



The
**BUILD
HEALTH**
Challenge

LEARNING
SERIES

KEYS *TO*
COLLABORATION

JULY 2017

INTRODUCTION

This spotlight summarizes findings from interviews with seven of the eighteen sites that were part of the first cohort of BUILD Health Challenge grantees. This research revealed that collaboration yields many benefits for the partners' work—from sharing resources to driving action and progress.

The BUILD Health Challenge (BUILD) promotes collaboration among partners in healthcare, governmental public health, and community-based nonprofit organizations to more effectively achieve their goals.

Together, they boldly address upstream determinants of disease, such as food insecurity, youth violence, housing, and economic development in an effort to give everyone the chance to be healthy.

The report presents best practices for cross-sector collaboration as well as notes for funders

interested in cultivating this type of work. We invite you to creatively adapt this guidance to local circumstances and challenges so you can develop and maintain partnerships that improve public health.

To learn more about the participating sites, see page 34.

Share your ideas and stories around collaboration with us at info@buildhealthchallenge.org.



The BUILD Health Challenge is a national awards program designed to support community collaborations that are working to give everyone a fair chance to be healthy. It encourages communities to build meaningful partnerships among hospitals and health systems, community-based organizations, the local health department, and other organizations to improve the overall health of local residents. To learn more about BUILD, see page 33.

4 STAGES OF COLLABORATION

The BUILD Health Challenge identified four dynamic stages of collaboration that are key to the development and success of partnerships aimed at promoting health equity. While each stage is independent from the others, together they helped BUILD sites foster strong and successful collaborations that are detailed in this report.



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BUILDING

RELATIONSHIPS

BUILDING RELATIONSHIPS

Connect early, connect purposefully



Community stakeholders saw the need for multi-sector collaboration to effectively address upstream causes of disease. Since the initial stage focuses on building relationships, BUILD sites emphasized:

- Creating relationships based on a shared concern, not a specific project
- Investing time in the planning stage
- Fostering trust through connecting with partners at a personal level

We found that successful collaborative projects require an investment of time to build relationships. All seven of the sites said that collaborating on smaller, less formal projects in the past strengthened their BUILD relationships. Some partners have histories that go back as far

as 15 years; only one group worked together for just months before becoming a BUILD site.

One site said they began with a consensus-building session in which each partner was asked to gauge their readiness and assess how they value collaboration. Another site's collaboration among competing health systems started in an effort to address the health of the populations they all serve. Because their patient population flows between each partner's health systems, the only way to make sustainable, systems-level improvements was to collaborate in addressing upstream causes of disease. This coalition allowed the partners to apply for and receive grants to support collaborative work.

BUILD served as the catalyst to create, expand, and solidify formal structures within communities. BUILD gave one site's partners their first opportunity to move forward with a multi-sector collaboration; they had worked together on various projects, but never as a full group. At another site, a partner said that while it had worked with each partner before, BUILD allowed them to work "at a deeper, better coordinated level," and their shared history was useful to "fall back on when problems [arose]." Another partner echoed this sentiment, adding that it was the BUILD grant that motivated the work and connected the partners in a more unified way, acting as "glue between us." Finally, at a site that had lacked a healthcare partner in previous collaborative work, one partner said that the BUILD initiative helped to obtain buy-in from their hospital partner.

"We are already working as partners so when the BUILD opportunity came along, we already had that relationship... We have collaborated with every partner, but not together. We collaborated at different times. This is the first time we have all come together collectively in this way."

“I think you [need to] have that personal connection, so we need to go to lunch, we need to go for coffee, we need to have that face-to-face – not just an e-mail that says, ‘Will you write a letter and say that you’re a partner?’ [...] Those relationships are very key [and] lead to clarity in roles and responsibilities—a measure of strength.”



When asked about the key elements of successful collaboration, the sites emphasized developing a strong relationship before initiating project plans. Investing time and resources in upfront planning and strategizing was essential to build a strong partnership, as opposed to jumping straight into problem solving or program implementation.

During the planning phase, participants learned the skills, capacities, and resources their partners brought to the table and focused on developing a shared language and governance

structure. Creating memorandums of understanding helped guide their partnership. This upfront work not only aided in building the infrastructure necessary for deep and long-lasting collaboration, but was also an opportunity to build trust and transparency.

