GIH

GRANT MAKERS IN HEALTH

BUILDING A HEALTHIER FUTURE:

Partnering to Improve Public Health

ISSUE BRIEF NO.22

SEPTEMBER 2005

PREPARED FOR A GRANTMAKERS IN HEALTH ISSUE DIALOGUE

SAN FRANCISCO, CA

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Foreword

As part of its continuing mission to serve trustees, executives, and staff of health foundations and corporate giving programs, Grantmakers In Health (GIH) convened a group of experts from philanthropy, research, practice, and policy on February 23, 2005 to explore how partnerships can help strengthen the public health system.

During this Issue Dialogue, Building a Healthier Future: Partnering to Improve Public Health, health grantmakers and experts from the field participated in an open exchange of ideas and perspectives on the fundamentals of partnership and how, as a strategic tool, partnerships can leverage community resources to strengthen the public health system and increase its capacity to deliver essential services. Specifically, the day's discussion identified opportunities for grantmakers to partner with public health agencies at the local, state, and national levels, as well as with organizations outside of the traditional public health system, such as faith-based communities, employers, and community organizations. It also provided a venue to share valuable lessons learned in forging and sustaining partnerships from foundation-supported activities.

Special thanks are due to those who participated in the Issue Dialogue, but especially to presenters and discussants: Mohammad Akhter, director of the Office of Public and International Health at Howard University College of Medicine, Bill Beery, vice president of programs for the Group Health Community Foundation, Bobbie Berkowitz, director of the Turning Point National Program Office at the University of Washington School of Nursing, Wendel Brunner, director of public health at Contra Costa Health Services, Maria Campbell Casey, executive director of Partnership for the Public's Health, Patrick Libbey, executive director of the National Association of County and City Health Officials, Steven Marcus, president and CEO of the Health Foundation of South Florida, Linda Kay McGowan, vice president for programs at the CDC Foundation, Ann Pauli, president and CEO of the Paso del Norte Health Foundation, Dana Richardson, director of the South Bay Partnership, Steve Solomon, acting director of the National Center for Health Marketing at the U.S. Centers for Disease Control and Prevention, and Marion Standish, program director at The California Endowment. Finally, we wish to thank Charles Stokes, president and CEO of the CDC Foundation, who chaired the Issue Dialogue.

Katherine Treanor, M.S.W., program associate at GIH, planned the program and wrote this report with editorial assistance from Anne Schwartz, Ph.D., vice president of GIH, and Todd Kutyla, communications manager at GIH. Jennie Schacht of Schacht & Associates also contributed to this report.

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About GIH

The mission of Grantmakers In Health (GIH) is to help grantmakers improve the nation's health. GIH seeks to build the knowledge and skills of health funders, strengthen organizational effectiveness, and connect grantmakers with peers and potential partners. We help funders learn about contemporary health issues, the implications of changes in the health sector and health policy, and how grantmakers can make a difference. We generate and disseminate information through meetings, publications, and an on-line presence; provide training and technical assistance; offer strategic advice on programmatic and operational issues; and conduct studies of the field.

As the professional home for health grantmakers, GIH looks at health issues through a philanthropic lens, sorting out what works for health funders of different missions, sizes, and approaches to grantmaking. We take on the operational issues with which many funders struggle (such as governance, communications, evaluation, and relationships with grantees) in ways that are meaningful to those in the health field.

Expertise on Health Issues

GIH's Resource Center on Health Philanthropy maintains descriptive data about foundations and corporate giving programs funding in health and their grants and initiatives, and synthesizes lessons learned from their work. The Resource Center's database is available on-line on a password-protected basis to GIH Funding Partners (health grantmaking organizations that provide annual financial support to the organization). The database contains information on thousands of grants and initiatives made by more than 300 foundations and corporate giving programs. It can be searched by organizational characteristics (such as tax-exempt status, geographic focus, or assets); health programming areas (such as access, health promotion, mental health, and quality); targeted populations; and type of funding (such as direct service delivery, research, capacity building, or advocacy).

Advice on Foundation Operations

GIH also focuses on operational issues confronting health grantmakers through the work of its Support Center for Health Foundations. We advise foundations just getting started (including dozens of foundations formed as a result of the conversion of nonprofit hospitals and health systems) as well as more established organizations. The Support Center's activities include:

- The Art & Science of Health Grantmaking, an annual two-day meeting offering introductory and advanced courses on board development, grantmaking, evaluation, communications, and finance and investments;

- sessions focusing on operational issues at the GIH Annual Meeting on Health Philanthropy;
- individualized technical assistance for health funders; and
- a frequently asked questions feature on the GIH Web site.

Connecting Health Funders

GIH creates opportunities to connect colleagues to one another and with those in other fields whose work has important implications for health. GIH meetings, including the Annual Meeting on Health Philanthropy, the Fall Forum (when we focus on policy issues), and Issue Dialogues (intensive one-day meetings on a single health topic) are designed for health funders to learn more about their colleagues' work; talk openly about shared issues; and tap into the knowledge of experts from research, policy, and practice. Our audioconference series allows smaller groups of grantmakers working on issues of mutual interest, such as access to care, overweight and obesity, racial and ethnic disparities, patient safety, or public policy, to meet with colleagues regularly without having to leave their offices.

Fostering Partnerships

The many determinants of health status and the complexity of communities and health care delivery systems temper health grantmakers' expectations about going it alone. Collaboration with others is essential to lasting health improvements. Although successful collaborations cannot be forced, GIH works to facilitate those relationships where we see mutual interest. We bring together national funders with those working at the state and local levels, link with other affinity groups within philanthropy, and help connect grantmakers to organizations that can help further their goals.

GIH places a high priority on bridging the worlds of health philanthropy and health policy. Our policy portfolio includes efforts to help grantmakers understand the importance of public policy to their work and the roles they can play in informing and shaping policy. We also work to help policymakers become more aware of the contributions made by health philanthropy. When there is synergy, we seek to strengthen collaborative relationships between philanthropy and government. GIH has established cooperative relationships, for example, with a number of federal agencies, including the Agency for Healthcare Research and Quality and the Centers for Disease Control and Prevention.

Educating and Informing the Field

An aggressive publications effort helps GIH reach many grantmakers and provide resources that are available when funders need them. Our products include both in-depth reports and quick reads. Issue Briefs

delve into a single health topic, providing the most recent data, sketching out opportunities for funders, and offering examples of how grantmakers are putting ideas into action. The *GIH Bulletin*, a newsletter published 22 times each year, keeps funders up to date on new grants, studies, and people. GIH's Web site, www.gih.org, is a one-stop information resource for health grantmakers and those interested in the field. The site includes all of GIH's publications, the Resource Center database (available only to GIH Funding Partners), and the Support Center's frequently asked questions. Key health issue pages on access, aging, children/youth, disparities, health promotion, mental health, public health, and quality provide grantmakers with quick access to new studies, GIH publications, information on audioconferences, and the work of their peers.

