

Mobilizing Community Partnerships in Rural Communities:

STRATEGIES AND TECHNIQUES

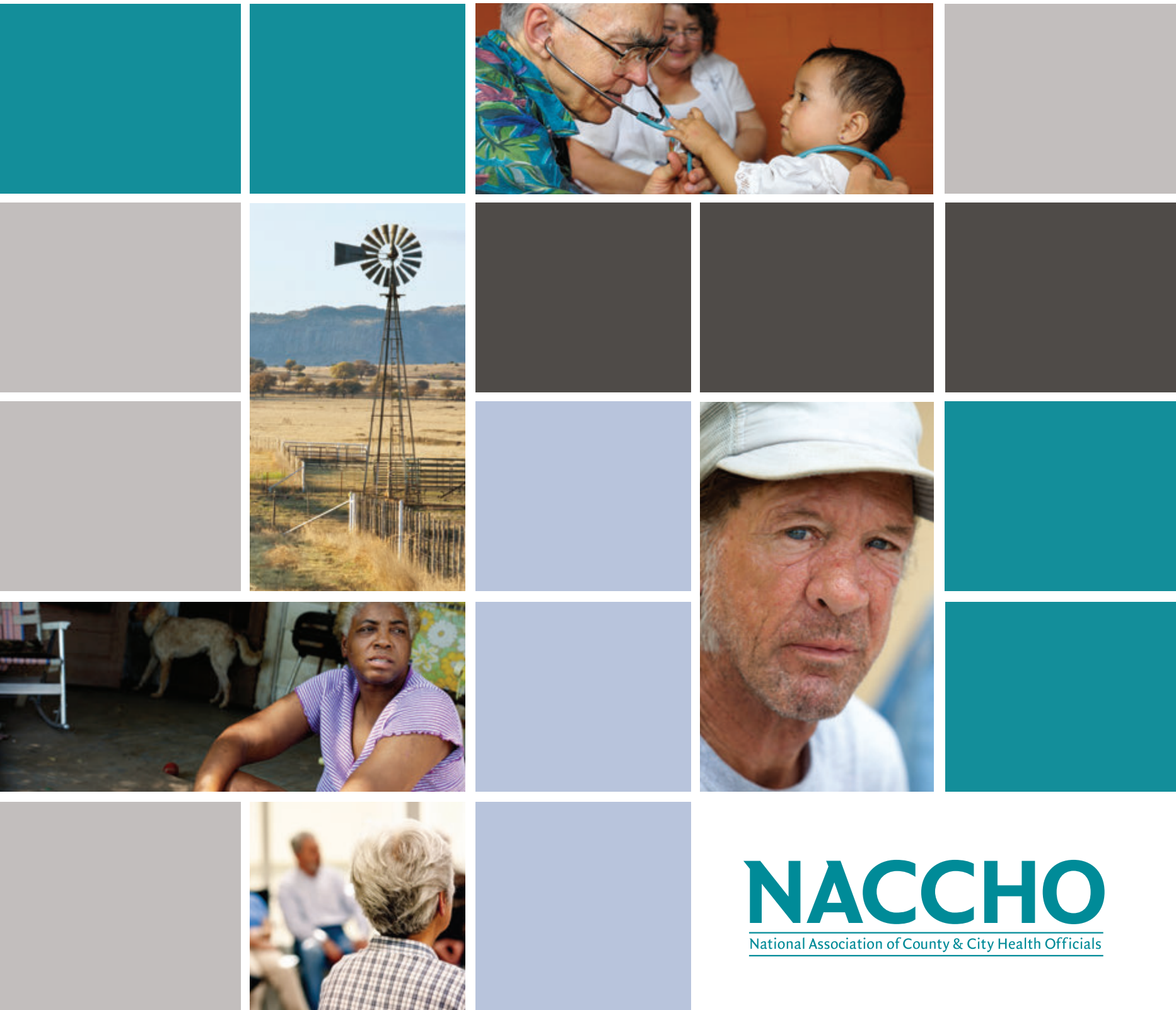


TABLE OF CONTENTS

Introduction	3
How to Use This Guide	5
PART 1: Guidance for Initiating and Leading Partnerships	7
PART 2: Profiles of Successful Partnerships	
I. Tennessee Rural Partnership, Camden, TN	25
II. Indiana Veterans Behavioral Health Network, Indianapolis, IN	31
III. Lenawee Health Network, Adrian, MI	37
PART 3: Stories from the Field: Lessons Learned	41
PART 4: Conclusions and Further Reading	45
References	47



INTRODUCTION

Building partnerships among local health departments (LHDs), community health centers, healthcare organizations, offices of rural health, hospitals, non-profit organizations, and the private sector is essential to meet the needs of rural communities. Effective local partnerships set the stage for well-coordinated strategic planning that both maximizes resources and encourages creative approaches to persistent public health concerns. By pooling expertise, funds, and staff time, partners in rural communities can identify common interests, overcome familiar challenges, and develop comprehensive strategies for success.

The National Association of County and City Health Officials (NACCHO) considers partnership at the local level critical in safeguarding the health of all communities. This guidebook describes how rural communities can develop and maintain partnerships and provides stories from the field. While this resource does not illustrate the full scope of organizational and community partnerships, it consolidates lessons learned to identify essential elements of a partnership that healthcare providers, community-based organizations (CBO), and LHDs can translate into focused solutions for their rural communities.

Defining a “Rural” Community

Several methods for determining rurality exist, and the definition of rural public health practice varies widely by location and the individual using the term. While the Census Bureau and the Office of Management and Budget (OMB) definitions are most commonly used, the Office of Rural Health Policy’s (ORHP’s) definition informed the content of this guide.



OFFICE OF RURAL HEALTH POLICY:

Defining the Rural Population

“There are measurement challenges with both the Census and OMB definitions. Some policy experts note that the Census definition classifies quite a bit of suburban area as rural. The OMB definition includes rural areas in Metropolitan counties including, for example, the Grand Canyon which is located in a Metro county. Consequently, one could argue that the Census Bureau standard includes an overcount of rural population whereas the OMB standard represents an undercount of the rural population.

The ORHP accepts all non-metro counties as rural and uses an additional method of determining rurality called the Rural-Urban Commuting Area (RUCA) codes. Like the MSAs, these are based on Census data which is used to assign a code to each Census Tract. Tracts inside Metropolitan counties with the codes 4-10 are considered rural. While use of the RUCA codes has allowed identification of rural census tracts in Metropolitan counties, among the more than 60,000 tracts in the U.S. there are some that are extremely large and where use of RUCA codes alone fails to account for distance to services and sparse population. In response to these concerns, ORHP has designated 132 large area census tracts with RUCA codes 2 or 3 as rural. These tracts are at least 400 square miles in area with a population density of no more than 35 people. The ORHP definition includes about 20% of the population and 91% of the area of the USA.”

SOURCE: HRSA Office of Rural Health Policy. Defining the Rural Population. Retrieved May 20, 2013, from <http://www.hrsa.gov>.

Acknowledging the Challenges that Rural Communities Face

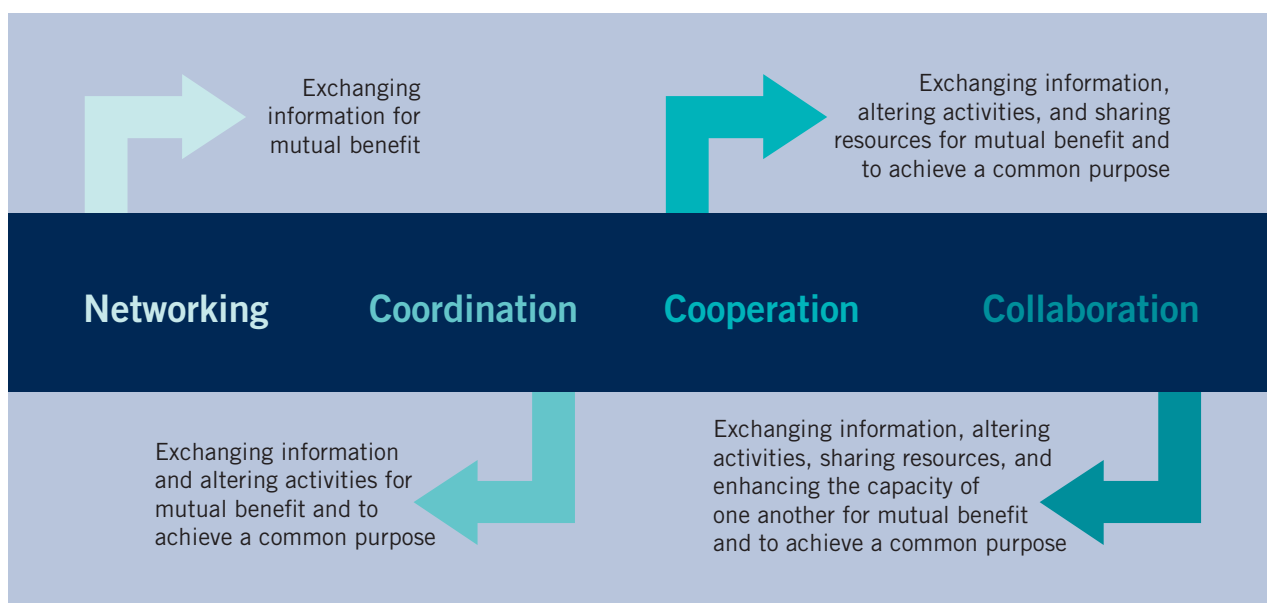
Rural communities differ significantly across and within geographic regions, so local approaches and solutions play an important role in addressing rural challenges. Many rural communities face shrinking economies, population decline, an aging population, and relatively high rates of unemployment and poverty. Other social and economic challenges include relatively low wages, limited educational opportunities, and the emotional toll of geographic isolation. Rural community residents are more likely than their urban counterparts to rely on social services and a fragmented and fragile healthcare infrastructure, which may lack the capacity and financial resources to cope. These trends contribute to inequities in rates of illness and disease and access to quality healthcare. Amid critical shortages in public health services and healthcare professionals and without public transportation infrastructure, rural communities wrestle with higher rates of hypertension, higher suicide rates among adult men and children, and higher rates of death and serious injury from accidents. Without the necessary staff, expertise, and funding, rural jurisdictions may be hard-pressed to develop comprehensive plans to realize long-term visions of health and wellness.