As one participant said, “I think you [need to] have that personal connection, so we need to go to lunch, we need to go for coffee, we need to have that face-to-face – not just an e-mail that says, ‘Will you write a letter and say that you’re a partner?’ [...] Those relationships are very key [and] lead to clarity in roles and responsibilities—a measure of strength.”



INSIDE LOOK AT BUILD: At the Bronx BUILD site, the relationship-building between the Northwest Bronx Community and Clergy Coalition (NWBCCC); the community partner; and Montefiore Medical Center, the hospital partner; began before the BUILD grant, with the partners learning about the hospital’s community health needs assessment and priority implementation process. However, NWBCCC described the difference that the BUILD grant made in their partnership with Montefiore: this collaboration “helped to bring together our organizations, increased communication, and built a relationship in a way that would not have been possible without this opportunity.” Furthermore, BUILD funded the collaboration not only between the NWBCCC and Montefiore hospital, but also the Department of Health and several other partners. In the words of one partner, “this project required all partners to learn about each other’s work, develop a shared vision, work through program design and implementation collaboratively, and problem-solve together.” The partners named cross-sector collaboration as deeply important to innovating new interventions, and acknowledged that building this level of collaboration to create a new program together takes a significant amount of investment in time and resources. While this investment presents a challenge and limitation in other grant-funded work, the partners revealed that BUILD’s emphasis on cross-sector collaboration was a key difference that not only sets it apart other funding sources, but also named it as a valuable asset in ensuring long-term viability and meaningful impact of their work:

“Most funding sources require strict deliverables and rarely fund collaboration or innovation, and therefore groups continue to implement the same limited programs that are singular in nature, and not deeply collaborative or cross sector. The BUILD Health grant allowed us to explore and build together in a way that is deeply impactful not just in the short term, but the long-term investing in relationships that can and will develop into future projects.”

TAKEAWAYS *for* PARTNERS:

Based on what we learned from these sites, best practices for initiating collaborative work include:



1. Do not wait for funding. Start creating partnerships now.

- View each interaction with another organization as an opportunity to build a relationship for future collaboration.
- Seek out opportunities to work with new partners.



2. For systems-level, sustainable change, pursue strong, deep relationships between partners.



3. Get to know and work with the other players in the communities you serve. Build on deep relationships in neighborhoods where partners are already working.



4. Take stock of the resources, personnel, and time available to commit to collaborative work before formally joining.



5. Resist the temptation to skip the planning phase as you establish important relationships, especially with newer partners. Recognize the importance of building trust from the start.



6. Invest time in face-to-face communications, particularly early on. Do not rely solely upon virtual, nonspecific contact. Make personal connections.

FUNDER'S CORNER

Based on what we learned from these sites, best practices for supporting collaborative work include:

Partners reported that BUILD created the opportunity for those who had previously worked together to deepen their relationships. BUILD generated attention for the work and facilitated buy-in from organizations that were originally uninvolved. Partners also reported the strength of BUILD in bringing together partners around shared concerns and intersecting interests.

“As BUILD continues to allow us to partner and we continue to get attention, interest, and support around the work, I think that it helps get a hospital organization to really buy in. A lot of it is knowing about the community organizations and the hospital organizations, the different perspectives they have, and where the interest to do work together intersects.”

TAKEAWAYS FOR FUNDERS



1. Encourage organizations that have informally worked together to formally collaborate and continue to build their relationships.



2. Allow grantees to cultivate better connections between partners by using funding to generate the necessary opportunity, motivation, and time.



3. Require multi-sector partnerships.



TEAM

ESTABLISHING A TEAM

*Identify new partners based on defined aims,
scope, wants, and needs of the project*



Partners involved in cross-sector collaborations identified two essential elements:

- A core team
- Clear goals/aims for the project

Organizations initiated their work with just a few core partners. BUILD required that those core partners consisted of a community-based entity, hospital, and local health department. Sites varied in the number of representatives from each core partner.

A major responsibility of the core partners was to determine the community-based need their initiative would address. Sites reported relying on methods such as strategic planning or the results of community health needs assessments to define the community's priorities and shape the scope of the cross-sector partnership.

Next, sites specified their project goals using a variety of means, such as formal voting structures or through a series of discussions

with input from everyone at the table. Partners outlined program components and expertise that would be necessary to carry out their initiative. Through this process, the core partners found that some components still needed a lead agency. Therefore, they identified organizations working in the community who were well suited to take on those roles and asked those organizations to join the partnership.

