills, tools and techniques for developing community-based health initiatives.

Community health visioning events

Invite community members, including employees of your organization, to share their vision of community health. Reward winners with gifts, recognition and/or an opportunity to participate in the organization of a partnership activity. Be sure that the "judges" of the vision statements are not limited to health care providers or other "officials." Involve the local media, schools, churches and businesses. Make the contest appealing to those groups least likely to participate in order to generate enthusiasm and hope among these individual groups.

Perhaps a community event can be convened where visions are expressed. Some visions may not take the form of a traditional written statement. A poem, song, dance, short skit, video or other format may be preferred. Encourage creativity and reach out to special populations, such as children, the disabled, the elderly and minority groups. Encourage diverse groups to work on developing a vision together to facilitate mutual understanding and empathy. Once the initial "visioning" takes place, find ways to keep the momentum going and bring your visions to life.

Public Relations

Conduct a community perception survey to better understand the current image of your organization within the community. See the prototype perception survey in Section VI, Page 47. If appropriate, share results with the community and indicate plans to address areas where the perception was not as positive as desired. Explicitly communicate to the community the organization's intention to pursue a partnership strategy for meeting community needs. Provide at least one concrete example of how this strategy is being pursued. Plan a media campaign around the organization's partnership efforts, highlighting community organizations and individuals over the hospital.

How does your community perceive your organization? This community perception survey can help you further understand the nature of your relationship to your community.

The perception survey may help you gauge how much consistency there is in the community's view of your organization. It may be useful to begin by asking the board, executive staff, medical staff and other selected hospital staff members to complete the survey. How much consistency do you find within the facility? To what extent does your health care organization appear to have an internal reputation for being responsive to community needs?

Next, you might test these internal perceptions against responses to the survey from leaders of community-based organizations (i.e., social service agencies, school programs, businesses, etc.). You may want to be selective about whom you ask to respond to the survey to avoid raising unrealistic expectations early in this process. However, be careful to obtain a representative response that will realistically reflect how your hospital is viewed.

The survey can be mailed with an appropriate cover letter and return envelope or administered at community functions such as advisory group meetings, hearings, etc. Be sure to assure respondents that they will remain anonymous.

You may find it useful to compare results from the community to results gathered inside your institution. Such a comparison can serve as a basis for a more thorough analysis by the hospital leadership. Are the responses consistent? Where does your facility seem to fall short? Is the problem one of perception or actual level of effort by the hospital? What actions might make a difference in how people respond to the survey?

Source: Voluntary Hospitals of America, Voluntary Standards: A Framework for Meeting Community Needs, *1992*

Prototype Community Perception Survey

Please circle the number for each question that comes closest to your perception of the hospital. If you agree strongly, circle number "1." If you disagree strongly, circle number "5." Use the other numbers to express opinions between these two extremes.

1. The people who run this hospital understand the health needs of the surrounding community.

Agree   Disagree

    1   2   3   4   5

2. This hospital is actively involved in efforts to improve the health status of the community.

Agree   Disagree

    1   2   3   4   5

3. This hospital contributes a great deal to its community, in addition to caring for the sick.

Agree   Disagree

    1   2   3   4   5

4. This hospital works closely with other organizations in the community.

Agree   Disagree

    1   2   3   4   5

5. People living in this community have a voice in the affairs of this hospital and in how it responds to community needs.

Agree   Disagree

    1   2   3   4   5

6. I'm aware of many activities at this hospital aimed at helping people in the community, beyond caring for the sick.

Agree   Disagree

    1   2   3   4   5

7. This hospital is an important part of this community. It would be hard to imagine the community without it.

Agree   Disagree

    1   2   3   4   5

8. This hospital often is involved with other organizations that are trying to solve community problems.

Agree   Disagree

    1   2   3   4   5

9. People who run this hospital are interested in improving the overall health status of the community, beyond the medical care provided at the hospital.

Agree   Disagree
    1   2   3   4   5

10. This hospital is a leader in efforts to help the community with health and health-related problems.

Agree   Disagree
    1   2   3   4   5

11. This hospital is known for sponsoring volunteer activities in the community.

Agree   Disagree
    1   2   3   4   5

12. This hospital is known for helping to raise money for community activities other than inpatient hospital care.

Agree   Disagree
    1   2   3   4   5

13. People who run this hospital seem to understand the problems of this community.

Agree   Disagree
    1   2   3   4   5

14. People who run this hospital are concerned about the needs of low-income people and others who have special needs in this community.