Rural communities bring many strengths and assets to bear on these seemingly insurmountable public health challenges. Rural community residents demonstrate a strong commitment to the health and happiness of their community. Given the geographical spread of many rural communities, residents have had to learn how to live and work independently and interdependently, which has inspired flexibility, innovation, and willingness to network over great distances in pursuit of common goals. As a result, rural community organizations and institutions are often staffed by creative and resourceful individuals ready to champion the vision and mission of collaborative work.

What is a Partnership?

Public health partnerships establish collective responsibility for the protection and promotion of the public's health. Generally, effective partnerships are defined by shared relationships and resources and overlapping strategic plans and accountability structures. Figure 1 describes four types of partnership and the continuum of relationships that facilitate the sharing of resources and accountability for community health improvement. Partnerships are characterized in terms of the information and resources exchanged among the organizations and people involved:

FIGURE 1. Types of Partnerships



Given the challenges rural communities face, they have long had to develop creative, cross-sectoral projects involving diverse organizations with varying ranges of expertise. Champions of rural public health often include hospitals, including critical access hospitals (CAHs), rural health clinics, federally qualified health centers (FQHCs), private practice physicians, community groups, and a wide—and sometimes surprising—range of other entities not focused strictly on population health.

Developing and sustaining these partnerships can be challenging, given divergent organizational

interests, cultures, and expectations and lack of a shared vision. Members of a small rural community are often committed to several organizations that hold competing interests. Rural organizations may also face limited opportunities to partner, depending on their public health goals and organizational interests. If an organization manages to develop interdependent relationships with other organizations, the partnership may still face other common challenges, including the struggle to sustain financial support for initiatives or maintain engagement among individuals, particularly those stretched thin by other commitments and daily workloads.



HOW TO USE THIS GUIDE

This guide provides general recommendations and stories from the field about developing and maintaining successful partnerships in rural communities.¹ The following pages describe the experiences of organizations that have led effective collaborations in their communities. These organizations include a non-profit corporation that emerged from a partnership, a behavioral healthcare provider and network, and a collaborative network based in a CAH. The stories from the field are followed by a compilation of lessons learned that include brief descriptions of factors supporting the success of partnerships and lists of critical concerns during the strategic planning process. This guide also offers a list of additional resources.

¹ NACCHO conducted four 60-minute key informant interviews with six organizational leaders identified by HRSA's ORHP as participating in successful rural community partnership initiatives. Based on questions developed by ORHP staff, the interviews explored strategies and techniques for developing a successful partnership and examined how each organization was able to overcome challenges. Each discussion was transcribed, summarized, and analyzed to extract key takeaways and insights.

PART 1: Guidance for Initiating and Leading a Partnership Network

This section offers 15 suggestions for partnership development and maintenance from the perspective of one organization that would like to facilitate networking, coordination, cooperation, or collaboration with several other institutions, organizations, or community members. These suggestions are categorized according to the following activities:

- Partnership Development
- Meetings
- Information Management
- Community Involvement
- Strategic Plan Development
- Data Collection and Action Planning
- Partnership Evaluation

This guidance assumes the following:

1. Your partnership's first priority is to best serve your community members through particular programs and services. Accordingly, community involvement and feedback are critical to the partnership's success. While your organization may initiate and coordinate collaborative work, the vision defining your collaborative work is driven by the participation, experiences, and goals of CBOs and community members—people who live, learn, work, and play in a community.
2. Initially, your organization will take the lead in identifying and engaging partners based on preexisting relationships and knowledge of your community. As your partnership evolves, other members may also identify and engage partners.
3. Initially, your organization will coordinate the day-to-day operations of the partnership, including meetings and strategic planning. As your partnership evolves and your organization works with others to agree on decision-making processes and accountability structures, partnership coordination may be shared.

4. Your organization's role in developing and promoting your partnership is empowered, in part, by your partners and community members.

Establishing the Partnership

1. Determine whether a partnership is appropriate.

Based on the organization's history within your community, staff members likely have some idea of whether your organization's strategic and operational objectives would be served by partnering with other organizations. Other organizations in your area with similar missions may have identified the need to partner with your organization as well. In this situation, the need to form a partnership may seem a foregone conclusion, but you should consider whether partnering is really the best approach. The decision to partner will depend on the community's public health needs, the quality of the organizations' preexisting relationships, the organizations' cultures and strategic priorities, and levels of support from organizational leaders.

If your organization is considering whether to initiate a partnership, consider the questions below to test whether a partnership is an appropriate strategy. If your organization determines that partnering is an appropriate strategy, these answers can be used in recruiting other partner organizations. Eventually, all members of the partnership should consider the questions below and prepare to share and document their answers with the partner group.

- What is driving the need for this partnership?
- What would you like to achieve through your partnership in the short- and long-term?
- What are the expected benefits and outcomes?
- Is a similar partnership already in progress?
- Is there evidence that other organizations would commit to the partnership?

Partnering with Your Local Health Department to Facilitate Partnerships

A local health department (LHD) is an administrative or service unit of local or state government that is concerned with health and carries some responsibility for the health of a jurisdiction smaller than the state. LHDs vary in structure, governance, population sizes served, service provision, financing, and staff, depending on their location, and offer public health services and programs that protect and advance the health and well-being of communities.

LHDs are uniquely positioned to facilitate collaborative processes that foster the sharing of resources and accountability for community health improvement across sectors. Many LHDs regularly collect data that can inform the mission and vision of the partnership. Additionally, LHDs often act as a neutral facilitator that brings groups, organizations, and individuals together to identify a shared vision for a healthy community. As a neutral facilitator, LHDs can encourage organizations to set aside competition and look externally toward engaging broader community in health improvement initiatives.

When considering whom to contact at an LHD, consider that many LHDs are facing budget challenges and staff members are taking on a greater share of responsibility. It is common, for example, to find a health director who also serves as the environmental director leading restaurant inspections and the public health nursing director organizing and conducting home nurse visits. In smaller LHDs, consider contacting the health director or public health manager for your partnership conversations. You might also want to find out who leads public health planning and assessment work in the agency and approach this person.

2. Develop a planning group.

If your organization decides to initiate a partnership, form a partnership planning group to begin assessing the basic needs of the partnership, coordinate partner engagement, and facilitate meetings. As inspiration coalesces into concrete expectations, include organizational champions from each partner organization.

Leadership and planning group members do most of the day-to-day work in planning, establishing, and participating in the partnership. These activities may include the following:

- Developing the next steps in the implementation of your partnership plan;
- Deciding who needs to be involved;
- Calling meetings to discuss partnership planning;
- Preparing materials, processes, and reports; and
- Making the calls, in person and by phone, to enlist the support of other staff members and external partners.

Members of your planning group should be passionate, engaged, and willing to accept responsibility for monitoring and coordinating the components of the partnership. Include well-respected staff members in your organization who have decision-making authority but strike a balance; consider ensuring an equitable representation of staff members at all levels of the organization, in different roles. In choosing staff members, consider those with experiences, daily work roles, and responsibilities that will enrich the partnership's vision of community health.

3. Generate a detailed and creative inventory of potential allies.

There is no prescription for the size, type, and structure of the organizations with which you choose to partner. In fact, the selection process will be driven by a constellation of interests, challenges, and community priorities. Issues affecting partner selection may include the following:

- Public health priorities identified by the community;
- Alignment in the vision, mission, and values of the potential partner;
- The strategic priorities of the organization(s) initiating the partnership;
- The availability of funding and staff time to support strategic planning efforts; and
- The type of strategic contribution each partner organization can offer.

When trying to identify partners for collaborative work, you may need more information than is often available about potential partner organizations' personnel, public health services, and governance structures. To tackle this challenge, consider creating a detailed and creative inventory of potential allies that represent the public sector, the private sector, and individuals who live, learn, work, and play in your community.

Partnering with Community-Based Organizations

Community-based organizations (CBOs) often represent the community. In their partnership role, CBOs may provide valuable expertise and community-specific knowledge and may facilitate sustainable community programs that have a positive impact on the community. A CBO's mission and vision may also capture the partnership's geographical connection to the community that justifies locally targeted programmatic funding. By engaging CBOs, governmental, business, and academic organizations may also benefit from the positive public perception of their community involvement and commitment to community development. In exchange, these partners may be able to focus on other goals, including facilitating access to financial resources. To contribute to a successful partnership, community organizations must have the necessary organizational capacity for problem solving, taking collective action, and managing projects and budgets.



Depending on state regulations, historical practice, and local political dynamics, non-traditional partners could be the key to developing an effective partnership to identify and solve public health problems in your area. Weigh the pros and cons of including and excluding each organization and individual. Previously unsupportive organizations and individuals or those skeptical about your plans for a partnership may become your best advocates with time and persistence. In fact, those organizations and groups may actually create obstacles to achieving your partnership goal if you do not include them in your efforts.

Examples of specific partner roles include the following:

- Chairing committees responsible for implementing a strategy
- Conducting data analysis
- Connecting with elected officials
- Donating food for community events
- Engaging students
- Evaluating partnership work
- Facilitating meetings
- Mobilizing community residents
- Offering meeting space
- Organizing meeting and event logistics
- Promoting partnership activities
- Providing on-site day care
- Writing grant proposals

4. Document partner identification and engagement.

Several facilitation and planning tools are available to help you engage partners. Use the enclosed Potential Partners Worksheet (Table 1) to organize your list of potential partners and structure your planning group's next steps. The worksheet will also help you to document your strategy for contacting partners, developing a coordinated project work plan, and facilitating group responsibility and accountability for partnership plans.



KEYS TO SUCCESS:

Consider Regional Approaches for Developing Public Health Infrastructure

Depending on your organization's intentions for a partnership, you may find few organizations available to collaborate. If your organization is struggling to identify partners in your immediate area, consider expanding the search to organizations across your county, region, or state. Regional partnerships may prove essential for rural jurisdictions with particularly sparse populations. While regional approaches can obscure important local differences, they are also helpful in creating "neutral space" among organizations that would normally compete for resources.

TABLE 1.