In short, the group's wants and needs informed the outreach to additional strategic partners, and the new partners clearly understood the role they needed to play from the outset. Across all sites, efforts to identify new partners ranged from conducting a formal environmental scan to reaching out to organizations where there were existing relationships, and community-based organizations played an important role in serving as the lead agency.

INSIDE LOOK AT BUILD:

Not only did community organizations participate in each BUILD collaboration, but they served as the lead agency for each site as a whole. One site emphasized the value added through this strategic positioning, stating that it “helped to improve the power imbalance that often exists between community organizations and large anchor institutions like health systems.”

NEW PARTNERS CAN CHANGE GROUP DYNAMICS AND PROJECT SCOPE

Sites found that inviting a new organization affects partnerships in two ways: the group dynamic changes, and the scope and aims of the work grow. One partner said, “We all are focused on our common agenda, but we all bring a different lens and a way of viewing these problems differently. So that, I think, creates some challenges.”

Partners must agree that the timing is right before bringing in a new member with novel perspectives and approaches which could broaden the project’s capacity and focus. One interviewee mentioned “the learning curve” that new members face as well as the time it takes to acclimate them to the project and the collaborating organizations. This acclimation process is simultaneously an important benefit and a great challenge in multi-sector work. New partners bring the ability to see new problems or to view the same problem differently. As mentioned above, the keys are inviting partners

to address defined needs and allowing for continual evaluation and flexibility of their roles.

Establishing the right team for collaborative work is an ongoing, iterative process. Partnerships are sensitive to any shift, whether it’s an addition to or departure from the team; either can have ripple effects. Throughout the lifespan of a partnership, if a partner changes its priorities or shifts its funding, or if a person leaves a job, sites find themselves asking, “Do we still have the right people at the table?”

When asked to provide advice to other collaborations, BUILD sites said it was vital to ensure a diversity of partners and expertise, including partners with financial resources and strategic partners with in-kind support, human resources, supplies, and professional contacts. Partners also emphasized the importance of representing the voice of the community and ensuring community members are included and empowered.

“Partners must agree that the timing is right before bringing in a new member with novel perspectives and approaches, which could broaden the project’s capacity and focus.”

TAKEAWAYS *for* PARTNERS:

Based on what we learned from these sites, best practices for creating a collaborative team include:



1. Start with a core group of partners to understand the issues and specify the work.



2. Each partner should share their own perspective.



3. Use data to describe the problems and focus of the collaboration's work.



4. Lay out the aims, scope, and needs of the work as a group, using the process that works best for you and your partners.



5. Map each partner's role and responsibilities to the components of the project.



6. Identify where there are gaps, and find out who's missing.



7. Invite new partners, but make sure the timing is right, and be clear on the roles they need to fill.

FUNDER'S CORNER

Based on what we learned from these sites, best practices for supporting collaborative work include:

Partners reported that the disease-agnostic BUILD framework, focused on cross-sector partnerships (including a governmental agency and a nonprofit hospital, with a community-based organization as the lead), created a useful and productive structure for collaborative work.

“BUILD is coming from a real assets-based viewpoint in terms of collaboration, and that has been very beneficial. From our perspective as grantees, the BUILD funders put a lot of time into developing the model that resonated deeply at a local level with our partners. The model and framework really fostered deep collaboration, as did the way the grant was administered. BUILD funders aren't getting caught in the weeds, and it is creating a framework for collaboration that is resonating with us.”

TAKEAWAYS FOR FUNDERS



1. While a funding initiative may set minimum requirements for partnerships, funders can encourage collaborations to go above and beyond, bringing in all partners necessary to move the work forward.



2. Funders should allow flexibility in timelines and scope of work to accommodate the collaboration's ongoing process of defining the work and inviting new partners.



ROLES

DEFINING ROLES AND CREATING STRUCTURE

Clearly define roles and responsibilities



As partnerships assembled, every site reported the importance of establishing clear roles and responsibilities, especially in collaborations like BUILD, with partners from different sectors, each bringing different perspectives. There are many parts to this process, each with unique challenges:

- Deciding the role of each organization
- Delegating responsibilities to the individuals within that organization
- Creating voting structures (whether by individual or organization)
- Allocating resources

Most sites found it vital to define—in writing—the role of each partner using a formal agreement, such as a memorandum of understanding (MOU). Some sites chose to establish a governance structure in order to lay out a project- and resource-management plan. By stating distinct roles in the MOU and creating a governance structure focused on accountability at the outset, partners facilitated a system of

shared ownership of the work, which helped foster effective communication and build trust.