Agree   Disagree
    1   2   3   4   5

15. This hospital seems to consider special services to the community when it is planning for its budget year.

Agree   Disagree
    1   2   3   4   5

16. I can name at least five activities of this hospital, in addition to caring for the sick, that are aimed at improving the health status or other aspects of the community.

Agree   Disagree
    1   2   3   4   5

VII. References

Allbritten, Dorothy. Children's Hospitals' Health Promotion Activities: Final Report of 1990 Survey. NCAHRI. 1990.

American Academy of Pediatrics. "Community Approach to Child Health Program of the American Academy of Pediatrics." Program Summaries from 1991-1992 Regional Community Approach to Child Health Meetings. 1992.

American Academy of Pediatrics. Program Summaries from 1991-1992 Regional CATCH Meetings. 1992.

American Hospital Association. Community Accountability: Trustees as Advocates for the Health of the Community, An AHA Briefing Paper for Hospital Governing Boards. March 1992.

American Hospital Association. Hospital and Community Partnerships: Prenatal, Infant Care and Pediatric Models for Underserved Women. 1991.

American Hospital Association. Healthy People 2000, America's Hospitals Respond. Sept. 1990. A resource kit to help mobilize a communitywide health promotion initiative linked to Healthy People 2000.

American Hospital Association. Section for Maternal and Child Health. Health Care Reform a Must for Women and Children. 1992.

Arnstein, S.R. "A Ladder of Citizen Participation." AIP Journal July 1969: 216-224.

Babson, M.B. "The Collaborative Imperative." Junior League Review Fall 1992: 4.

Bell, R. et al. Assessing Health and Human Service Needs. New York: Human Services Press, 1983. Proceedings of the Louisville National Conference: Louisville, 1976.

Blue Cross and Blue Shield Association. Community Partnerships for a Healthy America: A Strategy for Providing Universal and Affordable Health Care. May 1992.

Braithwaite, Murphy, Lythcott and Blumenthal. "Community Organization and Development for Health Promotion Within an Urban Black Community: A Conceptual Model." Health Education Dec. 1989: 56-60.

Brandeis University. Center for Human Resources. A Guide to Working Partnerships.

Bryson, J. Strategic Planning in Public and Not-For-Profit Organizations. San Francisco, CA: Josey-Bass, 1991.

"Building Blocks: Infant Mortality Prevention Strategies." Southern Regional Project on Infant Mortality. April 1992.

Burt, R.S. Toward a Structural Theory of Action: Network Models of Social Structure, Perception and Action. New York, NY: Academic Press, 1982.

Catholic Health Association. Reporting on Community Benefits: A Guide for Communicators. 1991. For more information: (314) 571-4343.

"Collaboration Brings New Service to Community." Hospitals Dec. 5, 1992.

"Community Support Key to Preservation of Tax-Exempt Status." AHA News Aug. 5, 1991.

"Consolidation Strategy Focuses on Community, not Corporation." <u>Modern Healthcare</u> Oct. 14, 1991.

Cottrell, L.S. "The Competent Community." <u>In Further Exploration in Social Psychiatry</u>. Ed. B.H. Kaplan and others. New York NY: Basic Books, 1976. 195-209.

"A Decade of Competition Ends—A New Era of Cooperation Begins." <u>Hospitals</u> Jan. 20, 1992.

Delaware Valley Partnership for Healthy Babies Inc., VHA East Inc. and VHA of New Jersey Inc. <u>Baby Your Baby, Babyshower Guidebook: A "How-To" Guide for Participating VHA Hospitals in the Delaware Valley</u>. 1992.

Doyle, Smith and Hosokawa. "A Process Evaluation of a Community-Based Health Promotion Program for a Minority Target Population." <u>Health Education</u> Dec. 1989: 61-64.

Education and Human Services Consortium. "What it Takes: Structuring Interagency Partnerships to Connect Children and Families with Comprehensive Services." 1991. For more information: (202) 822-8405.

Ekeh, P.P. <u>Social Exchanges Theory: The Two Traditions</u>. Cambridge, MA: Harvard University Press, 1974.

Eng, Salmon and Mullan. "Community Empowerment: The Critical Base for Primary Health Care." <u>Family and Community Health</u> April 1992.