Diversity Statement

GIH is committed to promoting diversity and cultural competency in its programming, personnel and employment practices, and governance. It views diversity as a fundamental element of social justice and integral to its mission of helping grantmakers improve the nation's health. Diverse voices and viewpoints deepen our understanding of differences in health outcomes and health care delivery, and strengthen our ability to fashion just solutions. GIH uses the term, diversity, broadly to encompass differences in the attributes of both individuals (such as race, ethnicity, age, gender, sexual orientation, physical ability, religion, and socioeconomic status) and organizations (foundations and giving programs of differing sizes, missions, geographic locations, and approaches to grantmaking).

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Executive Summary

Today's public health system performs many functions: ensuring a clean water supply, monitoring disease outbreaks, alleviating health inequities, and protecting residents from bioterrorism. At the core of such activities is the idea that health is essential to the functioning of both individuals and communities, and that a minimum threshold of health is needed in order for people to work, interact socially, exercise the rights of citizenship, and provide for common security.

The system, however, faces many obstacles in performing the essential functions that help people and communities to be healthy. An increasing emphasis on broad determinants of health; wide variation in the size, scope, and resources of local public health agencies; and a neglected infrastructure are several of the key challenges faced by the public health system.

Strengthening the public health system and assuring the conditions in which people can be healthy cannot be accomplished by the public or private sector working alone. Public health stakeholders are becoming increasingly aware of the benefits of partnership. They are sharing information, leveraging resources, and engaging community members to generate lasting results for population health.

Health foundations can support and guide public health partnerships. To create and sustain change within the public health system, foundations can collaborate with a wide array of stakeholders including federal, state, and local health departments, as well as with community groups, businesses, health care organizations, and others. Among the strategies foundations can use to develop and implement partnerships are:

- *cofunding* provides foundations with an opportunity to leverage limited resources;
- *engaging a variety of partners* can contribute to the success of a collaboration by including individuals and organizations that have a stake in public health at the local, state, and national levels; and
- *replicating successful partnerships* can address shared public health issues.

Partnerships can be difficult. They are time consuming and resource intensive. They require individuals and organizations to act differently than they do on their own. Funders, and others, can learn a wealth of lessons form ongoing and completed partnerships. While some lessons are unique to specific partnerships or communities, others may be broadly translated to assure the success of new collaboratives. Several of the characteristics shared by successful public health partnerships include:

- *balancing power and aligning incentives:* Ensuring balanced participation and input from those involved is essential, but difficult. Organizational culture and resources distribution differs across partners and can make it difficult to ensure that each partner's skills are best utilized.
- *sustaining the partnership:* Successful partnerships must achieve consensus, identify and exploit resources, and establish needed infrastructure. In addition, maintaining the engagement of the community can require technical assistance, data, acknowledgement of progress and success, and continuous identification, training, and mentoring of new collaborative leaders.
- *evaluating the partnership:* It is important to understand and measure the partnership's effect on how public health is performed and viewed. Partnership effectiveness must be demonstrated.

A strong public health system makes it possible to provide the essential services that will identify and monitor disease outbreaks, promote healthy behaviors, eliminate health inequities, and protect the nation from emerging health threats. Public health stakeholders can take advantage of the power of partnerships to incite and sustain change to ensure that these essential services are carried out.

Health philanthropy is well positioned to support the partnerships needed to strengthen the public health system. Funders can act as neutral conveners, provide matching grants or start-up funding, coordinate collaborators, and encourage community engagement. Through partnerships, foundations can educate and inform the public about a wealth of public health issues, as well as impress upon policymakers the value and benefits of public health.

Introduction

The public health system is the nation's first line of defense against many threats, both naturally occurring and manmade. It ensures the public's health and safety by identifying and tracking disease, protecting food and water supplies, educating the public on a variety of health issues, and responding to disasters. Public health, however, remains largely invisible to most Americans—until something goes wrong. An outbreak of food poisoning or the start of the annual flu season heightens our awareness of our vulnerability. These episodes also bring attention to an overburdened public health system challenged by fragmented funding streams, inadequate staffing and training, inadequate information technology and communication systems, and an aging laboratory system.

A variety of activities at the federal, state, and local levels are strengthening the public health system. Some of these involve partnerships between public health agencies and the private sector, including philanthropy. New collaborators are being tapped to promote and maintain the public's health, including police and fire departments, emergency rescue personnel, public school systems, community groups, and faith-based organizations. Such partnerships reflect a commitment to improving overall public health system functioning, from state-of-the-art information and laboratory technologies to local health promotion activities.

These partnerships signal a growing recognition that complex health and infrastructure issues cannot be solved by either the public or private sector alone. In its 2003 report, *The Future of the Public's Health in the 21st Century*, the Institute of Medicine (IOM) noted that "today's health challenges, ranging from jet-setting microbes and soaring obesity rates to emerging environmental risks and bioterrorism, highlight the interconnectedness of people and communities and the need for joint efforts to meet those challenges." Planning, implementing, and evaluating programs that effectively support the public health system requires collaboration among governmental public health agencies, community-based organizations, health care providers, employers, media, academia, and others. Working in complementary ways can build on each sector's strengths and reduce their limitations, forming the foundation for a stronger, more effective public health system.

Foundations are uniquely positioned to support public health. They can strengthen the capacity of the public health system by providing start-up funding, meeting government grant matching requirements, supporting infrastructure improvements, increasing knowledge through evaluation, and sharing information by disseminating findings and best practices. Collaborating with a variety of stakeholders heightens the impact of foundation funding by stimulating innovation, filling gaps, and energizing communities.

Based on background research and insights expressed during Grantmakers In Health's (GIH) Issue Dialogue on public health, this report examines how partnerships can strengthen the nation's public health system. It begins by defining public health and its essential services, as well as examining its infrastructure and the barriers that

"I think if we look back at the successes of public health, whether it is immunizations, infectious diseases, seatbelts, tobacco, fluoridation—all of the successes—they have all been about partnership."

—MARION STANDISH, THE CALIFORNIA ENDOWMENT

keep the system from functioning most effectively. It explores the fundamentals of partnership and how it can be used as a strategic tool to leverage community resources to strengthen infrastructure and increase the system's capacity to carry out its essential functions. Illustrative examples of partnerships highlight ways in which health grantmakers and others can join together to support public health at the local, state, and national levels.

Public Health: What It Is and What It Does

The vision of public health in the United States is one of healthy people living in healthy communities (American Public Health Association 2004). This ideal rests on the IOM's definition of public health as "organized community efforts aimed at the prevention of disease and promotion of health" and its mission as the "fulfillment of society's interest in assuring the conditions in which people can be healthy" (IOM 1988). Public health means more than responding to health problems and emergencies; rather, it ultimately rests on creating the conditions under which people may live healthy lives. Its function is as much preventive as it is ameliorative.