One site said that each partner discussed their strengths in expertise or relevant experience and the resources they were able to commit. While some sites made decisions through consensus, others allowed the community-based organization to assign roles, since they served as the lead agency for BUILD. Other sites permitted each agency simply to choose the role they wanted to play in the collaboration.

MOUs outlined specific expectations for the work each organization would lead, and in some cases roles for specific people from each organization. Defining roles enabled each partner to understand that they didn't need to work on every aspect of the project, which facilitated delegation of tasks.

However, once tasks were delegated, sites found coordination to be an important role for someone to play. Most sites dedicated one staff person,



“You can sign all the agreements you want, but what’s important is for you to do what you say you are going to do.”





housed at the lead agency, to coordinate efforts across all partners in the collaboration.

At the time of these interviews, all but one site had a formal written agreement in place, with most including well-defined roles for partners and a clear accounting structure for the allocation of resources. The partners of the site without a written agreement were aware that this omission could lead to negative consequences, but they had differing perspectives on what the agreement should include and its overall usefulness.

One partner downplayed the importance of formal documentation, saying, “You can sign all

the agreements you want, but what’s important is for you to do what you say you are going to do.” Another partner said that a document describing roles and responsibilities may not be necessary, as such details may change depending on the specific grant, and that the grant application should clearly spell out the roles and responsibilities needed.

CREATE A GOVERNANCE STRUCTURE

Sites with formal governance structures in place found it very helpful to have a process to guide the collaboration on issues ranging from decision-making to conflict resolution. Useful governance structures provided clear direction

on financial allocations, reporting requirements, and timelines, while holding all partners accountable for their actions. (See example partnership flow chart on the next page that illustrates how one BUILD site developed their dynamic collaborative.)

Multiple sites spelled out clear reporting guidelines and ensured progress was reported across the collaboration. Systematically sharing results validated trust among partners to carry out their defined roles, demonstrated that commitment to the project was equally shared, and bolstered confidence that larger tasks would be handled appropriately.

Partners also noted the importance of the “who” in addition to the “what” of communication. For instance, they said involving decision-makers and leaders within their individual organizations was key. One site reported achieving this by designating a champion within each organization to communicate regularly to leadership. Consistent communication of progress fosters continued agency support and involvement.

INSIDE LOOK AT BUILD:

The north Pasadena, Texas BUILD site created a dynamic partner organizational chart to detail the cross-sector relationships they forged.



INSIDE LOOK AT BUILD: DECISION MAKING PROCESS

As for collaboration-wide structures, some sites had a formal backbone committee, advisory council, or resident groups. These groups, consisting of all core partners, were responsible for making decisions and overseeing all aspects of the initiative. Including representation from each partner at the decision-making table was widely recommended.

One site determined that each organization would have one vote in the decision-making process to foster an equitable distribution of power, as some organizations had multiple representatives while others had just one. In this way, each partner could relinquish some amount of control for the sake of the collaboration. Reflecting on the inherent compromise of collaborative decision making, one partner noted: “Sometimes you just have to give up and say, ‘Okay, this is a collaboration, I won’t get my way.’”

TAKEAWAYS *for* PARTNERS:

Based on what we learned from these sites, best practices for defining roles and creating structure in a collaboration include:



1. **Clearly define roles and responsibilities.**

- Consider developing an MOU or similar written agreement that:
 - › Outlines specific roles for each partner while allowing room for further clarification and amendments
 - › Establishes how resources are allocated
 - › Includes reporting requirements and timelines, payment schedules, and language around policy changes
 - Delegate roles and expectations by forming smaller work groups
 - Dedicate a staff position to coordinate the efforts of each partner for the collaboration as a whole
-



2. **Enable each partner to take on leadership roles.**



3. **Create a governance structure that provides:**

- Guidelines on processes for decision-making processes and consensus-building
- Capacity for adaptability
- Clear and transparent direction for the group
- Mechanisms to hold partners accountable

FUNDER'S CORNER

Based on what we learned from these sites, best practices for supporting collaborative work include:

Partners stated that the BUILD Health challenge enabled them to “solidify their commitment to the work and have clearly defined roles that highlight the work everyone was doing.” These roles and commitments translated into impacts that facilitated systems-level change, as articulated by one partner:

“The funding from BUILD helped formalize our partnerships, especially with the public health department, and also helped to formulate better relationships between the hospital system and public health department, which has been really exciting. Our work has changed from thinking about outputs to things that we see as systems change. We can really build off each other and look at the indicators that we are collectively making systems change happen.”