Federation of American Health Care Systems. <u>Forging Partnerships for Health Care Reform: 1992 Annual Report</u>. 1992.

Forum for Health Care Planning. "Collaborative Community Efforts: Pearls and Pitfalls." <u>40th Annual Health Planning Forum Conference Brochure</u>. July 25, 1992.

Goeppinger, J., P. G. Lassiter and B. Wilcox. "Community Health is Community Competence." <u>Nursing Outlook</u> Sept./Oct. 1982: 464-467

Goeppinger, J., and A.J. Baglioni. "Community Competence: A Positive Approach to Needs Assessment." <u>American Journal of Community Psychology</u> 1985: 507-523.

Green, L. and M. Kreuter. <u>Health Promotion Planning: An Education and Environmental Approach</u>. Mountain View, CA: Mayfield Publishing, 1991.

Hartford Action Plan on Infant Health. <u>Hartford Action Plan on Infant Health</u>. Nov. 30, 1992. Memo and summary.

Hayakawa, J.M., and L.K. Koseki. <u>Medical Care</u> March 1979.

<u>Healthy Kids Background</u>. National Health Policy Forum. Washington, DC: George Washington University. Issue Brief #611.

"Healthy Start." <u>HHS News</u> Sept. 18, 1991. General information.

Hillery, G.A. "Definitions of Community: Areas of Agreement." <u>Rural Sociology</u> June 1975: 111-123.

Hoerlin and Rimel. "A Foundations Approach to Assessing Community Needs." <u>Health Affairs</u> Fall 1989: 212-220.

"Hospitals Must Regain the Public's Trust." <u>Hospitals</u> Sept. 5, 1991.

"Hospitals Strive to Provide Communities with Benefits." Hospitals July 5, 1992.

Houle, Cyril. Governing Boards: Their Nature and Nurture. San Francisco, CA: Josey-Bass, 1989.

Johnsson, J. "Collaboration: Hospitals Find That Working Together is Tough, Rewarding and Vital." Hospitals Dec. 5, 1991.

Kellogg Foundation's Hospital Community Benefit Standards Program. The Hospital Community Benefit Standards Program, Announcing: A New Certification Program for Hospitals that Met High Standards of Community Service.

Laumann, E.O., and F.U. Pappi. Networks of Collective Action: A Perspective on Community Influence Systems. Academic Press.

Lythcott, N. "Redefining Community Leadership, Lessons from the Field." Junior League Review Fall 1992: 8-11.

Mattessich, P.W., and B.R. Monsey. Collaboration: What Makes it Work: A Review of Research Literature on Factors Influencing Successful Collaboration. St. Paul, MN: Amherst H. Wilder Foundation, 1992.

McManis, G. "Competition's Failure Means It's Time for Collaboration." Modern Healthcare June 11, 1990: 57.

McManis and Pavia. "Partnering—The Ultimate Alliance." Healthcare Forum Journal Sept./Oct. 1991.

Miami Valley Hospital. Born Free Program Information and Summary. Dayton, OH: 1992.

Miller and Stokes. "Health Status, Health Resources and Consolidated Structural Parameters: Implications of Public Health Care Policy." Journal of Health and Social Behavior Sept. 1978: 263-279.

Minkler. "Improving Health Through Community Organization." Journal of Health Promotion 1990.

Montgomery, R.L. "Alliances: No Substitute for Core Strategy." Frontiers of Health Services Management 7(3): 1991.

NACHRI. Healthy Kids Give it a Shot: Healthy Children 2000.

National Commission to Prevent Infant Mortality. "Model Projects Summaries." Resource Mothers Development Project.

National Commission to Prevent Infant Mortality. "Home Visiting: Opening Doors for American's Pregnant Women and Children." Project Summary Guide.

National Commission to Prevent Infant Mortality. Care of Our Children, Care of Our Future. June 1992.

National Fetal Infant Mortality Review. National Fetal Infant Mortality Review Program Fact Sheet. May 5, 1992.

Neal and Associates. Hospital/Community Partnerships: Paving the Way for the Future. York, PA.

Neuber, K.A. Needs Assessment: A Model for Community Planning. Beverly Hills, CA: Sage Publications, 1980.

Oregon. Dept. of Human Resources. Health Division and Maternal and Child Health Section. <u>Maternity Services in Needs Assessment 1990</u>. 1991. Portland.