Potential Partners Worksheet							
Potential Partner Organization	Organizational Representative	Organization's Mission, Vision, or Goals	Potential Role in Partnership	Contribution to and Value Brought to Partnership (in-kind or \$)	Message to Engage Partner	Method of Communicating Message	Person to Deliver Message

A CHECKLIST FOR ORGANIZING PARTNER IDENTIFICATION AND ENGAGEMENT

After brainstorming your list of potential partners, write down how they would be involved in your partnership. Some partners might be involved in day-to-day planning and administration, while others might have very specific, occasional roles. Explicitly defining partnership roles will help you engage your partners.

- Ask partners to describe what they can bring to the partnership; this is also a way to assess their level of commitment. Log their responses in the Potential Partners Worksheet (Table 1).
- Craft a compelling message based on your assessment of major public health issues in your community.
- Discuss the individual mission, goals, and interests of each potential partner and how they might align with your partnership goals.
- Identify how each partner will benefit from the partnership and how the partnership will benefit from the partner's participation. Discuss the consequences and next steps in the event that particular partners were not engaged in the partnership.
- Identify how the message should be delivered. You can engage partners through large events, meetings, or one-on-one conversations.
- Review the role each organization will play in your partnership.
- Use relevant data to support your partnership goal and solicit partner engagement. Sharing data that highlights your organization's public health priorities can effectively mobilize support for your goals.



5. Promote meeting productivity.

In-person and virtual meetings can save time, boost productivity, and jumpstart initiatives. However, partners risk frustration and disengagement without effective meeting planning and management. Consider the checklist below when planning productive meetings.



A CHECKLIST FOR PROMOTING MEETING PRODUCTIVITY

- Always establish and communicate a clear purpose for your meeting when inviting meeting participants and throughout the meeting.
- Consider including a neutral facilitator who can accommodate the exchange of dialogue among representatives of organizations in your partnership. This facilitator would assume a very visible role in your partnership to help your planning group work with and benefit from the partnership's diversity.
- Hold meetings in a neutral setting away from participants' work environments to encourage creativity and camaraderie.
- Vary seating arrangements and organize both large- and small-group discussions to ensure every voice is heard.
- Integrate appropriate break-time; hourly 15-minute breaks renew and refresh meeting participants.
- Make presentations visually appealing by using flip charts, sticky walls, and adhesive notes. Try alternating colors when writing lists on flip chart paper. Use dark colors that people can see from all points in the room.
- Provide time for quiet individual reflection.
- Start and end meetings on time.
- Help participants get to know each other with icebreakers.

Information Management

6. Use digital tools to manage your partnerships.

Traveling to and from meetings can be an obstacle to a truly engaged partnership, particularly in rural communities where partners may be separated over large geographic distances. If your organization has the means, consider a variety of meeting resources and approaches to support your collaborative work.

Community Involvement

7. Acknowledge power and control in relationships with community members.

Many public health partnerships engage a range of CBOs and community members, reflecting their commitment to ethical, collaborative, community-driven work. However, partnerships among organizations wielding traditional forms of power—for example, the ability to allocate resources or the capacity to control narratives about health and wellness that inform public health education campaigns—can be rife with conflict around power and control in decision-making.

In creating vision statements and action plans based on valuing authentic community engagement, you may notice tension between the enfranchisement of community members and the conventional role of public health and healthcare institutions, which exercise traditional forms of power over decision-making through their contribution of expertise, resources, and political access. This tension suggests the power imbalances inherent to community-driven, collaborative public health work at all levels of government, in all regions of the country. As members of an effective partnership, representatives of partner organizations assume responsibility for negotiating these competing interests strategically, with integrity and sensitivity.

Representatives of partner organizations may readily observe the impact of inequities in power as they plan and coordinate activities. For example, as a representative of a small CBO, you may notice the marginalization of your interests as a representative of the best-funded partner organization dominates meeting time and drives the partnership's priorities. In another instance, you may realize after a quick glance around the room during a planning meeting that the life experiences and circumstances of the community served by the partnership are not reflected in the composition of the partnership's planning group—a body with power to define the public health response to

A CHECKLIST FOR USING DIGITAL TOOLS TO MANAGE YOUR PARTNERSHIPS

Consider the following channels to distribute information:

- Electronic newsletters
- Websites
- Electronic clearinghouses
- Social media

Use the following channels to facilitate collaborative work:

- Electronic mailing lists
- Shared documents online
- Web-based databases
- Online project management platforms and services

Try the following platforms to encourage real-time interaction among partners:

- Online chatting and Internet forums
- Online meeting platforms such as ReadyTalk or GoToMeeting
- Virtual workspaces



a particular community need. Whatever the circumstance, the representatives of partner organizations should bring self-awareness, sensitivity, and assertiveness to the inevitable negotiation of power and control during collaborative planning and work.

Intrinsic and unavoidable power differences may exist, and equity in all areas of the partnership may seem unrealistic by some measures. Nonetheless, partner organizations that commit to equity and fairness aim to integrate these values into all of the partnership's processes and activities, including the planning processes through which partner organizations and community members work together. Only immediate, honest, and ongoing acknowledgment of power and control can stem conflict and disengagement. Use discussions of power differences to cultivate a culture within the partnership that explicitly values and incorporates equity, social consciousness, and fairness as partnership norms.

8. Create opportunities for public participation.

Authentic public deliberation, through which community feedback builds or negotiates power and control over decision-making, is vital for building trust and relationships between institutions and the rural communities they serve. Further, collaborative work that builds on citizen participation can link the technical aspects of public health work (e.g., administering surveys as part of a consultation strategy) to the broader goal of improving quality of life for all people (e.g., reducing rates of chronic disease and eliminating health inequities). Common vehicles for power-sharing between communities and public agencies include voluntary advisory groups, planning committees, and joint policy boards, which offer built-in structures for public participation. In these structures, community members may have significant power in holding organizations accountable and can offer specialized skills and knowledge, detailed histories of their community, and critical perspectives on their community's public health priorities.



9. Maintain trust and respect through open communication.

Comprehensive and inclusive dialogue among partners can maintain trust and prevent the tokenization of community members and the superficial engagement of CBOs. Open communication is the most important vehicle for building networks among institutions, agencies, CBOs, and community members. While conflicts between members of a diverse partnership are inevitable, members can move beyond initial disagreement by openly communicating about power differences, shared values, and accomplishments.

Maintaining trust and mutual respect promotes resource exchanges and the development of effective activities among partners. One way to promote open exchanges and trust is through a facilitated process that draws out, captures, and synthesizes the collective knowledge and perspectives of a group of people that is grappling with a particular question or problem. Successful engagement relies on ongoing dialogue to achieve the following:

- Allow new ideas, solutions, and wisdom to emerge that may have been previously unseen or never before articulated.
- Encourage the broadest possible participation by the various parties.
- Validate the legitimacy and equality of divergent perspectives.

Strategic Plan Development

10. Develop a vision for the partnership.

A partnership vision statement establishes a focus, direction, and purpose to your work. The vision statement offers an aspirational definition of how the partnership will impact the community, usually five to 10 years in the future. While individuals will always be motivated by their organizational or personal interests, a vision for the partnership will help them align their individual interests with a broader goal.

Vision statements should be descriptive enough to provide a direction but broad enough to allow for innovation. They are often developed through a brainstorming process. Common techniques for soliciting ideas for a partnership vision include small group discussions, quiet reflection exercises, and surveys that ask partners to describe what the future would look like if the partnership were successful.

A CHECKLIST TO GUIDE THE DEVELOPMENT OF VISION STATEMENTS

- Solicit a wide variety of ideas from partners.
- Synthesize the ideas.
- Draft a vision statement based on your partnership's brainstorm.
- Share the draft vision statement with your partnership for review, edits, and validation.
- Finalize the vision statement and use it at meetings and events and in documents to ensure the partnership's work aligns with the vision.

11. Choose a model for decision-making.

To begin setting expectations for strategic planning and activity coordination, discuss each member's experiences with collaborative decision-making and establish the process through which decisions will be made. You may consider consensus building to encourage support and engagement. As part of this process, partners have ample opportunity to submit comments, concerns, and questions that are addressed and validated before decisions are finalized.

12. Consider how power dynamics work within your partnerships.

While your organization may have assumed a central role in organizing and managing the partnership, you must acknowledge and be sensitive to the power dynamics that impact how people communicate and work together. These dynamics will influence the level of trust, camaraderie, support, and participation among partners. Immediately recognizing and acknowledging power dynamics, and their influence on the partnership's priorities, will help sustain effective collaborative work.



KEYS TO SUCCESS:

Use Assessment Data to Inform the Partnership's Strategic Direction

Consider the following questions when identifying strategic issues:

- Given our collaboratively developed assessment and our shared analysis of the data, what are the major strategic priorities?
- Given what we see in our assessment data, what new policies and practices could help us achieve our vision?

Data Collection and Action Planning

13. Collect and analyze data in rural communities.

To determine action planning and next steps, conduct an assessment that describes the current community health landscape. Public health and healthcare institutions should develop, conduct, and analyze findings from the assessment in partnership with CBOs and community members. Designate meeting time for structured action planning that defines how your partnership will use the results to inform strategic priorities and the action steps towards the partnership's vision.

Assessments vary in scope and purpose, and your partnership goals and vision will dictate what type of assessment you want to conduct. Examples of assessments your partnership might consider conducting include the following:

- Environmental scan to assess political, economic, social, and technologic trends that may influence your work
- Strengths, weaknesses, opportunities, and threats assessment
- Health impact assessment
- Local public health system assessment
- Community health needs assessment
- Community health status assessment

Your partnership might also consider completing issue-specific assessments (e.g., diabetes, maternal and child health, chronic disease). For more information about these assessments, refer to the "Conclusions and Further Reading" section of this document.

Many public health systems in rural communities struggle to collect and produce trustworthy data and analysis to support strategic planning. Issues undermining data collection and data quality in rural areas include limited funding and staff capacity, transportation barriers, limitations in access to technology, and the sparseness of rural populations.