The Purpose of Public Health

The IOM's definition of public health encompasses the idea that health is essential to the functioning of both individuals and communities. A minimum threshold of health is needed in order for people to work, interact socially, and exercise the rights of citizenship, and to provide for common security—the roots of a strong society (Gostin et al. 2004). The IOM definition embodies three core functions: government assessment, policy development, and assurance. *Assessment* encompasses the activities that lead to a community diagnosis, such as surveillance, seeking out causes of problems, collecting and interpreting data, monitoring and forecasting trends, conducting research, and evaluating outcomes. These activities help public and private organizations, as well as individuals, to make informed decisions. As Dr. Mohammad Akhter of the Office of Public and International Health at Howard University College of Medicine noted during the Issue Dialogue, those responsible for "reading the test results" must have the knowledge and experience to make the correct diagnosis. *Policy development* is the equivalent of a treatment plan. It involves determining the best ways to address problems, setting goals, identifying the steps to reach those goals, and allocating resources. *Assurance* guarantees that the treatment plan is carried out; that needed services are provided. Government can either provide services directly or require the private sector to do so. The activities of federal, state, and local public health departments overlap in their contribution to the three core functions.

Some believe the IOM's three core functions do not go far enough. During the Issue Dialogue, Dr. Wendel Brunner, director of public health for Contra Costa Health Services in California, proposed a broader vision of public health: "the activities that we take on as a society to improve community health." Public health can be

TEN ESSENTIAL PUBLIC HEALTH SERVICES

1. *Monitor* health status to identify and solve community health problems.
2. *Diagnose* and investigate health problems and health hazards in the community.
3. *Inform*, educate, and empower people about health issues.
4. *Mobilize* community partnerships to identify and solve health problems.
5. *Develop* policies and plans that support individual and community health efforts.
6. *Enforce* laws and regulations that protect health and ensure safety.
7. *Link* people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. *Assure* a competent public health and personal health care workforce.
9. *Evaluate* effectiveness, accessibility, and quality of person- and population-based health services.
10. *Research* for new insights and innovative solutions to health problems.

Source: American Public Health Association, *The Essential Services of Public Health*, November 1, 2004.

seen as the application of science to the promotion of community health. Dr. Brunner noted that public health's necessary focus on communities that are at greatest risk for health problems—particularly low-income and minority communities that experience health inequities and disparities—imply a definition that goes further: public health is the application of science to the promotion of social justice.

The Practice of Public Health

Public health professionals perform a variety of services to assure the conditions under which people can be healthy. The Public Health Functions Steering Committee—a joint effort of the Centers for Disease Control and Prevention (CDC), other federal agencies of the U.S. Department of Health and Human Services (DHHS), local public health agencies, and major public health organizations—has identified ten essential public health services. When provided effectively, these services can reduce the burden of preventable illness and injury and avoid costly medical services needed to treat preventable illness (APHA 2004). The ten essential services reflect the public health system's many and varying responsibilities, from promoting health and serving as a steward of basic health needs to averting or

"If the health problems that we're trying to address have broad environmental and social determinants, then the only way that we are going to deal with these problems is to engage in partnerships with elements of the community, mobilize the community, and develop coalitions with the community."

—WENDEL BRUNNER, CONTRA COSTA HEALTH SERVICES

responding to natural and manmade disasters. Today, more than ever, stakeholders must be effectively organized and engaged at all levels in order to provide these services.

An Overburdened System

Today's public health system is overburdened. Over time, its responsibilities have greatly expanded. One major shift has been from focusing on discrete interventions—such as water supply management and sewage disposal—to tackling the broader social, cultural, and economic reforms to address the root causes of illness. This shift, supported by a growing body of evidence suggesting that addressing these broad determinants leads to a more productive society, underscores public health's social justice function (Gostin et al. 2004). The shift, however, has drawn public health away from some of its core functions, such as epidemiology and surveillance.

The public health system is also challenged by vast differences among the nation's 2,800 local public health agencies in staffing, population served, function, and resources. During the conversation, Patrick Libbey, executive director of the National Association of County and City Health Officials (NACCHO), described how local public health agencies range widely in size and scope. Some agencies are county-based, others city-based, and still others organized as special purpose units of government. The majority of public health agencies serve relatively small populations, with two-thirds serving a population smaller than 50,000 and half serving a population of 25,000 or fewer. The staffing for the average public health agency is 73 full time equivalents (FTEs) with a median of 14 FTEs. A small agency with a township-based model or in a sparsely populated area may have only a single, shared staff position. In addition, Libbey noted that about 40 percent of the health department workforce is at or near retirement age, putting a tremendous burden on health departments to engage in succession planning.

In addition to challenges discussed above, local public health agencies frequently must take on the added function of providing health care services to those who are uninsured or who reside in areas were services are unavailable. This default status of many public health agencies is "consuming resources and impairing the ability of governmental public health agencies to perform other essential tasks" (IOM 2003). In addition, the structure of the health care system often does not allow it to interact effectively with components of the public health system. As a result of poor communication between the two, some essential public health services—such as disease detection and surveillance—can be challenging to provide. Governmental public health agencies, for example, often must rely on clinicians in private practice to inform them of sentinel cases of diseases that are a threat to the public's health and of unusual cases that may represent an emerging trend.

The threat of bioterrorism and the emergence of new infectious diseases, like SARS and avian flu, have further strained the

CDC RESTRUCTURE: THE NATIONAL CENTER FOR HEALTH MARKETING

As part of its recent organizational restructuring, the U.S. Centers for Disease Control and Prevention (CDC) formed the National Center for Health Marketing to help assure that the agency's scientific discoveries have a measurable impact on improving the nation's health. The agency-wide reorganization was in response to the changing public health environment characterized by shifting demographics, diseases such as SARS and avian influenza, obesity, and other emerging health threats.

A major goal of the reorganization was to make the CDC more accessible and responsive to its customers, including the public health system, the health care delivery system, and the public. The CDC anticipates that the new National Center for Health Marketing will help the agency listen more carefully to its constituents and focus more intently on their needs as they themselves perceive and express them. The center will effectively serve as the agency's front door, offering a single point of entry for CDC partners.

Marketing is a new role for the CDC. The center defines health marketing as the effort to empower people by creating an environment in which people can exercise healthy choices. While this includes the more traditional CDC roles of health education, the center's premise is that information alone does not often stimulate change. Rather, information and education must be coupled with an environment that allows people to exercise healthier choices: decent housing, sidewalks to walk on, and health insurance, for example.