<u>The Parents Leadership Institute</u>. Palo Alto, CA: (415) 424-8687.
        Provides resources, literature and programs for parents and people who work with young people who wish to improve listening as well as parenting and leadership skills not only in the home but in schools and places of work as well. Currently have three resources available to parents.
            A. Leadership training for parents: evening classes and one-day and weekend workshops focusing on theory, practice in listening, parenting skills and group dynamics.
            B. Parents at work: program that brings parenting talks, classes and ongoing resource groups to the work place.
            C. A series of pamphlets summarizing information on building parent support and good family relations through listening.

Pavia and Berry. "Making it Happen: Partnering Strategies and Tactics." <u>Healthcare Forum Journal</u> Sept./Oct. 1991.

Perloff, J.D. et al. "Premature Death in the United States: Years of Life Lost and Health Priorities." <u>Journal of Public Health Policy</u> June 1984: 167-197.

Pitts, T. "The Illusion of Control and the Importance of Community in Health Care Organizations." <u>Health Administration Review</u> Spring 1993: 101

"A Public Health Service Progress Report on Healthy People 2000: Education and Community-Based Programs." <u>U.S. Public Health Service Report</u> Jan. 1993.

Rappaport, J. "In Praise of Paradox: A Social Policy of Empowerment Over Prevention." <u>American Journal of Community Psychology</u> 9.19.1 (1981): 1-25.

"Resource Mothers Development Project." <u>The Source: Resource Mothers News</u> Summer 1992.

Rowel, R.H., and R.T. Terry. "Establishing Interorganizational Arrangements Between Volunteer Community-Based Groups." <u>Health Education</u> 20.5 (Dec. 1989): 52-55.

Sandrick, K. "Collaboration: A Prerequisite to Effective Reform." <u>Health Care Executive</u> Jan./Feb. 1993.

Schorr, L. "Effective Programs for Children Growing up in Concentrated Poverty." In <u>Children in Poverty</u> by A. Houston. New York, NY: Cambridge University Press, 1991.

Shamansky, S.L., and B. Pesznecker. "A Community Is ... ." <u>Nursing Outlook</u> March 1981: 182-185.

Shandish, W.R., T.D. Cook and L.C. Leviton. <u>Foundations of Program Evaluation: Theories of Practice</u>. Newbury Park, CA: Sage Publications, 1991.

Shortell, S.M. "High-Level Performing Health Care Organizations." <u>Hospital and Health Services Administration</u> July-Aug. 1985.

Southern New Jersey Perinatal Cooperative. <u>Southern New Jersey Perinatal Cooperative 1991 Annual Report</u>. 1991.

Southern New Jersey Perinatal Cooperative. <u>Southern New Jersey Perinatal Cooperative 1992 Annual Report</u>. 1992.

United States. Dept. of Health and Human Services. <u>Healthy People 2000: National Health Promotion and Disease Prevention Objectives</u>. 1991. Full report with commentary.

United States. Dept. of Labor. <u>An Assessment of the JTPA Role in State and Local Coordination Activities</u>. Research and Evaluation Report Series 91-D, 1991.

United States. Public Health Service. National Civic League. <u>Healthy Communities Action Project</u>. Contact: Jill Stucco, (303) 571-4343.

Vasile, G., R. Mosher and L. Battaglini. <u>United Health System, Hospital Community Benefit Standards</u>. April 4, 1991. Contact: Linda Battaglini, (607) 762-2200.

VHA Mid-America. "Community Support and Community Involvement: Key Strategies to Protect Your Hospital's Tax Exemption and Build Stronger Relations Within Your Community." <u>VHA Mid-America Marketers Source Book</u> 2 (May 1991).

Voluntary Hospitals of America. "Collaborative Practice." <u>Bright Ideas</u> 3.8. For more information: (214) 830-0293.

Voluntary Hospitals of America. <u>Voluntary Standards: A Framework for Meeting Community Needs</u>. 1992.

Weimer, B. <u>Human Motivation</u>. New York, NY: Springer-Verlag, 1985.

Wellman, Barry and Berkowitz. <u>Social Structures: A Network Approach</u>. Cambridge University Press, 1988.

Yale-New Haven Hospital. <u>Community Resource Directory</u>. 1992.

Yzaguierre, R. "Building Bridges." <u>Junior League Review</u> Fall 1992: 12-20.