A CHECKLIST FOR OVERCOMING CHALLENGES IN RURAL DATA COLLECTION AND ANALYSIS

- Agree on what definition of “rural” the partnership will adopt.
- Explore successful data collection and reporting strategies in other rural communities. For example, share data collection and entry responsibilities among agencies or enlist the help of community volunteers or students, to the extent possible.
- As part of the partnership initiative, share data collection and analysis efforts among various service agencies, non-profit hospitals, and FQHCs, adhering to established standards for maintaining data quality.
- Contact your state department of health’s epidemiology or vital statistics section to make special data requests. State epidemiologists are willing to help those working at the local level. Be specific about the data points and data format you are requesting.
- Connect with researchers at universities and colleges that may have data supporting the messages you want to create, whether the institution is in your local area or not.
- Consult with non-profit hospitals for community health needs assessment data, the collection of which is mandated under the Affordable Care Act.



Partnering with Academic Centers to Collect Data

Partnering with a researcher or other evaluator can offer several opportunities for strapped organizations and agencies that need high-quality data and analysis. Health agencies and other organizations that need data analysis but face constrained budgets may consider adopting a funding alliance, which may include submitting grant applications in partnership with researchers and evaluators. As a component of the partnership, consider engaging faculty and graduate students who may want to collect or manage data and analysis or evaluate the partnership as part of their work.

Examples of activities in which rural LHDs have engaged academic partners:

- Faculty facilitated a strategic planning activity to document issues that might affect the development and success of the partnership
- Faculty participated in strategic planning activities, such as the local public health system assessment, to share their experiences and expertise
- Academic staff represents the college in the partnership's strategic planning group, and staff and faculty are on the steering committee
- Students were facilitators and recorders for the local public health system assessment and follow-up meetings
- Students helped to collect data for the community health status assessment
- Students helped to facilitate community meeting
- Faculty assessed community health improvement process implementation document and made suggestions

A CHECKLIST FOR ORGANIZATIONS WORKING WITH ACADEMIC INSTITUTIONS:

- Clearly communicate your needs to your academic contact. Clarify what role you will have and what your expectations are of the students and the advisor. Make sure you are clear about what they will be able to do to help you.
- Have a written agreement in place to establish roles and responsibilities.
- Understand what limitations the students involved may have.
- Understand the skills of the advisor or faculty member and ensure they are amenable to your project.
- Regularly communicate with both the faculty member and the students.
- Be involved with their work and get regular progress updates. Make sure they are soliciting your feedback and input.



14. Write a collaborative and strategic action plan.

After your partnership has established a shared vision, collected assessment data, and identified strategic issues, the group is ready to create collaborative and strategic action plans. Depending on how many strategic issues your community has identified, you may want to prioritize the list to a manageable set. Ask partners to develop criteria for prioritization. Examples of criteria include feasibility, cost-effectiveness, community interest, resource availability, and long-term impact. The next step is to develop measurable goals and objectives for each strategic issue. For each goal, your partnership should also develop specific, measurable, attainable, realistic, and time-bound (SMART) objectives to help stay on track and realize your vision. For more information about writing SMART objectives, refer to the CDC National Heart Disease and Stroke Prevention Program's *Fundamentals of Evaluating Partnerships: Evaluation Guide*.

TABLE 2.

Specific, Measurable, Attainable, Relevant, and Time-Bound (SMART) Action Planning		
Action Plan Component	Definition	Example
Strategic Issue	Fundamental policy issues or critical challenges that must be addressed for a partnership to achieve its vision.	How do we ensure Happy Valley residents have access to healthcare?
Goals	While a strategic vision offers a broad indication of your partnership's interests, a strategic goal articulates what you want to achieve towards realizing your vision within a given time period. Goals describe long-term outcomes and the overall impact of your partnership effort. If you were to achieve your partnerships goals, you would move closer to your vision.	By 2020, 100 percent of Happy Valley residents will have access to healthcare.
Strategies	The strategies your partnership will use to achieve its goals represent a particular approach to an issue based on the resources at your disposal. A strategy does not describe tactical day-to-day tasks; rather, strategies entail a chosen method, out of a variety of other methods, for tackling an issue.	Improve transportation to healthcare providers, expand health insurance coverage, improve health insurance enrollment, or increase the number of healthcare providers.
Objectives	Objectives describe milestones related to goals and strategies that your partnership will achieve. Goals describe long-term outcomes, while objectives describe short-term outcomes that will lead to long-term outcomes. Objectives also describe what would happen in the short-term if a chosen strategy were successful.	By Jan. 1, 2015, ensure 50 percent of Happy Valley residents can access healthcare through community health centers.

Use the template below (Table 3) to structure your collaborative planning process and document your action plan. For each objective, your partnership should identify activities to accomplish in order to achieve your objective. For each activity, identify who is going to lead the task and when the activity will be completed. You can also identify resources needed to accomplish the activity.

TABLE 3.

Vision:			
SMART Goal 1:			
Strategy 1.1:			
Objective 1.1.1:			
Activities:	Resources:	Individuals:	Completed By:

Partnership Evaluation

15. Evaluate your partnership.

Successful partnerships rely on ongoing evaluation and monitoring that is built into the terms of the partnership. Evaluation and monitoring plans should be made before implementing activities so that you and your partners can check on the progress of the partnership's action plan and evaluate whether the partnership's goals and objectives are being met or need to evolve.

Process Evaluation

Process evaluations measure how well your partnership worked together to accomplish the steps needed to achieve your goals. Process evaluation does not have to be overly complex. After each major partnership activity, ask those involved to assess how well the activity met its intended objectives. In addition to having overall partnership goals and objectives, each activity should have goals and objectives. The goals and objectives of each activity will inform what questions you ask as part of your process evaluation. Results from process evaluations should inform future partnership activities.

Example: Evaluating a Community Event

Imagine you and your partners organize a community event to create a community vision statement. The objectives of the event are to solicit input from community residents through small group discussion, synthesize the input that will inform a draft vision statement, and reach consensus on the final vision statement. A process evaluation will measure all three objectives and may involve a survey that asks participants to rate the extent to which they felt the small group discussions allowed them to share their ideas; how well the draft statement reflected what they shared through small group discussions; and how well the final vision statement reflected what the community as a whole wanted to see in the future. Data from the process evaluation should inform future community events.

Outcome Evaluation

Outcome evaluations measure how well your partnership achieved its overall goals and objectives. To know whether your partnership has made an impact, you first need a baseline measure. Baseline measurements can be found in assessment data. If your partnership creates SMART objectives informed by your assessment, and you have a system for updating your assessment data, then after a designated amount of time, your partnership should be able to determine whether there is a change in the outcome and if there is an association between your activities and outcomes. However, outcome evaluations involve much more than showing an increase or decrease in assessment data. In most cases, you will not be able to attribute improvement in outcomes directly to your activities without controlling for other influential factors.



A CHECKLIST FOR ORGANIZING PARTNERSHIP EVALUATIONS

- Determine who needs to be involved in evaluation.
- Define the strategies and activities that the partnership will evaluate. Revisit the goals, strategies, and action plans the partnership is implementing and the components of the vision that connect to each strategy.
- Form key indicators for the success of the partnership. Consider the following questions:
 - How well was the activity performed?
 - How effective was the activity?
 - How well did the activity meet stated goals (i.e., the shared community vision)?
 - What could be changed to improve the activity next time?
- Identify the methodologies for answering evaluation questions. You can employ many evaluation approaches. The approach that makes the most sense for your partnership will depend on your goals, objectives, strategies, and activities.
- Create a plan for carrying out evaluation activities.
- Define a strategy for reporting evaluation results.
- Gather credible evidence (i.e., trustworthy, high-quality information to answer the evaluation questions). Information may come from a variety of sources, including participants, community health indicators, and other data that demonstrate what happened after the implementation of the activity.
- Justify conclusions
 - Recommendations and implications of the evaluation are based on an analysis of the data gathered, not just on the team's opinions or feelings about how the activity was implemented.



PART 2: PROFILES OF SUCCESSFUL PARTNERSHIPS

Key Informants:

Cindy Siler, Deputy Director, Tennessee Rural Partnership, Camden, TN

Mary Ann Watson, Workforce Network Director, Tennessee Rural Partnership, Camden, TN

Community Served by the Partnership:

The Tennessee Rural Partnership (TRP) serves the entire state in which 91 of 95 counties are classified as “rural” by the USDA Economic Research Service. Members of the TRP Network are located in all three of Tennessee’s Grand Divisions.

The Challenge: Recruiting and Retaining Primary Care Professionals

Like many rural areas, the counties of Tennessee face critical gaps in public health system infrastructure, including severe shortages in healthcare professionals and extremely limited services. Amid these issues, poverty, geographic isolation, limited public transportation, high rates of chronic disease, and untreated behavioral health disorders pose grave obstacles to community health and wellness. In addition to lacking oral and behavioral health services, rural communities have been devastated by shortages in primary care. “We need every methodology available to expand access to healthcare services with specific programs targeting the healthcare workforce,” says Siler.

The Partnership Develops: Stakeholders Rally after Graduate Medical Education Funding is Eliminated

When the managed care program TennCare was implemented in December 1995, funding for Graduate Medical Education was omitted. As a result, teaching hospitals in Tennessee lost \$48 million annually. The Deans of The University of Tennessee, Meharry Medical College, East Tennessee State University, and

PROFILE I:

TennCare and the Centers for Medicare and Medicaid Services Form a Non-Profit Organization to Lead Collaborative Work

Vanderbilt University met with state officials and successfully negotiated the restoration of this funding. According to the terms of the negotiation, medical schools would receive an additional \$2 million if they agreed to increase the percentage of primary care residency positions in the state by 50 percent and administer a stipend program for primary care residents who would agree to practice in Tennessee. The schools were unable to manage the stipend program or assist in the placement of primary care residents, so TennCare and the Centers for Medicare and Medicaid Services agreed to form a non-profit entity to coordinate these activities. The Tennessee Rural Partnership was formed in 2006 with board representation from the schools and other interested stakeholders.

The following partnership members wrote a grant application to the Health Resources and Services Administration (HRSA) for a three-year award of \$600,000 to support retention for rural rotations for healthcare trainees and community education. In addition to a vast network of community medical centers and hospital systems, the TRP considers these organizations the core partners in connecting healthcare professionals to Tennessee's rural communities (Table 4).



TABLE 4.