The center embraces a model for health system change that includes networking, collaboration, and partnership to help government fill gaps, expand its reach, and have an impact that government cannot achieve working in isolation. Partnership also means going beyond the CDC's traditional research role to apply findings in a way that has a measurable impact on the population's health. This includes engaging partners beyond the traditional ones in state and local public health systems—including foundations.

public health system. Such events have revealed a need for greater investment in the public health infrastructure, particularly in workforce, information technology, communication, and laboratory facilities (IOM 2003). Improved coordination across the public health system and with other health organizations, such as hospitals, clinics, and first responders is also needed. After the 9/11 terrorist attacks and subsequent anthrax poisonings, the federal government appropriated almost $2 billion to improve the public health infrastructure and its ability to respond to terrorist threats. The CDC administers most of the funds through cooperative agreements with state and local public health agencies. Monies may be used to develop plans for responding to bioterrorism and other public health emergencies; to purchase or upgrade equipment, supplies, pharmaceuticals, or other items to enhance

During the Issue Dialogue, Mohammad Akhter suggested four key problems facing public health:

- lack of resources;
- weak infrastructure (especially at the local level);
- a political focus on the short term, when long-term vision is essential; and
- an ever-changing mission.

preparedness and response; to conduct exercises to test public health emergency response capabilities and timeliness; or to improve surveillance, detection, and response activities to prepare for biological attacks (Trust for America's Health 2003). While these funds have resulted in some improvements—such as preliminary preparedness plans and updated laboratory capacity—research conducted by The Trust for America's Health suggests that states remain only modestly better prepared to respond to public health emergencies than they were prior to September 2001. Progress toward improving emergency preparedness has been piecemeal, hindered by categorical funding, state budget crises, a low priority placed on addressing underlying systemic problems, and a failure to eliminate bureaucratic obstacles (Trust for America's Health 2003).

Infrastructure: Public Health Services Can't be Delivered Without It

A strong and stable infrastructure of people, systems, and organizations is essential not only to the performance of core public health services, but also to assuring an effective response to bioterrorism, emerging infections, and other health threats. For too long, infrastructure has been neglected. As a result, public health lacks the capacity to respond quickly and effectively to threats. The CDC (2002) identified three basic, interrelated, core elements of infrastructure. The first is *organizational capacity*. Federal, state, and local health departments and laboratories serve as the underpinnings of the public health infrastructure. Effective functioning of public health agencies requires, among other things, a responsive organizational structure, modern facilities, properly trained personnel, and up-to-date information systems. The CDC also includes partnerships with private entities to ensure that essential services are provided as an important component of organizational capacity.

Adequate funding for public health is critical to the system's organizational capacity. Spending for public health continues to lag behind spending for personal health care services, with just one cent of every health care dollar going to public health (The Robert Wood Johnson Foundation 2002). In addition, while the events of 9/11 resulted in a large infusion of federal funds into the public health system, states and localities have had limited success in

leveraging these funds to improve overall system functioning. Tight fiscal times have also reduced public health spending in more than two-thirds of states, with a direct impact on the quality, provision, and organization of public health services (Trust for America's Health 2003). Most public health financing is categorical, meaning that it is designated for specific services or programs, making it difficult for state and local public health departments to strengthen the core capacity that serves multiple functions.

The second core infrastructure element is *workforce capacity and competency*, including the more than 500,000 professionals working in federal, state, and local public health departments. These front-line workers are responsible for tracking disease trends, inspecting restaurants, implementing communitywide health promotion and disease prevention campaigns, and responding to emerging threats and outbreaks. Other professionals whose primary function is to improve health, such as physicians, nurses, and researchers, are a part of the broader public health workforce. These professionals work in a variety of settings, such as hospitals, and community clinics.

There is little uniformity or standardization in public health training. Individuals often enter the public health workforce with a broad range of experience and expertise, from training in an accredited school of public health to a high school diploma and a willingness and aptitude for learning. Just 44 percent of public health workers have received formal academic training in public health (Baker and Koplan 2002). There are few continuing education and certification opportunities in public health.

The third core element is the *information and data systems* required to monitor disease and to enable efficient communication among public and private health organizations and between those organizations and the public. Information and data are the tools for planning and conducting appropriate public health interventions. This includes systems such as the CDC's *Health Alert Network*, a nationwide, integrated information and communications system that distributes health alerts, prevention guidelines, and other information to public health professionals, health care providers, and the public. Yet, a 2001 study revealed that only 68 percent of county health agencies had Internet connectivity (Baker and Koplan 2002). This makes it difficult for public health agencies to conduct day-to-day business and could prove deadly in an emergency situation such as a disease outbreak or natural disaster.

What Is Partnership?

Assuring the conditions under which people can be healthy cannot be accomplished by the public or private sector working alone. Public health stakeholders are becoming increasingly aware of the benefits of partnership. They are sharing information, leveraging resources, and engaging community members to generate lasting results for population health. Public

Figure 1. *Partnership Continuum*

Lower Intensity → → → → → → → Higher Intensity		
Cooperation	Coordination	Collaboration
Shorter-term, informal relationships	Longer-term effort around specific project or task	More durable and pervasive relationships
Shared information	Some joint planning and division of roles	New structure with a commitment to common goals
Separate goals, resources, and structures	Some shared resources, rewards, and risks	All partners contribute resources and share leadership, rewards, and risks

Source: Winer, Michael, and Karen Ray, *Collaboration Handbook: Creating, Sustaining, and Enjoying the Journey* (St. Paul, MN: Amherst H. Wilder Foundation, 1994).

and private organizations must think strategically about motivating nontraditional partners and nurturing these relationships.

The Partnership Continuum

According to the New York Academy of Medicine, "partnership encompasses all types of collaborations that bring people and organizations together to improve health" (Weiss et al. 2002). While each partnership is unique, all share an appreciation for the fact that most health objectives cannot be achieved by any single person, organization, or sector working alone (Lasker et al. 2001).

Partnerships take many forms and vary in their intensity. They involve many players, such as government, community organizations, the health care delivery system, media, and philanthropy. Winer and Ray's (1994) continuum of partnerships clearly illustrates the many ways in which organizations can work together with varying levels of intensity, from cooperation to coordination to collaboration (Figure 1).

Lower intensity partnerships can be as simple as organizations and individuals coming together to share information. Information sharing can build trust and strengthen relationships—essential ingredients for successful partnerships. Large meetings, such as the annual American Public Health Association conference, provide a venue to share program experiences and explore the work of colleagues from around the nation. Smaller settings, such as community-based dialogues or town hall meetings, also provide opportunities for making connections and sharing detailed information.

Cofunding arrangements go a step further, with two or more funders jointly supporting a single grantee. Often, the funding entities jointly seek out a strong individual or organization to bring together a package of funds aimed at addressing a specific health issue. Cofunding arrangements may include communication between funders, as well as joint planning and meetings among partners and grantees (Isaacs and Knickman 2001).

Collaboration, the most intense form of partnership, assumes a commitment to shared goals, shared responsibility, mutual authority and accountability, and sharing of resources, risks, and rewards. It requires that all parties understand and agree to the purpose of the partnership, the degree of commitment required, and the expectations of those involved (Winer and Ray 1994). Full partnerships can take different forms, sometimes with senior and junior partners. Partnerships at the state and community levels created through initiatives such as *Partnership for the Public's Health* and *Turning Point*, discussed later in this report, are often full-fledged collaborations with common goals, shared resources, and mutual accountability. They include diverse partners and seek ongoing community input.