TAKEAWAYS FOR FUNDERS



1. Support the process-level needs of collaborative work by providing technical assistance as partners navigate through each stage.



2. Acknowledge the cost of time needed to develop relationships, attend meetings, and prepare presentations.



BUILD TRUST

COMMUNICATING TO BUILD TRUST



The steps necessary to create the basis for collaboration—sharing motivations, defining roles, and setting guidelines for decision making—are just the beginning. Once a collaboration is established, consistent and transparent communication is vital for building trust. Indeed, when conflict arose, sites reported relying on the trust that had been established between the partners to work through challenges and sustain the collaboration.

BUILD TRUST BY COMMUNICATING REGULARLY

While communication methods varied among sites—from e-mails and phone calls to web-based meetings and newsletters—sites agreed that good communication is open, consistent, and starts with lots of human contact and face-to-face interactions. There must be an ongoing dialogue, with regular meetings and continual discussion of all aspects of the initiative. As one partner said, “Trust is maintained by having some transparency about: 1) What’s happening and

where there are issues, and 2) Being clear about how decisions are made.”

Many sites stated, as a reminder, that trust comes with time and a shared history. One partner noted, “We’re always building on existing trust and we’re deepening this trust through our management team meetings. There’s enough history and enough relationships that our meetings are very candid, and even if the conversation is critical, our trust is enhanced.”

RELY ON MUTUAL TRUST TO RESOLVE CONFLICT

Partners found that trust is also built when “we each have skin in the game and we each put up resources for this project.” Of course, conflict can arise when established expectations aren’t met, but sites said that if lines of communication were open and clear expectations were defined in the beginning, they were able to address potential challenges before they escalated.

“We’re always building on existing trust and we’re deepening this trust through our management team meetings. There’s enough history and enough relationships that our meetings are very candid, and even if the conversation is critical, our trust is enhanced.”

“Don’t jump off the deep end and think something crazy-malicious. Just assume good will and go from there.”



The one site that did not have a written MOU said they were having a problem building trust due to issues with accountability. The leadership team managing the meetings and overseeing the work found that some of the partners were not as forthcoming with the details of their work and even “withhold information” during collaborative workgroup meetings. Disparities among partners’ understandings of what collaboration looks like, coupled with neglecting to work through the details needed for an MOU, can negatively affect the sense of shared power and leadership.

Partners emphasized returning to a shared vision for the work and sharing power in the collaboration. One partner noted that

understanding each partners’ motivations can lead to a “shared vision of assumed good will.” This enabled partners to address conflict while avoiding personal antagonism: “Don’t jump off the deep end and think something crazy-malicious. Just assume good will and go from there.”

Another partner framed conflict resolution as an opportunity to come together rather than to take conflict personally. Partnerships can work through conflicts as they arise by anticipating that each partner will bring unique approaches to the table, being critical of ideas and not people, keeping an open mind, and building consensus at each stage of the project.

TAKEAWAYS *for* PARTNERS:

Based on what we learned from these sites, best practices for communicating to build trust in a collaboration include:



1. **Communicate regularly and build trust.**

- Establish a plan for regular, open communication amongst partners, with a focus on roles and expectations.
- Listen to various perspectives, ensuring that no person or organization dominates decisions.
- Be open and honest, especially about feasibility of dedicating time and resources to the collaborative work.
- Designate a champion within each organization to communicate regularly to leadership.



2. **Addressing conflict means meeting regularly to:**

- Monitor project progress and adjust goals and targets as necessary.
- Bring decisions to the table for each partner's input.
- Build consensus throughout each stage of the project.
- Work through issues as they arise.



3. **Navigate tough decisions with the guidance of an outside facilitator.**

FUNDER'S CORNER

Based on what we learned from these sites, best practices for communicating to build trust include:

Partners noted that the BUILD Health Challenge has given them language to describe how all of their work relates to health even when it is outside of the health care or public health sectors, such as addressing “poor schools” or “bad housing conditions.” One partner mentioned additional benefits: BUILD offers a model for other organizations in the area to learn from and provides opportunities for financial sustainability beyond the current project.

“I’ve done work in the community, but on smaller projects, so I’m doing research that is mostly dependent on funding. It would be a great model to have so many different partners involved in something on such a larger scale, and having the potential for sustainability beyond this project. That is the greatest benefit.”