Partner Organization	Mission, Vision, or Goals	Contribution to the Partnership
Tennessee Rural Partnership (TRP)	<p>The TRP is a private non-profit organization established in 2006 to address the increasing challenges of providing healthcare in rural and underserved areas across the state. The organization assists in the recruitment, placement, and retention of physicians and other health professionals. The TRP offers a variety of programs and services beyond its HRSA grant provisions.</p>	<p>The TRP functions as a centralized professional placement and data collection center that works with communities to identify service needs and the type of providers that their communities can support. A HRSA Workforce Grant provides financial support for rural exposure for health professions trainees (physicians, advanced practice nurses, and physician assistants). Additionally, the TRP administers a stipend program that offers financial incentives to selected residents, nurse practitioners, and physician assistants who agree to practice full-time primary care medicine in a shortage area. Mary Ann Watson, who directs the partnership network’s activities on workforce issues, was on the founding board of the TRP and was also an Assistant Dean at The University of Tennessee, one of the academic institutions partnering on the TRP initiative.</p>
Rural Health Association of Tennessee (RHAT)	<p>RHAT is a non-profit membership organization that provides leadership on rural issues through advocacy, communication, education, and legislation. The organization aims to “promote equitable access to appropriate and comprehensive health services for rural Tennesseans; maintain a diverse membership that represents all Tennesseans; empower members to assist the community in identifying and resolving their own unique healthcare needs through grassroots efforts; and recognize the benefits of collaborating with other agencies and organizations in order to positively impact health outcomes.”</p>	<p>In keeping with its mission and vision, RHAT was a critical advocate in facilitating the formation of the TRP. “Originally, the monies were going individually to the medical schools,” says Siler. RHAT advocated on behalf of pooling funds to create a non-profit organization with full representation from a cross-section of organizations interested in using the unused TennCare funds.</p>
The Tennessee Primary Care Association (TPCA)	<p>Founded in the late seventies, TPCA unites health centers and other providers of care to improve access for the medically underserved. TPCA bridges community needs and the decision-makers at the federal, state, local, and corporate levels. In support of its mission, the association is committed to expanding access to health services for all Tennesseans with emphasis on the working poor, the uninsured, TennCare patients, and others most in need.</p>	<p>TPCA was already the center of several relationships critical to the success of the initiative. The association’s members include every federally funded health center in the state, primary care clinics serving the underserved throughout the state, and health professions schools.</p>

TABLE 4. continued

Partner Organization	Mission, Vision, or Goals	Contribution to the Partnership
<p>The Tennessee Academy of Family Physicians (TNAFP)</p>	<p>TNAFP is the state chapter of the American Academy of Family Physicians. The organization is composed of 2,250 members, including family physicians, family medicine residents, and medical students throughout Tennessee.</p>	<p>TNAFP facilitates the TRP’s access to its membership.</p>
<p>Tennessee Hospital Association (THA)</p>	<p>Established in 1938, THA is a non-profit membership organization that advocates for and supports community-based hospitals and healthcare systems. The organization assists hospitals and healthcare systems in delivering accessible, cost-effective, quality health services.</p>	<p>THA came to the partnership with valuable data that helped to shape the partnership’s strategic direction and priorities. The THA is also providing funding to maintain specific initiatives that provide opportunities for health professions students and residents to serve in interdisciplinary primary care teams within underserved communities.</p>
<p>The Tennessee Department of Health</p>	<p>The Tennessee Department of Health “works to promote, protect, and improve the health and well-being of Tennesseans.” The department emphasizes “keeping people healthy by preventing problems that contribute to disease and injury.”</p>	<p>The health department provides technical assistance and other resources that are “just vital to TRP’s mission,” says Siler. Further, the department has a number of full-service primary care clinics across the state.</p>
<p>Academic Institutions:</p> <ul style="list-style-type: none"> • The University of Tennessee • Meharry Medical College • East Tennessee State University • Vanderbilt University 	<p>Working with the TRP, the state’s four medical schools have committed to increasing the supply of health professionals in rural and underserved areas in Tennessee. As stakeholders in the TRP, the schools provide reliable information on practice opportunities to health professionals and assists students in responding to rural practice opportunities. They also encourage further academic-community partnerships and “strategic linkages.”</p>	<p>The TRP has worked with academic institutions in the state for several years as a gateway to the future healthcare workforce. Based on grant funding from HRSA, the TRP worked with the state’s medical schools to design successful rotations in rural communities for students. The success of the partnership hinges on having access to healthcare provider trainees.</p>

Expanded Goals and Objectives of the Partnership Reflect the Evolution of Strategic Priorities

Since the TRP's initial strategic planning stages, its grant parameters and workforce development provisions have changed and expanded significantly. According to Watson, "it has snowballed and it has grown; we have been able to accomplish more than we ever dreamed." Examples of activities and programs initiated and sustained by the partnership include the following:

- *Working with academic institutions to raise awareness among trainees and to recruit and retain new practitioners.*

Originally, the TRP's strategic priority was to expose students to rural medical facilities to encourage them to stay in rural communities after completing training. The initiative has expanded to include nurse practitioners and physician assistants. The TRP is developing a planning grant application with the state's five operational physician assistant schools and continues to visit the advanced nurse practitioner school regularly. Watson notes, "We want to raise awareness that 'rural' does not necessarily mean underpaid. We want to educate [students and medical residents] about the quality of life in rural communities and all of the things that medical schools and other training programs don't really have time to build into their curriculum." The TRP is also considering whether to form partnerships with high schools in the state.

- *Exposing medical students to practice in rural communities.*

Through a stipend program and continued outreach with state academic institutions, the TRP offers financial incentives for selected residents, nurse practitioners, and physician assistants who agree to practice full-time primary care medicine in a shortage area. The TRP is also working closely with representatives of nurse practitioner and physician assistant training.

Sustainability: Strategic Planning Underway to Maintain Initiatives and Activities

The TRP is leading sustainability planning efforts and is seeking funding beyond its current grant. The organization is considering whether to build relationships with larger organizations and is building on ongoing relationships with other associations. The search for grant opportunities is also an integral component of TRP's sustainability plans. "We're looking at some way of meshing funding through the provisions of the Workforce Investment Act," Siler explains. While the Department of Labor's Employment and Training Administration "doesn't usually work with clinicians," she notes that "they're being told in all of their surveys that it's necessary to do so. And they have some funding available to do this work."

"We want to raise awareness that 'rural' does not necessarily mean underpaid. We want to educate [students and medical residents] about the quality of life in rural communities"

Stakeholders in the TRP have committed significant financial and personnel resources to the TRP's activities. These contributions represent a substantial investment in the mission and vision of the partnership. All stakeholders have proven to be active participants. "That has to do with the fact that they share the mission," says Siler. "I don't know how to say it much clearer than 'we're just all in this together.'" Meanwhile, TRP has become a subsidiary of the Tennessee Hospital Association, which has committed to sustaining the partnership's activities and initiatives through a parent corporation.

PROFILES OF SUCCESSFUL PARTNERSHIPS

Key Informants:

Kathy Cook, Chief Executive Officer of the Affiliated Service Providers of Indiana, Inc.'s Behavioral Health Clinical Network, Indianapolis, IN

Bob Strange, Project Director for Affiliated Service Providers of Indiana, Inc.'s Indiana Veteran's Behavioral Health Network, Indianapolis, IN

Community Served by the Partnership:

Indiana Veterans Behavioral Health Network (IVBHN) extends the Department of Veterans Affairs (VA) behavioral health services to rural Indiana veterans through a clinical video telehealth network. Indiana is home to over 500,000 veterans of numerous wars.

The Challenge: Gaps in Veterans' Behavioral Health Services in Rural Indiana

Of the approximately 13,900 Army and Air National Guard soldiers in Indiana, more than 12,000 soldiers have been deployed at least once since Sept. 11, 2001. Reflecting national trends, Indiana's population of recent veterans has risen sharply since 2007, amid the military buildup in Iraq and increased violence there and in Afghanistan. These recent veterans have experienced traumas and losses that pose risk factors for Post-Traumatic Stress Disorder, traumatic brain injuries, and other invisible wounds—the “signature wounds” of the wars of the last decade. “When we refer to invisible wounds, we're primarily talking about behavioral wounds and even spiritual wounds,” says Strange. “In our country, we do a wonderful job of rallying around those with wounds that we can see, that are visible, such as amputated legs or arms, veterans in wheelchairs, and so forth. But, there is a much larger number of our returning veterans who are coming back from war with wounds that we cannot see.” Many of Indiana's rural-dwelling veterans in need of behavioral health services face steep hurdles, including provider shortages, long distances from the nearest VA facility, and the stigma associated with seeking treatment.

PROFILE 2:

“You Promised to Defend. We Promise to Support”: Partners in Indiana are United by a Strong Commitment to Addressing Gaps in Behavioral Healthcare for Rural Veterans

The Partnership Develops: Partners Join the Affiliated Service Providers of Indiana, Inc.'s (ASPIN's) Behavioral Health Network to Expand Care Access for Veterans

Comprising a vast web of collaborators, in 2009, IVBHN was formed with the support of an \$85,000 planning grant from HRSA. The network began as a pilot project that has, in 24 months, expanded from a network of several organizations to a statewide project supported by a \$536,600 network development grant. The network aims to increase access to behavioral health services for veterans in the VA system by uniting organizations with missions that include improving behavioral health and well-being among Indiana's rural veterans and their families. The network represents one of the first public-private partnerships working with the VA. In response to a Presidential executive order to increase access to behavioral health services for veterans, the VA has named the IVBHN as one of 15 community-based pilot sites with successful initiatives to expand access to quality behavioral healthcare for veterans in rural Indiana. In addition to the five community mental health centers linked to the VA, stakeholders in the IVBHN network are described in Table 5.

“In our country, we do a wonderful job of rallying around those with wounds that we can see ... But, there is a much larger number of our returning veterans who are coming back from war with wounds that we cannot see.”



TABLE 5.