Strategies for Developing Public Health Partnerships

Health foundations can support and guide partnerships that embrace a variety of stakeholders and draw on the strengths of each. To create and sustain change within the public health system, foundations can collaborate with federal, state, and local health departments, as well as with community groups, businesses, and others. This section of the report discusses a variety of strategies foundations can use to develop and implement partnerships to address specific public health issues.

Cofunding

Cofunding provides foundations with an opportunity to leverage limited resources. In 1998, the CDC and the Kansas Health

During the Issue Dialogue, Mohammad Akhter pointed out five areas where foundations can make a lasting difference in the future of public health:

- Build partnerships that fill resource gaps and provide training to help public health departments partner successfully with communities.
- Establish think tanks that strategically examine future threats to public health, plot ways to respond to them, and inform policymakers about what must be done.
- Help policymakers understand the resources needed to sustain a strong public health infrastructure.
- Build community support for creating the conditions under which people can be healthy.
- Identify ways to translate research findings into practice.

"Help us connect to our communities, help us organize our communities. Only by having community support can we create the conditions in which people can be healthy."

—MOHAMMAD AKHTER, HOWARD UNIVERSITY COLLEGE OF MEDICINE

Foundation cofunded the *Kansas Integrated Public Health System*. This project supported the development of a comprehensive information system for the Kansas public health system. The initiative began as a way to help county health departments get accurate data about community health issues, integrating data from all public health client service activities at the local level, including maternal and child health reporting data. The system is connected to the CDC's national surveillance system, enabling enhanced analysis.

Turning Point, a collaboration between the W.K. Kellogg Foundation and The Robert Wood Johnson Foundation, is another example of cofunding. Designed to strengthen state and local public health agencies through partnerships between public health and its many stakeholders, *Turning Point* has transformed public health agencies and fostered healthy communities throughout the country.

The impetus behind *Turning Point* was the foundations' mutual concern about the capacity of the public health system to respond to emerging challenges. The Robert Wood Johnson Foundation was seeking to modernize and improve state public health organizations while the W.K. Kellogg Foundation was exploring ways to strengthen local public health departments. Recognizing that a partnership would increase their impact, the foundations issued a joint call for proposals and selected 14 states and 41 communities to participate in *Turning Point*. The communities funded by the W.K. Kellogg Foundation were all located within states funded by The Robert Wood Johnson Foundation. Seven new states were soon added.

Early on, the two foundations recognized that other partners were needed. Two national program offices were established, one at the University of Washington School of Public Health and Community Medicine focused on state-level partnerships, and a second at the National Association of County and City Health Officials focused on community-based partnerships.

Turning Point grantees at the state and local levels have addressed public health infrastructure issues such as workforce capacity and information technology. Other *Turning Point* partnerships have mobilized communities to conduct needs assessments and set public health agendas. *Tuning Point* in New Hampshire developed a community grant program to stimulate collaboratives aimed at expanding the capacity of the local public health infrastructure. The New Hampshire Public Health Network has helped increase coordination between state agencies, formalized the traditional role of nongovernmental organizations in providing a range of public health services, and strengthened the capacity of local governments to partner more effectively with nongovernmental agencies (Turning Point 2004). The success of the state's work became evident in early 2004 with an outbreak of hepatitis A. As a result of the planning and relationship building by the public health network, communities were able to make quick decisions about informing the public of the outbreak and disease symptoms, and to provide more than 2,500 area residents with antibody treatments (Turning Point 2004).

Engaging a Variety of Stakeholders

Involving a variety of stakeholders can contribute to the success of public health partnerships. Collaborators such as government, community-based organizations, and the media each bring unique resources and talents to the table.

Partnering with Government

Partnerships with government can create lasting change, especially when it comes to building the public health system infrastructure. It is important, however, to understand the role of government in public health. Potential partners also need to understand the culture of government and how it can affect the roles and expectations of those in the collaboration.

Charles Stokes, president and CEO of the CDC Foundation, identified a number of challenges inherent to partnering with government for Issue Dialogue participants. First, public health departments are typically made up of career civil servants who ultimately work for and report to elected officials. Unless public health leaders are willing to take risks and elected officials offer their support, it can be difficult for a public health agency to go on record saying that it needs help or is not as prepared as it ought to be. While an elected official may initially demonstrate public support for an effort, the actual work of a partnerships agreement often is left to an underfunded and understaffed health department.

Personnel and funding changes, especially after an election, can be another challenge to partnering with government. As Stokes suggested at the meeting, "parties change, power changes, and faces in organization change." This cycle of change can make it difficult to build relationships.

During the conversation, Linda Kay McGowan, the CDC Foundation's vice president for programs, described how partnerships help the CDC do more and do it faster than any government agency would be able to on its own. The CDC established the foundation as a nonprofit, independent organization, allowing it to operate as a neutral broker between donors, other partners, and the CDC. Through partnerships, the foundation has leveraged $150 million in the last ten years to support the CDC and its programs.

The Management Academy for Public Health is an example of the CDC Foundation's ability to bring funders together to support public health infrastructure. In 1996, the U.S. Health Resources and Services Administration and the CDC partnered with The Robert Wood Johnson Foundation and the W.K. Kellogg Foundation to design a program to enhance public health workforce capacity. The academy offers a ten-month course, customized for managers working in public health, that builds skills in managing people, money, data, and partners, with each team developing a business plan to practice their skills and improve their organizations. To date, the academy has trained over 600 public health professionals. The CDC Foundation initially ran the academy, but since 1999 it has been administered by the University of North Carolina at Chapel Hill.

The CDC Foundation has also been successful in creating a pool of flexible funding that allows the agency's personnel

> *"The question I ask myself is, what makes a great partnership work? I think it's the people. Maybe just one person from each institution who's willing to step outside the box and take some risks, and think a little bit differently…and to find something that is greater than either entity could ever do on its own."*
>
> —CHARLES STOKES, CDC FOUNDATION

to purchase needed supplies during an emergency. In the wake of 9/11, the CDC administrators recognized they would need help on the ground, procuring supplies and providing services more quickly than typical agency procedures allow. The CDC Foundation stepped in to create an emergency response fund, with support from corporations, foundations, and individuals.

Developing Community-Based Collaborations

Communities are the physical and cultural settings in which actions take place to promote the public's health. They are essential to creating the conditions under which people can make healthy choices and live healthy lives. The IOM describes healthy communities as places where "people provide leadership in assessing their own resources and needs, where public health and social infrastructure and policies support health, and where essential public health services, including quality health care, are available" (2003). Partnerships with community-based organizations –such as advocacy groups, civic organizations, and neighborhood associations— can promote healthy communities by conducting needs assessments and pooling resources to address identified needs.