TAKEAWAYS FOR FUNDERS



1. Remain in regular communication with those receiving funding and carrying out the work.



2. Ensure that funding can be used flexibly, in the ways that enable partners to do the necessary work. For some organizations, this means purchasing materials, for others, it means compensating for a person’s time, or creating a new paid position.



3. Support technical assistance to help the partnership create and use agreements and governance structures.

KEYS TO COLLABORATION: STORIES FROM THE FIELD

Featuring the Ontario, CA, BUILD site

Explore how one BUILD site applied the four key stages to developing a successful collaboration by creating a system-wide model for addressing health disparities, rooted in partnerships with schools, hospitals, the health department, and the city government.



BUILDING RELATIONSHIPS

CONNECT EARLY, CONNECT PURPOSEFULLY

The site in Ontario, CA, described their long history of collaboration that laid the groundwork for the BUILD collaboration in 2015. Beginning in 2004-2006, this site developed a system-wide model for addressing health disparities, rooted in partnerships with schools, hospitals, the health department, and the city government. However, prior to the BUILD Health Challenge, the current partners had not joined together formally.

In BUILD, the partners saw a new opportunity: As Dr. Meaghan Ellis, Chief of the Community Health Services Division in the Department of Public Health in San Bernardino County, said, “We’re all at the table, we’re all discussing what we can do to implement programs that will benefit the health of the community [allowing us to] move to [a] more preventive model than a responsive model to chronic illness.” Dr. Ellis went on to say how something as simple as “our ability to sit at the table and talk about the realities that

our patients face... [makes] our partnership somewhat unique... We have had the time to sit down as a group and brainstorm about how we can really positively impact the health of the community.”

This is a benefit many BUILD sites expressed – the importance of creating a partnership and looking for grants that advance your mission, rather than creating a partnership for the purpose of a grant. Evette De Luca at Partners for Better Health, the community-based partner and lead partner for the grant, recounted how the group worked during the brainstorming process: “We met with the hospital four times, and it was a great process ... We really talked through with intention what our strategies would be and walked away with deep clarity.”

“We’re all at the table, we’re all discussing what we can do to implement programs that will benefit the health of the community [allowing us to] move to [a] more preventive model than a responsive model to chronic illness.”



ESTABLISHING A TEAM

In preparing for BUILD, the partners worked together to develop shared goals, using each agency's strategic plans as a lens through which to determine the viability of the proposals. From the perspective of the health department, Dr. Ellis said, "I had to really say, at the health center I provide health care, but how could I get the health care outside of the walls of the clinic, and what would that look like?"

In addition to taking personal and organizational inventory, the group used recently collected data from community health needs assessments to set measurable and achievable goals. This process involved continual consensus building and voting, with partners meeting weekly to discuss their proposed strategies.

IDENTIFY NEW PARTNERS BASED ON DEFINED AIMS, SCOPE, WANTS, AND NEEDS OF THE PROJECT

De Luca described the importance of taking time to plan the collaborative work: "We started by ... coming together and talking about what we're

doing as a team and what we wanted to do with BUILD. We also [asked if we have] all the right partners at the able, and from there, we refined our goals."

Dr. Ellis noted that health department's connections in the community informed the approach to identifying new partners: "We're out in the community... we attend meetings and we hear things. You go to conferences, you go to meetings of different collaborative entities that occur in the community and you start to identify people that maybe you could have a closer relationship with. And you start to talk with them about your ideas, you exchange ideas, you find common ground."

Dr. Ellis went on to say that the group also sought new partners to address needs in their work: "Initially ... we had the city, nonprofit, and the health department ... They started to identify additional partners like the school district. And

"We met with the hospital four times, and it was a great process ... We really talked through with intention what our strategies would be and walked away with deep clarity."

then, we thought, how are we going to get access to fruit and vegetables? There are farmers out there, they would like to participate with us...”

While this collaboration started with a smaller number of core partners, they have deliberately expanded. De Luca detailed the six steps that Partners for Better Health took in this process (see *table on right*).

Prior to the BUILD grant, the core partners knew the services they wanted to provide, so they were able to strategically map out the additional members of the community who could play a role. Inviting those community members to the table also helped foster an interdisciplinary approach as the core partners broadened their perspective, identifying needs that only new partners could address. As Dr. Ellis described, “It was through multiple conversations with different individuals and our willingness to think about things on a more global field instead of just being isolated ... [that] pulled all of us into the mix ... We all understood what the vision was ... we bought into that vision, and we were able to collaborate together.”