Partner Organization	Mission, Vision, or Goals	Contribution to the Partnership
<p>Affiliated Service Providers of Indiana, Inc. (ASPIN)</p>	<p>Incorporated in 1995, ASPIN is a non-profit behavioral health provider and education network that provides access to clinical providers in multiple locations throughout Indiana. The organization also provides educational programming, program development, and resource and network management in collaboration with healthcare facilities and state and federal public health partners.</p> <p>ASPIN's Indiana Veterans Behavioral Health Network (IVBHN) coordinates with the Richard L. Roudebush VA Medical Center in Indianapolis to extend VA behavioral health services to rural Hoosier veterans through clinical video telehealth. These services are provided at five community mental health centers throughout the state. This network will expand to an additional three sites in the near future. ASPIN also prepares civilian healthcare organizations to be designated as "military ready and veteran friendly" through a formal Military Ready Designation Program.</p>	<p>ASPIN comprises nine behavioral healthcare providers that have 46 clinical sites throughout Indiana. Early in the development of the IVBHN, five of these volunteered their facilities and dedicate an afternoon per week for veterans' appointments. The participation of these health centers is critical to the network's mission and success and in getting support from the VA Medical Center in Indianapolis. "When they stepped forward to do that, the VA could not say no," says Strange.</p>
<p>Indiana Division of Mental Health and Addiction (DMHA)</p>	<p>The DMHA ensures that Hoosiers have access to quality behavioral health services. The division aims to promote individual, family, and community resiliency and recovery and sets standards for the provision of behavioral health services. The DMHA certifies all community mental health centers, addiction treatment services, and managed care providers.</p>	<p>As the state agency that monitors behavioral healthcare providers, the DMHA administers federal funds earmarked for a variety of behavioral health services and programs, including those that target populations with financial need through a network of managed care providers. ASPIN partners with the DMHA on several grants, and Cook describes ASPIN's 15-year relationship with the agency as "priceless." ASPIN and IVBHN are working with the DMHA and the Substance Abuse and Mental Health Services Administration to develop a statewide strategic initiative to provide behavioral health services for Indiana veterans. "We were invited to be a part of that because of our work with IVBHN and the VA," says Cook.</p>

TABLE 5. continued

Partner Organization	Mission, Vision, or Goals	Contribution to the Partnership
Indiana Department of Veteran's Affairs (Indiana VA)	The mission of the Indiana VA is to "aid and assist Hoosier veterans, and qualified family members or survivors, who are eligible for benefits or advantages provided by Indiana and the U.S. government."	The Indiana VA coordinates all of the state's efforts related to veterans.
Richard L. Roudebush VA Medical Center (Roudebush VAMC)	Established in 1932, the Roudebush VAMC aims to "improve the health of the men and women who have so proudly served our nation." The center serves more than 196,000 veterans living in a 45-county area of Indiana and Illinois. In addition to the larger medical center, Roudebush VAMC operates three community-based outpatient clinics.	From the outset, IVBHN has worked with the Mental Health Outpatient Services of Roudebush VAMC as it seeks to increase access to behavioral health services for rural veterans and reduce costs associated with travel reimbursement.
Indiana Rural Health Association (IRHA)	The IRHA is a membership-based, non-profit corporation that aims to improve the health of rural communities in Indiana. The organization's mission is to "enhance the health and well-being of rural populations in Indiana through leadership, education, advocacy, collaboration, and resource development."	Collaboration with IRHA has provided IVBHN with technical consultation services and resources.
Military Family Research Institute at Purdue University (MFRI)	Through research and outreach, MFRI is a Purdue University-based academic research and education center. The institute collaborates with local, state, and national stakeholders to improve the lives of service members and their families in Indiana and across the country.	<p>In partnership with the Indiana National Guard, MFRI coordinates the resources of Star Behavioral Health Providers, which recruits and educates civilian behavioral healthcare providers in military culture and the culture's implications for care. Star Behavioral Health Providers in turn supports IVBHN.</p> <p>MFRI also helped to design criteria for the Military Ready Designation Program. Strange attends Tier II Star Behavioral Health Provider trainings to promote the Military Ready Designation Program.</p>

Partner Organization	Mission, Vision, or Goals	Contribution to the Partnership
Indiana National Guard	The Indiana National Guard “generates, sustains, and ensures through a viable internal control program, fully capable units, facilities, installations and individuals” ready to serve communities, states, and the nation.	The Indiana National Guard is the fourth largest Army National Guard in the country. According to Strange, the Indiana National Guard comprises the largest segment of the citizens who serve in the military on a volunteer basis in Indiana. “Our relationship with the Indiana National Guard is another priceless strategic relationship,” says Strange.
Department of Labor’s Veterans Employment and Training Service (VETS)	VETS prepares both veterans and separating service members for meaningful careers “by providing employment resources and expertise, and protecting their employment rights.”	VETS provides data to inform strategic planning in addition to connecting the IVBHN with its network of representatives for disabled and able-bodied veterans. IVBHN representatives are often invited to promote the network’s initiatives at VETS job fairs.
The Veterans Integrated Service Network, Veterans In Partnership (VISN 11)	VISN 11 is one of 21 VISNs of the VA. The network comprises seven VAMCs and 29 operating community-based outpatient clinics that provide comprehensive inpatient and outpatient healthcare to veterans in central Illinois, Indiana, Michigan, and northwest Ohio.	VISN 11 is an expansive regional organization that is connected to the Office of Rural Health Policy at HRSA. “IVBHN has been on their radar from the get go,” says Strange. “We have a common purpose and they have been extremely supportive.” VISN 11 has provided funds to Roudebush VAMC to support rural health activities for veterans and has provided staff resources, technical assistance, and equipment to support IVBHN’s telehealth program.

The Benefits of Partnership: Military Ready Program Expands Access to Care

ASPIN and IVBHN easily secured support among leadership at partner organizations because IVBHN's goals and objectives directly relate to the vision, mission, and strategic priorities of each participating organization. Each stakeholder understood why the network's development was a priority. "We had data to show there was a huge need," says Strange. "They were on board because they wanted to help veterans in their areas and they didn't know how." The partnership's training and outreach programs in addition to its telehealth initiatives and the Military Ready Designation Program are the centerpieces that sustain participation among the network's leaders. "Not only have we set up the telehealth capacity, we have also conducted several cultural trainings with the help of the VA," says Cook. Examples of activities and programs initiated and sustained by the partnership include the following:

- *Training community health centers to work with veterans.*

According to Cook, five community mental health centers in ASPIN's network were providing care for 2,000 veterans who were unable or reluctant to access the VA. "That left our mental health centers in a bind because they weren't trained to provide behavioral health services for veterans," says Cook. "Staff members didn't understand the [military] culture." Enhancing the cultural competency of our civilian workforce and improving clinicians' comfort with veterans was critical," says Strange. IVBHN worked with MFR1 at Purdue and others to develop criteria for the Military Ready Designation Program, an initiative that aims to establish a network of veteran-friendly behavioral health providers through IVBHN. The initiative has expanded to behavioral health organizations and critical access hospitals across Indiana.

- *Connecting VA behavioral health services through telehealth initiatives.*

Working with the VA, IVBHN has developed a telehealth program to provide behavioral healthcare to veterans in rural Indiana. In addition to expanding access to behavioral healthcare, the telehealth project has decreased transportation time and expenses for rural veterans while decreasing the VA's travel reimbursement costs.

Sustainability: Ties to the VA will Help to Support Partnership Activities

IVBHN relies on a strong shared commitment to addressing gaps in behavioral health services for veterans living in rural areas. Further, Cook notes that sustainability needs are comparatively minimal because ASPIN maintains a program director and the VA supports the position. As members of IVBHN, stakeholders have changed policies and practices that have improved efficiency and effectiveness. The VA has recognized IVBHN's successes, and the positive relationship between the IVBHN and the VA has opened avenues for further support. The VA has expressed a desire to expand the telehealth program to three more sites. "It speaks highly of what the VA is getting out of this whole thing," says Strange. VISN 11 has also designated IVBHN's telehealth network as a best practice. The network will be duplicated in Michigan and Illinois on a smaller scale. According to Strange, "As long as there are veterans to be served in rural Indiana communities, the telehealth network that we established should be able to sustain itself within the VA structure. Further, this network could allow the VA to expand its telehealth services beyond just behavioral health."

The future of the Military Ready Designation Program is also bright. The program will be supported by a small fee paid every three years by healthcare facilities that see many veterans. "[The designation] is a seal of approval so veterans know which facilities to attend," says Strange.

Despite a shared commitment and acknowledgment of the quality of IVBHN initiatives, maintaining funding poses a challenge. ASPIN and its partners are seeking other sources of funding so they can expand the network's reach beyond the VA system.

Key Informant:

Ann Barton, Director of Quality Resources, ProMedica Bixby and Herrick Hospitals, and Chair of the Lenawee Health Network, Adrian, MI

Community Served by the Partnership:

The partnership between **ProMedica Bixby** and **Herrick Hospitals** and a range of other organizations is based in **Lenawee County, MI**. Bixby Hospital is a rural acute care hospital, and Herrick Hospital is a rural critical access hospital.

Organizations Develop Collaborative Partnership to Support Community Health Needs Assessment

To meet Internal Revenue Service requirements for non-profit hospitals under the Patient Protection and Affordable Care Act, 21 organizations formed the Lenawee Health Network (LHN) in 2011 to develop and conduct Lenawee County's community health needs assessment (CHNA). After completing the CHNA, the network expanded and began developing strategic plans to address service gaps and public health problems identified in the assessment.

Partners Address Obesity, Substance Abuse, and Barriers to Healthcare Access

The LHN's CHNA data presented in 2012 revealed alarming rates of risky health behaviors among Lenawee County's adults, youth, and children. The LHN network members observed obesity, tobacco use, marijuana use, and alcohol abuse that were significantly higher than state and national rates. The data also revealed rates of breast cancer screening that were significantly lower than state and national rates, even as the percentage of patients accessing other forms of preventative care were consistent with or better than the national average. In addition to focusing on behavioral outcomes, the LHN is also prioritizing social determinants of health within

PROFILE 3:

Community Health Needs Assessment Spurs Partnership among Hospitals and a Range of Providers in Michigan

its three-year strategic plan. “We’re looking at access to healthcare coverage and service for the economically disadvantaged,” says Barton. “We’re educating the public on how to access healthcare while encouraging the use of preventive services through education and funding.”

Lenawee County Network Aims to be as Inclusive as Possible

Barton notes that, in preparing for the CHNA, “a call was put out to the community and we turned away no one. Now we have a collaborative of organizations with a history in the community.” The LHN comprises dozens of members, including the following healthcare providers, community organizations, academic institutions, and local government agencies.