Communities throughout California are coming together to identify pressing public health issues and to develop strategies to address them. *Partnership for the Public's Health*, an initiative of The California Endowment, is working to develop partnerships among local health departments and the communities they serve. Since 1999, the initiative has fostered partnerships between 14 county and city public health departments and 39 communities. At the core of the initiative is the notion that public and community health cannot be improved without parties working together. Building community and institutional capacity to work in partnership will result in more informed and sustained public engagement.

The project's initial goals were to strengthen the capacity of communities to engage with health departments on community-identified health priorities, and to enhance the capacity of health departments to partner with communities. It sought to create sustainable partnerships between the two to achieve real community health improvements and to identify the state, local, and national policy issues at play in supporting that type of partnership. Helping community groups to understand how the helath department decisions are made is key, as is developing effective community leadership and infrastructure.

During the Issue Dialogue, *Partnership for the Public's Health* executive director, Maria Campbell Casey, described three methods the project used to foster partnership with the community:

- In the *cofacilitation model*, one representative from the community and one from the health department facilitated meetings. This provided a mechanism for partnership sharing as well as a learning experience and an opportunity for capacity building for both.

- In the *jurisdictional model*, more than one partner in a single jurisdiction met regularly to share resources and information and to plan shared goals and activities. In Stanislaus County, California, three partners began working

PARTNERSHIP FOR THE PUBLIC'S HEALTH: BUILDING COMMUNITY-BASED PUBLIC HEALTH PARTNERSHIPS

To help build strong partnerships between local public health departments and the communities they serve, The California Endowment launched a five-year initiative in partnership with the Public Health Institute in 1999. Partnership for the Public's Health awarded $25 million in grants over four years to communities and local health departments. The grants support community partnerships aimed at influencing government and other institutions to establish public health improvement goals, to redesign systems, and to mobilize action to protect and improve the community's health. They also help local health departments to be more responsive to community-based priorities and to more effectively perform the core public health functions of assessment, assurance, and policy development in the context of community health.

together toward a common policy agenda; by the end of the initiative they had expanded to 17 communities.

- In the *health department liaison model*, the health department hired a coordinator who took on leadership responsibility for building the partnership and capacity.

Building capacity enabled communities in the *Partnership for the Public's Health* to expand beyond a single issue focus. In south San Diego, the *South Bay Partnership* was already quite successful in attracting external funding before entering into the partnership, however, they had not partnered with the health department before. Although its initial focus was on neighborhood beautification, the project developed a strong healthy living component. Another partnership, a collaborative in San Luis Obispo, started out focusing on food access, then moved on to housing issues.

Dana Richardson, director of *South Bay Partnership* and manager of community services and government affairs at Paradise Valley Hospital in San Diego County's National City, suggested to Issue Dialogue participants that community-based organizations are extensions of the public health system that can carry out a public health agenda on the local level. He credits The California Endowment with shaking up the system, forcing public health departments and community groups to plan and work together toward a common agenda. Initially, Richardson contends, the *South Bay Partnership* was staffed with people from community organizations, but was not close enough to the residents it was charged with serving. Their participation in the *Partnership for the Public's Health* helped them work more directly with residents, ultimately creating a participatory public health planning process that included education forums in the community, brokering health services, increasing public utilization of existing services and

"Community-based organizations and community residents can be viewed as an extension of the public health system."

—DANA RICHARDSON, SOUTH BAY PARTNERSHIP

resources, and engaging residents as educators in their own neighborhoods. Dialogues in Spanish with English interpretation, with child care and food provided, helped them to bring residents into a meaningful role at the public health table.

The *Healthy Homes and Handwashing Initiative* in El Paso, Texas, is a community-based partnership spearheaded by the Paso del Norte Health Foundation. The program is designed to reduce environmental health risks such as asthma triggers, contaminated water, pesticides, uncontrolled solid waste dumping, and other risks to families in their indoor environments and nearby properties. The foundation took the lead, holding a series of meetings with leaders of environmental organizations, community activists, and academic researchers to identify key environmental health issues. Binational meetings included representatives from the El Paso, Texas and Ciudad Juarez, Mexico regions. They established five priority environmental health issues: hand washing and personal hygiene; waterless sanitation and water protection; asthma prevention; lead, pesticides, and other household chemical hazards; and solid waste disposal. The initiative assists area residents to recognize and reduce environmental risks, and promotes behavioral change to reduce exposure. A pilot program encouraging proper hand washing and hygiene at daycare centers used teacher training and parent education tools to stimulate behavior change in children and adults. The pilot, supported by a $50,000 grant from Paso del Norte Health Foundation, was implemented at three YWCA daycare centers in El Paso and at a community-based daycare center in Ciudad Juarez. In total, the foundation has committed $3.2 million over five years to the *Healthy Homes and Handwashing Initiative*. Future programming will focus on solid waste disposal and agricultural pesticides.

Partnering with the Private Sector

Many successful partnerships reach beyond the public and nonprofit sectors to draw in participants from the private sector. Businesses can be important public health partners since employers are a major source of health care benefits, and working conditions can have significant effects on workers' health. Businesses can promote health through a wide range of activities, beyond providing health insurance and safe working environments, though. They can promote healthy lifestyles, for example, by offering flu shots or screenings for blood pressure or cholesterol levels at health fairs. Employers can also promote mental health in the workplace by promoting awareness about depression and availability of treatment, or by sponsoring employee assistance programs.

For-profit entities can be included successfully in public health partnerships and bring a wealth of expertise to the table. Some of the most successful public-private partnerships have created new problem-solving organizations that work outside existing governmental frameworks to address public health issues. In 1998, Pfizer Inc and the Edna McConnell Clark Foundation jointly supported a $66 million public health program to eliminate trachoma, a contagious eye infection that can cause blindness if left untreated. The initiative has formed partnerships among international agencies and governmental

and nongovernmental organizations to ensure that surgical services are available to patients with advanced disease, antibiotics are distributed, face washing is widely publicized, and communities work to improve access to clean water and sanitation. Pfizer Inc's donation of Zithromax, a single-dose oral treatment for trachoma, is a central element of the initiative. Use of this drug has improved compliance rates and enhanced trachoma control. The initiative is working in five developing countries where the disease is endemic: Ghana, Mali, Morocco, Tanzania, and Vietnam.

Including media in partnerships can help ensure that important public health messages reach a wide audience. News and entertainment media can place health issues on the public agenda, convey health-promoting messages that reinforce or change public attitudes and norms, and provide the public with safety instructions and other messages from government officials. In the fall of 2004, national, state, and local public health agencies collaborated with media to educate the public about the shortage of flu vaccine and to provide instructions on who should seek vaccinations. High-risk individuals, such as the elderly and those with compromised immune systems, were encouraged to receive the vaccine while healthier people were told to prevent the spread of flu through proper handwashing techniques and staying home when sick.