STEPS FOR BUILDING PARTNERSHIPS

Shared by the Ontario, CA, BUILD site

- 1.** We reach out through phone calls, and we talk to the partners to gauge their readiness and assess how they value collaboration.
- 2.** Then, for the partners interested in collaborating either in general or on a specific project, we bring them to the table and hold a meeting or forum depending on the project. For BUILD, it was a meeting where we talked about the parameters and intent of the funding and brainstormed what our strategy would be to submit a proposal. [Then we'd] circle back with a note saying:
 - This is what we heard, what we walked away with
 - Would you agree that we correctly captured this in writing?
 - Here's what we suggest for next steps
 - We invite feedback
- 3.** As we try to build consensus, we make changes to the planning documents for collaboration and email them out again.
- 4.** Once we get consensus about our strategies and which resources partners will want to align with those strategies, we meet again (usually in a smaller work group with defined roles).
- 5.** In a loop similar to Step 3, we send out an email with the planning docs, invite feedback, and keep moving forward.
- 6.** Depending on the depth of collaboration, we then meet monthly, bringing all the stakeholders together and defining who the backbone [lead] agency will be.



DEFINING ROLES AND CREATING STRUCTURE

CLEARLY DEFINE ROLES AND RESPONSIBILITIES

The Ontario site found that creating transparency, accountability, and shared goals was central to the success of the team-based approach. In addition to developing the strategic plan, partners described the use of Smartsheet, an online platform, as a way to delineate each partner's duties. This included the use of GANTT sheets, time management documents, and SMART goals.

One partner described the process of managing collaboration as including several modes of communication, such as email, planning documents, and feedback to keep the project moving forward. Meeting on a regular basis, for monthly check-ins and for work group meetings, advanced the project while deepening relationships.



COMMUNICATING TO BUILD TRUST

The site built trust by demonstrating shared ownership, specifically, working in-depth on the proposal with newer partners and sharing resources. De Luca said, "With a good amount of the partners, the trust had been built already because we had done several projects together, funded or not funded. And with the newer partners, we spent a lot of time together developing the proposal for the BUILD grant. We have also built trust because we are working with complex issues and a complex approach ... All of us ... have skin in the game and we each put up resources for this project, and that builds trust."

BUILD TRUST BY COMMUNICATING REGULARLY

Clear, constant, and face-to-face communication leads to trust, and trust helps quickly resolve conflicts. As Dr. Ellis shared: "We get together regularly, and we learned to disagree, but still be able to come to a decision ... I may not completely agree 100% with what you're saying, but I see the relevance of it and I am open to your perspective."

RELY ON MUTUAL TRUST TO RESOLVE CONFLICT

De Luca, who acts as network leader across the partners for the BUILD collaboration, noted: "One of our values is to protect the absent. We talk through issues when everyone is present [and] we know there will be healthy conflict in collaboration. Truthfully, a lot of times ... we will take that role of negotiator or mediator."

"We get together regularly, and we learned to disagree but still be able to come to a decision ... I may not completely agree 100% with what you're saying, but I see the relevance of it and I am open to your perspective."



SUSTAINING THE PARTNERSHIP

“I think the process for sustaining collaboration is very much the same as how this collaboration has been built,” said Dr. Ellis. “It started out with conversations and went from there. And then, you had committed partners and we decided to do a project together. We’re all committed.”

Dr. Ellis added, “You have to be...good at negotiation because there’s a give and take that goes on... You have to be strategic.”

Both interviewees stressed the value of keeping their own organizations involved. Dr. Ellis emphasized the importance of keeping high-level individuals engaged and noted they have a process in place for doing that. De Luca explained, “We are all high enough in our organizations where we can make things happen without getting stuck in politics. We are all decision makers for the most part ... or once removed from the decision maker.”



THE BUILD MODEL

Funders have the opportunity and responsibility to acknowledge and promote the trust-building aspect of collaborations. Partners must take time to create a shared vision, realize they each have a stake in the issues, and then commit resources to move the work forward.

Dr. Ellis said the health department’s participation in BUILD will have long-lasting implications on their population health management work, whole-person care, and their approach to future projects. “I think [BUILD] will highly influence what we’ll do with a lot of [them].”

By investing in a model that allows partnerships to broaden their perspective, build on existing partnerships by inviting in new partners, and ensure transparency and accountability, funders can catalyze and amplify truly transformative collaborative work.