ACADEMIC INSTITUTIONS

- Adrian College
- Michigan State University Extension School
- Siena Heights University

COMMUNITY ORGANIZATIONS

- Adrian Farmers Market (Lenawee County)
- Catholic Charities
- Goodwill Industries International, Inc.
- Lenawee Boys and Girls Club
- Lenawee Community Foundation
- Lenawee Emergency and Affordable Housing Corporation
- Lenawee Family Counseling and Children Services
- One Lenawee
- Schools of Lenawee
- The Lenawee Community Action Agency
- The Lenawee Hope Community Center
- YMCA of Lenawee County Michigan

AWARENESS-RAISING ORGANIZATIONS

- American Cancer Society
- Lenawee County American Cancer Society

HEALTHCARE PROVIDERS

- Family Medical Center of Michigan, Inc., an FQHC
- Herrick Hospital
- Hospice of Lenawee
- Lenawee Community Mental Health Authority
- ProMedica Bixby Hospital

LOCAL GOVERNMENT AGENCIES

- City Government of Adrian
- Lenawee County Board of Commissioners, Department on Aging
- Lenawee County Health Department
- Lenawee Intermediate School District



Engagement and Sustainability: Strong Commitment among Members and a Designated Leadership Team

Barton notes that the LHN's partner organizations are strongly committed to the community they serve, which reinforces engagement and support from leadership. To lead the network, the LHN formed a leadership team, which includes six representatives who meet monthly, 10 days before network-wide meetings. The team identifies and comes to consensus on the LHN's priorities after assessing the work underway. Representatives from all of the network's organizations meet every month for two hours. They work in breakout groups for one hour to develop implementation plans for their initiatives. Shared interests and emerging issues are then brought back to the larger group to solicit the entire network's feedback and support. To hold the network accountable, the "Solutions Team" compares the LHN's strategic plans to the work underway. According to Barton, the Solutions Team will evaluate its work after completing another CHNA in late 2013. Both leadership and network team meetings emphasize efficiency and effectiveness; participants leave meetings having accomplished concrete goals and objectives, which encourages their investment and commitment.

All LHN members are signing memoranda of understanding to document their commitment to the network and to demonstrate their participation in one of the network's focus areas. According to Barton, "The group has changed since the initial assessment, so some partners have dropped off and some have been added. We want to know who is still there and who is committed." Once the memos are collected, the leadership team will assess which organizations are participating and which ones need to be recruited or encouraged to return. "We will assess their needs, whether we might have the right to people at the table, and how can we encourage the right organizations to participate," she says of the organizations that may be approached about returning to the network. "We want to see how we meet their needs and how they meet ours."

Lenawee Health Network Focuses on Health Education and Behavioral Change Strategies

The LHN has identified three goals, with measurement targets, that will define its initiatives and activities. The network aims to accomplish one goal in each focus area within 18 months. The first goal is to reduce obesity rates by increasing the percentage of residents who report eating a diet consistent with federal recommendations and who engage in recommended amounts of physical activity. The LHN will also focus on expanding access to information about healthy food and exercise through new outreach initiatives. "We want rates of daily consumption of fiber, fruits, and vegetables in Lenawee County to be at or above the state average," says Barton. Plans toward this goal include working with corner stores and food pantries to increase healthy foods options and expanding retail offerings of fresh produce. The network's leadership team is also discussing the prospect of promoting land use policies, practices, and systems that support community gardens.

"We'll focus on healthy choices. We want to increase the odds that people will preserve or improve their health and wellness."

The second goal is a two-percent reduction in the number of Lenawee residents engaging in risky behaviors described in the CHNA. "We'll focus on healthy choices," says Barton. "We want to increase the odds that people will preserve or improve their health and wellness." In the future, the LHN will pursue ways to promote healthy options in vending machines and workplaces through advocacy and education. The network may also work with area schools to promote physical activity and enhance education about food, nutrition, and substance abuse.

The third goal is to match or exceed Michigan's average percentage of residents with access to preventative care. The LHN will focus on increasing access to primary, mental, dental, vision, and other providers and improving the coordination of healthcare services.

Challenges: Partners Agree to Consensus-Building during the Strategic Planning Process

According to Barton, the LHN faced challenges in designing and completing the CHNA; defining and documenting each partner's roles, responsibilities, needs, and contributions; and grappling with funding concerns. The LHN relied on a consensus-building process to design and complete the CHNA. The process proved lengthy and time-intensive. "We had to work with an organization to help us develop the indicators and survey," Barton notes. "We had a grant to fund the design, development, and assessment process." Once the network's public health priorities were identified, the LHN focused on developing a framework to cement the terms of the partnership. The network developed a strategic planning document that described its target areas and each partner's roles, responsibilities, needs, and contributions. "The document is lengthy—it's 33 pages long after the target areas were identified," Barton says.

As the LHN exists today, it lacks long-term funding. The LHN is currently funded by various grants targeted to specific projects but otherwise relies on support from ProMedica Bixby. "ProMedica really has become the backbone of this organization," explains Barton, noting that the organization funds her position and provides a grant writer to help the LHN and its members with funding applications. "I think there is a need for a backbone organization working with a collective impact model. ProMedica has stepped up and supported the LHN despite sequestration and the financial pressures on the healthcare industry."

The LHN has also begun focusing on a collective impact model for its work and is working to secure grant dollars to develop and sustain related initiatives. "We have a grant from the [Department of Agriculture] and another organization to fund some of the work we're doing with fresh fruit and vegetables," says Barton.



PART 3: Stories from the Field: Lessons Learned

1. Choose Partners Based on Mutual Understanding of Shared Organizational Goals and Values.

To promote effective strategic planning and action, all organizational leaders described in Part 2 suggest implementing a highly intentional selection process. Partners should share very similar missions and values, which should yield strategic plans and initiatives that both overlap and enhance each organization and the wider community. Obvious alignment in strategic plans will encourage and reinforce support for the partnership's purpose, while preexisting positive relationships will increase stakeholder engagement.

Support is so strong among stakeholders in the Tennessee Rural Partnership (TRP) that partner organizations have invested substantial staff time and financial resources in partnership's initiatives. "Being careful during the initial selection is paramount in making it work," says Cindy Siler of the TRP. This step can prevent competing organizational interests from stalling initiatives and activities. Mary Ann Watson, also of the TRP, notes that when a partnership coalesced around the restoration of Graduate Medical Education (GME) funds, each organization was an obvious fit given its missions, visions, and preexisting role in GME at the state level. "Each of us has a piece of the puzzle," she says. "Each partner is affected by the medical workforce shortages within the state."

2. Establish and Reinforce the Partnership's Goals and Expectations.

The TRP, the Indiana Veterans Behavioral Health Network (IVBHN), and the Lenawee Health Network (LHN) have ensured that roles in and expectations of the partnership are documented in a strategic planning document and continually referenced. "When you have a network like this, you're going to have competitors and professional jealousy

between the schools or between different clinics and hospitals," says Siler. To keep the partnership on track, Siler suggests "keeping a visual reminder—a poster that includes the partnership's mission, for example—in the room every time that the group is together."

To maintain engagement, Bob Strange and Kathy Cook of IVBHN suggest continually reminding stakeholders of the needs and questions that drove them to partner in the first place. "The common thread is, 'How can we help the veterans?'" says Strange. "Everyone at the table has [a] different angle—workforce development, mental health, or physical health—but they join us and we support each other." Partner organizations have pledged to defend and support each other and the veterans they serve. "And we just built an ad campaign around that message," says Cook. "You Promised to Defend. We Promise to Support."



KEYS TO SUCCESS:

Develop and Reinforce a Common Understanding and Shared Purpose

- Agree on a broad and inspiring vision.
- Clearly understand members' roles and responsibilities at both the organizational and individual levels.
- Acknowledge differences in organizational culture and philosophies.
- Develop a clear purpose and reinforce a consistent understanding of purpose throughout the partnership.



KEY QUESTIONS:

Identify, Establish, and Communicate a Shared Purpose

- Is there a shared understanding and language of the partnership's framework, vision, culture, and approach?
- Is there a common purpose?
- Is there clear agreement and understanding of members' roles and responsibilities in the partnership?
- Is there a shared and transparent decision-making process?

3. Identify a Passionate Champion who will Encourage Stakeholders' Ownership of the Partnership's Initiatives and Activities.

All key informants agreed that establishing and documenting which organization and individual will champion and support the partnership is critical. "If you're going to use the collective impact model, you really need to consider who that backbone organization is going to be to

really support the work of the network," says Ann Barton, who volunteers as chair of LHN. "Whether it's voluntary or whether it's supported through an organization that employs them, there has to be a person or group that drives the purpose, focus, and mission of the group." As the Project Director for the IVBHN and a retired Lieutenant Colonel in the Army, Strange brings passion and enthusiasm on par with leaders of the other partner organizations. This outlook boosts morale, encourages networking, promotes creativity, and inspires further participation among stakeholders. According to Cook, "Our partners always invite [Strange] to something they're doing and he supports their project." Similarly, Siler notes that Watson's passion for the TRP's vision and mission created a "cheerleader effect" that was necessary for pushing initiatives and activities. Watson's primary role is to manage and coordinate the partnership's network and juggle stakeholders' competing interests.

4. Develop a Communications Strategy to Maintain Engagement.

To establish and maintain engagement, Strange has diligently initiated and maintained relationships with key leaders of partner organizations. He emphasizes the importance of maintaining several key contacts within an organization, particularly one as large as the VA, so that strategic planning continues even if a contact leaves the organization. When recruiting partners, Strange has been able to tailor IVBHN's message and communicate how ASPIN's strengths support the efforts of other partners. According to Cook, "When [Strange] visits with partners, he



KEYS TO SUCCESS:

Carefully Develop Targeted Messages before Engaging New Partners

- Clearly establish and communicate how your organization's goals align with those of your potential partner.
- Emphasize the benefits of the partnership for your potential partner organization, based on careful study of the organization's mission, vision, goals, and objectives.
- Opt for tailored messages and approaches when trying to engage partners; avoid standardized form letters.
- Stress the importance of your potential partner's inclusion.

always asks, ‘How else can we help you? How can we work with you to further your work?’”