The Henry J. Kaiser Family Foundation has a longstanding tradition of working collaboratively with media to bring health messages to the public. Recognizing the importance of entertainment media in shaping people's awareness of health issues, the foundation established its *Program on the Entertainment Media & Public Health* in 1996. The program works with writers, producers, and executives to help them convey health messages to the public. Health messages crafted by the initiative have appeared in many prime time shows, including NBC's *ER* and UPN's *Girl Friends*, and have addressed issues such as HIV/AIDS and sexually transmitted diseases. Through a partnership with Black Entertainment Television, the foundation produced a sexual health public education campaign aimed at young people. The campaign consisted of full-length news specials on sexual health, public service announcements, a toll-free telephone number for viewers to call for additional information, and a free booklet on sexual health. A similar partnership with Univision Network, the nation's premier Spanish-language network, supported a campaign to raise awareness about sexual health issues, including HIV and other sexually transmitted diseases.

The Paso del Norte Health Foundation included media in its *Walk Doña Ana*, *Walk El Paso*, and *Walk Otero* initiatives. These bilingual programs provide information, inspiration, and opportunities to promote walking as a fun and safe form of exercise. Through collaborations with local media outlets, television and radio campaigns inform the public about the importance of increasing physical activity and its effect on health, and inspire them to act by calling a hotline to request a walking kit. The free, low-literacy, bilingual kit contains information on how to get started walking, considerations for special populations, walking group referrals, and information on the best walking areas.

The first year of the media campaigns includes television and radio spots with testimonials from residents whose doctors have recommended walking for health, spots that celebrate walking, and a spot that highlights the free walking kit. Other partners include community-based organizations such as the YMCA, businesses, civic groups, and locally organized walking groups.

Working with the Health Care Delivery System

The public health and health care delivery systems interface at many points. But, because of their separate histories and their distinct organizational and financing structures, these systems often do not interact effectively. For example, when the delivery of care through the private sector falters, the responsibility for providing basic health care services to the poor and other vulnerable populations often falls to public health agencies, taking resources away from other essential public health services. In addition, the role of state health departments in licensure, monitoring the quality of care, and setting reimbursement rates creates tension between the two systems.

Partnerships between the health care delivery and public health systems can enhance the capabilities of both to improve population health (IOM 2003). One area that can benefit from increased collaboration is disease surveillance and reporting. Public health professionals rely on health care providers and laboratories to provide data for surveillance, as well as to notify them of new threats to the public's health, such as influenza or West Nile virus. This type of collaboration is essential to the detection of, and response to, bioterrorism. Another area ripe for collaboration is the education and training of health care providers and public health professionals. Public health agencies provide training for nurses, physicians, and other health care workers in the area of community-based health care, and may help them gain an understanding of population-level approaches to health improvement (IOM 2003).

Replicating Partnerships

Successful partnerships may be replicated to address similar public health issues in other communities. But, because every partnership is unique, a replicated program may require modifications, such as different types of partners, in order to be effective.

To assist the elderly at high risk from influenza and pneumonia complications, the Health Foundation of South Florida sought to replicate the success of the Quantum Foundation's senior immunization program in Palm Beach, Florida. Developing a similar immunization initiative presented an opportunity to put a proven prevention strategy into place relatively quickly. As in Palm Beach, the foundation engaged numerous collaborators, including the county health department, local first responders, and many community-based organizations serving seniors and other vulnerable populations. As Steve Marcus, president of the Health Foundation of South Florida explained during his presentation, an important lesson learned was to adapt, not adopt. The program is similar to Quantum's but with a few key differences. First, the South Florida program required a policy change within Miami-Dade County to allow emergency medical technicians

and other first responders to administer immunizations. Previously, such medical personnel could not administer shots because of liability concerns. The foundation also engaged a for-profit company, Maxim Health System, the largest provider of flu vaccines in the United States, as a key player in the partnership. Maxim identified locations were flu shots could be provided to groups of seniors, such as local pharmacies and senior centers. Over time, they moved from coordination to true collaboration, engaging a project manager to coordinate with agencies and making grants to partners to allow them increased control. In 2003, the foundation's immunization program administered 3,000 flu shots. With the 2004 shortage of flu vaccine, the program focused its efforts on immunizing high-risk seniors and educating the public about ways to prevent the spread of the flu virus, increasing the volume to 6,000 shots.

What Makes A Public Health Partnership Successful?

Funders can learn a wealth of lessons from ongoing and completed partnerships. While some are unique to specific partnerships or communities, other lessons may be broadly translated to assure the success of new collaboratives. This section examines the lessons learned from two successful partnerships: *Turning Point* and *Partnership for the Public's Health*

To begin, Marion Standish of The California Endowment suggested during the Issue Dialogue that partnerships are shared notions; the question of why the partnership is being formed must be asked and answered. This question must be asked from the perspective of the funder, the public health department, the community, and other partners. Avoiding that question puts the partnership at grave risk of failure, she contends, or even of never successfully establishing a true partnership.

"Partnerships can be plagued by misperception, mistrust, and misunderstanding."

—BOBBIE BERKOWITZ, TURNING POINT NATIONAL PROGRAM OFFICE

Bobbie Berkowitz, executive director of the Turning Point National Program Office at the University of Washington described several ingredients critical to partnership success in *Turning Point*. The first is time, some partnerships took a couple of years before they identified the problem they wanted to solve. Establishing formal structures and processes for decision making also was important. Interpersonal relationships and material support—both money and people—were essential, as was responding to local differences in how issues are identified and addressed. It was important to take on projects large enough to make a difference, but not so large as to preclude success. Finally, although community work must happen from the bottom up, high-level support within the agencies was essential to getting things done. Partnerships had to be strategic about gaining support from high level officials within their agencies without allowing those officials to set the agenda for change.

At the Issue Dialogue, Maria Campbell Casey of *Partnership for the Public's Health* pointed out that partnerships were plagued in the early stages by misperceptions, mistrust, and misunderstanding. Trust and relationships were built by holding open houses and tours of the health department, and by having health department staff attend meetings in the community.

Yet, partnerships can be difficult. They are time-consuming and resource intensive, in large part because they require individuals and organizations to act differently than they do on their own. Up to half of new partnerships do not survive their first year. Of those that do, many falter in the development or implementation stages (Lasker et al. 2001). Before initiating a partnership, it is critical to examine whether the investment is warranted. Is the partnership likely to be more effective than the efforts of a single organization? What will be required to realize the full advantage of partnership?

Balancing Power and Aligning Incentives

Inclusiveness is a key partnership ingredient. Ensuring balanced participation and input from many partners, however, is difficult. Organizational culture can be one stumbling block. An organization's culture determines who is empowered to make what types of decisions, how those decisions are carried out, and when resources may be distributed. For example, in government, initiatives are funded over long time periods, while private sector organizations may seek rapid change.