ADVICE FOR COLLABORATIVE WORK FROM EVETTE DE LUCA, PARTNERS FOR BETTER HEALTH

- Take time to focus on the developmental evaluation of collaboration – the relationships and the intersection of the different jurisdictions – not just on the work.
- Demonstrate reciprocity: “By sharing these resources, we’re saying we want to help you help the greater good ... People have so much on their plates, and [we showed that] we want to help this collaboration as much as you want to help this collaboration.”

APPENDIX: THE BUILD APPROACH

The BUILD Health Challenge is a national awards program designed to support community collaborations that are working to give everyone a fair chance to be healthy. It encourages communities to build meaningful partnerships among hospitals and health systems, community-based organizations, the local health department, and other organizations to improve the overall health of local residents.

BUILD STANDS FOR:

- **BOLD:** Partnerships that aspire towards a fundamental shift beyond short-term programmatic work toward longer-term influences over policy, regulation, and systems-level change
- **UPSTREAM:** Partnerships that focus on the social, environmental, and economic factors that have the greatest influence on the health of a community, rather than on access or care delivery
- **INTEGRATED:** Partnerships that align the practices and perspectives of communities, health systems, and public health under a shared vision, establishing new roles while continuing to draw upon the strengths of each partner
- **LOCAL:** Partnerships that engage neighborhood residents and community leaders as key voices and thought leaders throughout all stages of planning and implementation
- **DATA-DRIVEN:** Partnerships that use data from both clinical and community sources as a tool to identify key needs, measure meaningful change, and facilitate transparency among stakeholders to generate actionable insights

BUILD IMPLEMENTATION SITES OVERVIEW

Seven of the (18) BUILD sites from the first cohort participated in the learning series initiative. To learn more about all of the BUILD sites, visit buildhealthchallenge.org.

Albuquerque, NM

Primary care providers and community development enterprises are working collectively to address some of the non-medical factors that impact health in low-income, minority neighborhoods with high rates of heart disease mortality, high blood pressure, and childhood obesity. The goal of this project is to prepare core partners to act on the social drivers of poor health and to use feedback to measure the impact of non-medical interventions.

Bronx, NY

This project serves residents of multifamily buildings in neighborhoods that have the lowest median income in the metropolitan area and are overwhelmingly populated by Medicaid-eligible working poor people. This partnership brings together core partners to leverage their respective expertise to address root causes and triggers of asthma, including working with tenants and landlords to improve the quality of multifamily buildings and conduct necessary upgrades.

Cleveland, OH

A multi-disciplinary partnership of community health and housing organizations has come together to address health challenges —

particularly asthma, COPD, and lead poisoning — in three neighborhoods which have the largest Latino and uninsured population in the city and a disproportionate share of disease. The initiative will expand their asthma home visit assessment program and address deteriorating housing in target communities.

Des Moines, IA

This project is a partnership between health and housing partners to conduct necessary home repairs in order to address asthma triggers. Residents between the ages of 2 and 12 with a history of medical visits related to asthma can be referred to the program to receive housing assessments and home repairs. This initiative also includes an educational component for families on how to manage asthma and maintain a healthy home.

Ontario, CA

This partnership is working to increase wellness among individuals and families who face a variety of economic, social, and language barriers to good health. The project targets the area's lowest income neighborhoods where large numbers of residents speak English as a second language and educational attainment among parents is low.

North Pasadena, TX

This partnership is working to alleviate the impact of food insecurity in three predominantly Hispanic and historically disinvested zip codes that have higher rates of poverty, lower educational attainment, and more language barriers compared to surrounding areas and the rest of the county. The partnership is creating a new local food system in the community including production, distribution, and consumption arms as well as workforce development and economic reinvestment.

Oakland, CA

This partnership seeks to achieve health equity in an area of historic divestment and physical decline of the built environment. It plans to improve health and well-being outcomes through collective action by grassroots and institutional stakeholders in the area. The project focuses on improving community safety, supporting strategies to increase affordable housing, pursuing policies and programs to promote local economic growth and workforce development, and executing health interventions to lower the prevalence of high blood pressure among residents.

BUILD PARTNERS

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This set of funding partners — coming together across sectors and national geography — aims to inspire similar teamwork between diverse organizations at a community level, add to the knowledge base for community health, and discover new best practices for the field.

To learn more about the BUILD Health Challenge, visit BuildHealthChallenge.org.



The Colorado Health Foundation™



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