IVBHN coordinates a variety of opportunities and communication tools to maintain regular contact with partners. These include quarterly teleconferences with partner organizations and providers and a monthly teleconference with practitioners and administrative staff who work with veterans directly. IVBHN also maintains an interactive website that includes learning materials and a calendar of events that involve veterans’ health. The organization announces trainings and events through Facebook and Twitter and is developing an online forum for spouses of veterans who would like to discuss their experiences, challenges, and coping strategies. Veteran spouse volunteers will manage the forum.

5. Create Structures of Accountability while Allowing Flexibility for Growth and Change.

Stability in the partnership’s leadership, funding, and organizational composition are critical even as members maintain adaptable strategic plans. With flexible structures and plans, agile partners can pursue emerging opportunities that meet evolving needs.

A CHECKLIST FOR MESSAGE COMMUNICATION:

- Identify specific contacts at partner organizations.
- Call potential partners directly and, to the extent possible, visit in person. Follow up with a letter or e-mail.
- Note and connect with your potential partner’s well-respected allies and individuals who may be willing to facilitate a relationship with your organization.
- To the extent possible, forge new organizational relationships or strengthen old ones by building on relationships that staff members have already established.

KEYS TO SUCCESS:

Define Shared Values and Acknowledge Differences

- Clearly communicate differences in agendas among partner organizations and individuals.
- Agree on the desired balance of power and control. Determine how decisions will be made.
- If power and control are decentralized, share organizing and meeting facilitation responsibilities.

KEY QUESTIONS:

Assess Partners’ Values and Acknowledge Differences

- Is there an acceptance of differences and a respect for the contributions of all partners, regardless of the status of their organizations?
- Are partners invested in evaluating and improving performance, building skills and knowledge, and learning together?

6. Acknowledge Differences in Organizational Cultures and Persevere through Difficulties.

Differences among the organizational cultures of the VA, healthcare providers, and non-profit organizations introduced communications and coordination challenges at first, but Cook explains that these diminished over time. “The lesson learned is to have patience and persistence in building those relationships,” says Cook. “Even though we’re in the behavioral health business, they work at a different speed than we do. They schedule appointments on military time, where we schedule on civilian time. They have to go through a whole chain of command just to get an answer to a three-word question, whereas we can just say ‘yes’ or ‘no’ at the drop of a hat. So, it’s a very different culture, but it’s been very rewarding...it’s taken a lot of patience and persistence and we’re glad we’ve done it.”

7. Celebrate Accomplishments, No Matter How Small.

Celebrations help maintain momentum, boost morale, and support positive relationships. Celebrating accomplishments also supports a culture of accountability among members. According to Siler, “Even if you meet even a tiny goal, make a big deal out of that and celebrate that because it spreads positivity and encourages folks to be accountable to one another and to care about the mission.”



PART 4: Conclusions and Further Reading

Partnership planning and development cannot eliminate all of the challenges rural partnerships may face, but they may make existing barriers to community health and wellness seem less intimidating. To confirm that all questions, concerns, and possibilities are addressed, partnership development and management require a deliberative, step-by-step process. Document all decisions, group norms, and evaluations that emerge from this process and have your partner members review this documentation often. Celebrate the partnership's achievements, foster an environment that welcomes new ideas, and refer often to the partnership's shared values and community-focused vision.

Consult the resources in the table below for additional ideas, background, and templates for structuring your strategic planning process.

RESOURCE OR TOOL	TYPE
Partnership Development	
NACCHO's Organizing Your Planning Effort: Reasons, Benefits, and Sponsorship Worksheet. Available at http://www.naccho.org/topics/infrastructure/mapp/framework/clearinghouse/upload/organizing_the_planning_effort.pdf .	Worksheet
NACCHO's Participant Selection Worksheet. Available at http://www.naccho.org/topics/infrastructure/mapp/framework/clearinghouse/upload/participant_selection_worksheet.pdf .	Worksheet
NACCHO's Tip Sheet—Guide for Participant Identification. Available at http://www.naccho.org/topics/infrastructure/mapp/framework/clearinghouse/upload/tip-sheet-participant-identification.pdf .	Tip sheet
Bonk, G. (2000). <i>Principles of rural health network development and management</i> . Washington, DC: Alpha Center. Available at http://www.academyhealth.org/files/ruralhealth/bonk.pdf .	Article
Cohen, L., Baer, N., & Satterwhite, P. (2002). <i>Developing effective coalitions: An eight-step guide</i> . Oakland, CA: Prevention Institute. Available at http://www.preventioninstitute.org/component/jlibrary/article/id-104/127.html .	Article
Cohen, L., & Gould, J. (2003). <i>The tension of turf: Making it work for the coalition</i> . Oakland, CA: Prevention Institute. Available at http://www.preventioninstitute.org/component/jlibrary/article/id-103/127.html .	Article
Community Health Council, City of Knoxville, Knox County 's Together! Healthy Knox: Sample Partnership Participant Form. Available at http://www.naccho.org/topics/infrastructure/mapp/framework/clearinghouse/loader.cfm?csmodule=security/getfile&pageid=179018 .	Sample
Meeting Facilitation	
The Institute of Cultural Affairs Technology of Participation training. Learn more about this training program at http://www.ica-usa.org .	Training opportunity
Stanfield, B.R. (2000). <i>The art of focused conversation: 100 ways to access group wisdom in the workplace</i> . Chicago, IL: Institute of Cultural Affairs. Available at https://ica.site-ym.com/store/view_product.asp?id=666654 .	Book

RESOURCE OR TOOL	TYPE
Community Involvement	
Chaskin, R. J. (1995). <i>Defining neighborhood: History, theory and practice</i> . Chicago, IL: University of Chicago.	Book
Chaskin, R. J. (1999). <i>Defining community capacity: A framework and implications from a comprehensive community initiative</i> . Chicago, IL: University of Chicago.	Book
Morgan, M.A., & Lifshay, J. (2006). <i>Community engagement in public health: The ladder of community participation</i> . Contra Costa Health Services. Available at http://cchealth.org/public-health/pdf/community_engagement_in_ph.pdf .	Article
Strategic Plan Development	
W.K. Kellogg Foundation. (2004). <i>Logic model development guide: Using logic models to bring together planning, evaluation, and action</i> . Battle Creek, MI: W.K. Kellogg Foundation. Available at http://www.doh.state.fl.us/compass/documents/kellogg_fnd_logic_model_guide.pdf .	Guide
Department of Health and Human Services. (2010). <i>Partnerships: Frameworks for working together</i> . Compassion Capital Fund National Resource Center. Available at http://www.acf.hhs.gov/sites/default/files/ocs/partnerships.pdf .	Article
Bell-Elkins, J. (2002). <i>Assessing the CCPH principles of partnership in a community-campus partnership</i> . Available at http://www.doh.state.fl.us/compass/documents/assessingprinciplescommunitycampus.pdf .	Article
National Association of Community Health Centers. (2010). <i>Partnerships between federally qualified health centers and local health departments for engaging in the development of a community-based system of care</i> . Available at http://www.naccho.org/topics/hpdp/upload/partnerships-between-fqhcs-and-lhds_final_11_03_10.pdf .	Article
Partnership Evaluation	
Baker, Q.E., Davis, D.A., Gallerani, R., Sanchez, V., & Viadro, C. (2000). <i>Evaluation framework for advancement of community-based public health</i> . Durham, NC: Center for Advancement of Community Based Public Health. Available at http://www.doh.state.fl.us/compass/documents/evaluation_framework.pdf .	Article
Centers for Disease Control and Prevention. (1999). <i>Framework for evaluation in public health</i> . Atlanta, GA: Department of Health and Human Services. Available at http://www.doh.state.fl.us/compass/documents/cdc_evaluation_framework.pdf .	Article
W.K. Kellogg Foundation. (1998). <i>Evaluation handbook</i> . Battle Creek, MI: W.K. Kellogg Foundation. Available at http://www.doh.state.fl.us/compass/documents/kellogg_fnd_evaluation_handbook.pdf .	Handbook
Centers for Disease Control and Prevention. (2008). <i>Evaluation guide: Fundamentals of evaluating partnerships</i> . Atlanta, GA: Department of Health and Human Services. Available at http://www.doh.state.fl.us/compass/documents/cdc_partnershipevalguide.pdf .	Guide
Borden, L.M. & Perkins, D.F. <i>Assessing your collaboration: A self-evaluation tool</i> . Available at http://www.doh.state.fl.us/compass/documents/assessing_your_collaboration_j_extension.doc .	Tool

REFERENCES

Browne, K., Campion, D., & Stenger, R. (2001). *Strategic planning for rural health networks*. Academy for Health Services Research and Health Policy.

Department of Health and Human Services. (2010). *Partnerships: Frameworks for working together*. Compassion Capital Fund National Resource Center.

Meit, M., Hernandez, N., & Kronstadt, J. (2012). *Establishing and maintaining rural public health infrastructure*. University of Chicago: National Opinion Research Center, Walsh Center for Rural Health Analysis. Retrieved June 25, 2013, from http://www.norc.org/pdfs/walsh%20center/mainepolicybrief_web_3%2023%2012.pdf.

National Association of County and City Health Officials. (2007). *Local health departments and community health centers: Examples of collaboration*. Washington, DC: NACCHO.

Centers for Disease Control and Prevention. (2010). *Local public health system performance assessment instrument, version 2.0*. Atlanta, GA: Department of Health and Human Services.

University of Pittsburgh Center for Rural Health Practice. (2004). *Bridging the health divide: The rural public health research agenda*. Bradford, PA: University of Pittsburgh at Bradford.

PHOTO CREDITS

Images on page 1 and page 40 courtesy of CDC/Dawn Arlotta. Images on page 9 and page 38 courtesy of CDC/Amanda Mills.

For more information,
contact:

Mikhaila Richards, MS
Senior Program Analyst, Health Equity
mrichards@naccho.org
202-507-4280

This report was supported by Award
Number 6 UD30A22892-01-01 from
the Health Resources and Services
Administration. NACCHO is grateful
for this support. The views expressed
within do not necessarily reflect those
of the sponsor.

JULY 2013



NACCHO

National Association of County & City Health Officials

1100 17th Street, NW, 7th Floor Washington, DC 20036
P 202-783-5550 info@naccho.org www.naccho.org