Balancing the power of many partners became an important element of success for *Partnership for the Public's Health* collaboratives. Partners bring different strengths to collaboration, making it difficult to ensure that each partner's skills and resources are best utilized. Establishing a balance of power is made easier when each partner understands and appreciates the assets of the others. Community groups and local public health agencies participating in *Partnership for the Public's Health* learned that community residents needed to appreciate their public health department's broad responsibilities while public health departments needed to recognize the knowledge, skills, connections, and influence of community residents. For example, memoranda of understanding were established to formalize the partners' roles and responsibilities. Attendance of senior managers of both community groups and health departments at meetings helped to keep key decisionmakers for both partners at the table. Responsibility for conducting and hosting partnership meetings alternated between the health department and community group. Balancing power enabled *Partnership for the Public's Health* participants to build trust, equalize relationships, and work together more effectively (Partnership for the Public's Health 2004).

Aligning incentives among participants is another important element to successful collaboration, especially when communi-

cating with policymakers, business leaders, and the community at large. State *Turning Point* partnerships found that neutral conveners were important collaborators. State public health institutes, for example, were able to effectively determine community or state health needs, receive funds, and orchestrate the partnership's plan for action. In other states, foundations assumed the role of neutral convener (Turning Point 2004).

Sustaining the Partnership

Partnerships can also be challenging to sustain. Bill Beery of Group Health Community Foundation pointed out during the Issue Dialogue that sustained partnerships must achieve consensus, identify and exploit resources, and establish needed infrastructure. Maintaining the engagement of the community may require technical assistance; data; acknowledgment of progress and success; and continuous identification, training, and mentoring of new leaders. Partners must be committed to sharing resources, credit, and power, and must be willing to work toward policy and systems changes that support health improvement. Partnerships must make the distinction between longevity and success; the end of a partnership that has met its objectives does not signal its failure.

Funding can be a critical barrier to sustaining a partnership, especially because of the fragmented funding streams typical of public health. State *Turning Point* partnerships, for example, learned early on that they must find new and creative approaches to using funds for integrated purposes. The categorical nature of federal emergency preparedness funds illustrates this barrier well. The federal funds issued after the September 11, 2001 terrorist attacks were given to states and localities for specific preparedness purposes. Public health agencies were not always able to use the money for infrastructure improvements that would benefit the larger public health system. In the case of the *Partnership for the Public's Health*, health departments adopted a number of strategies to identify funding that was flexible enough to support community-based public health, including using local general fund or state realignment monies and flexibly using categorical and bioterrorism preparedness funding. Partnerships must educate legislators and other decisionmakers about the value of allocating integrated funds based on community need by using concrete examples of how such funding can make a difference to the public's health.

Integration with government can allow partnerships to institutionalize the changes they create. The *Colorado Turning Point* disparities project was successful in establishing an office within state government that eventually became an office of minority health. In Oklahoma, *Turning Point* strategies were incorporated by the board of health in its strategic planning. In other cases, alternate structures were created outside of government. Public health institutes, often incorporated as nonprofit organizations, can act as a neutral ground for advancing a public health agenda that might not occur within official government agencies.

Evaluating the Partnership

Dr. Wendel Brunner commented during the meeting on the importance of understanding and measuring the partnership's

"Collaborations are hungry beasts and effectiveness requires not just the strength of the many, but also the strength of long-term and committed leadership. Repeatedly, we have seen how much difference a single committed leader or small group of leaders can make."

—BILL BEERY, GROUP HEALTH COMMUNITY FOUNDATION

At the Issue Dialogue, Bill Beery of the Group Health Community Foundation, offered a checklist of characteristics for successful partnerships among community groups, public health agencies, and foundations.

Vision and Goals

- Vision and goals that come from the community group and not the funder, and that are understood and well communicated.
- Clear identification of a distinct, well understood, well recognized population or geographic base in which to work.
- A common, recognized and understood agreement to pursue community health improvement.

Community Involvement

- Skills and experience among community partners in identifying and mobilizing financial, human, and in-kind resources.
- Policies and procedures that require, encourage, or expect community input, and that permit, encourage, or require public health agency staff to work with communities.
- Credibility among the constituency, including a view by community members that the collaboration is meeting their needs.

Leadership and Resources

- Long-term and committed leadership from all involved parties.
- Leadership of the public health agency in making the case for partnering and as a vocal and consistent advocacy of partnering.
- An infrastructure that includes staffing, volunteers, communications, and access to any required technical assistance, both for the partnership and for individual partners.
- Culturally competent staff that reflects, represents, and supports the communities for which it shares a responsibility.
- Creative, flexible financing.

Building Trusted Relationships

- A prior history of collaboration or cooperation with other project partners.
- An atmosphere of trust in the other partners, which may result from success in other work together, trust in leadership, or trust in infrastructure.
- The belief that that by working together, the partners will be able to accomplish things that they could not accomplish working alone.

Having a Track Record

- Capacity—having done it before and the ability to do it again.

Data

- A commitment among partners to collect and use data as a basis for decisionmaking.
- A commitment to sharing data and to analyzing data collaboratively with partners.

effect on how public health is performed and viewed. Foundations can play an important role in answering these questions, and in demonstrating the effectiveness of partnerships in addressing public health concerns.

Maria Campbell Casey stressed the importance of participatory evaluation design in the success of the *Partnership for the Public's Health*. The program used an ambitious model with 18 local evaluators working just to manage the flow of information and communication among the participating health districts. An important element was being authentic in allowing people not only to contribute their voices, but to push back when they didn't agree with some of the data or with information shared about their successes or challenges.

Conclusion

Having a strong public health system makes it possible to provide the essential services that will identify and monitor disease outbreaks, promote healthy behaviors, eliminate health inequities, and protect the nation from emerging health threats. While the risks of bioterrorism and other atypical events dominate the current agenda, one positive outcome of this sense of urgency is that the public health system is benefiting from an unprecedented level of attention. Public health stakeholders can take advantage of this opportunity to engage one another, as well as new partners, in working to strengthen the public health system so that it can meet current and future needs.

Because it views public health as everyone's responsibility, the IOM calls for partnerships that include various stakeholders. Specifically, it recommends promoting full involvement of communities in order to sustain change, creating a stronger relationship between the health care delivery system and government public health agencies, recognizing the role of the corporate community in shaping the conditions for health and furthering population health goals, enhancing the role of the media in promoting and protecting the public's health, and strengthening academia's role through support of prevention and community-based collaborative research (IOM 2003).

Health philanthropy is uniquely positioned to foster the partnerships needed to strengthen the nation's public health system. Funders can act as neutral conveners, providing matching grants or start-up funding, coordinating collaborators, and encouraging community engagement. Through partnerships, foundations can educate and inform the public about a wealth of issues, such as chronic conditions, sexually transmitted diseases, food safety, and healthy lifestyles. They can impress upon policymakers the value and benefits of public health, and can influence policies and the allocation of resources necessary to improve capacity.

Successful partnerships take time to develop and grow. They are based on trust and an understanding of the assets each partner brings to the table. Once established, they can create and sustain the changes needed to build a public health system fully capable of realizing its vision.

"Without proper attention to the issue of trust, progress is elusive and sustainability is certainly unlikely."

—BILL BEERY, GROUP HEALTH COMMUNITY FOUNDATION

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