Chapter 5  Conclusions and Implications

The twenty-first century has been called the age of alliances (Austin 2000), where inter-organizational arrangements will replace organizations (Alter and Hage 1993). Much research to date has focused on providing advice for implementing partnerships. However, little thought has been given to what is meant by the term 'partnership' or requirements for establishing effective partnerships as an organization.

A community health partnership model aimed to provide a practical framework for improving the practice of community health partnerships by exploring the dynamics of formalized collaboration both as an organization and as a process or strategy that contributes to a set of broader health goals. Combining theory from the public health and organizational development disciplines in the model and the experience of two research sites, West Virginia Community Voices and Healthy New Orleans, to enrich the model, this research sought to assess the usefulness of this model in understanding the practice of partnership. This research therefore proposed to study two questions
• To what extent does the proposed model of partnership improve the understanding of partnership in the cases under study?

• How do organizations’ environments influence the development of partnerships?

This chapter sets out conclusions about the usefulness of the community health partnership model and implications for the practice of partnership and future research. The discussion that follows, therefore, is not intended to judge the resulting affiliation in terms of a stated affiliation goal, but rather to assess the usefulness of the community health partnership model in understanding Community Voices and Healthy New Orleans. As discussed earlier, neither Community Voices nor Healthy New Orleans represented examples of organizational partnerships. The partnership model was helpful in identifying Community Voices as a combination of networking and coalitions of organizations with a donor/recipient relationship between Kellogg and each grant recipient. Healthy New Orleans combined networking between individuals with developing Healthy New Orleans as an informal organization of community volunteers.

5.1 Conclusions: Usefulness of the Model and its Elements

An important contribution of this research to the practice of partnership in public health was study of partnership as a form of organization. The discussion that follows presents conclusions about each of the three elements comprising the model—the transformation process, environmental influences, and collaboration effectiveness characteristics.
Transformation process: Open systems theory contributed a framework to understand the relationships of components required for partnership (Katz and Kahn 1978). This process involves participating organizations, resources, development of organizational sub-systems for the partnership and health improvement activities.

Environmental analysis: Institutional theory pointed to important influences in the environment that not only affected the ability of organizations to participate in partnership, but also affected the partnership itself (Powell and DiMaggio 1991). Analysis involves effects of the macro environment, types of influences and effects from the institutional environment, and change efforts.

Collaboration effectiveness characteristics: Effectiveness characteristics measured the level of collaboration between participating entities (Hudson 1987).

The three elements together contributed to an understanding of the extent to which the partnership had been established and its contribution as a strategy to improving health. Figure 6 presents the revised model, based on results of this research. The italicized items within the boxes with borders represent where changes were made in the model. While two transformations processes occur, one for partnership development and one for health improvement goals, the highlighted portion of the model represents the subject of this dissertation, the partnership development process.
Figure 6  Revised Community Health Partnership Model

**Macro Environment**

**Institutional Environment**

**Community Health Partnership**

**Partnership Development**
- Adaptive sub-system
  - Assess macro/institutional environment
  - Plan
  - Feedback loop - make changes, as required
- Boundary spanning sub-system
  - Recruit appropriate partners and establish liaison roles
- Maintenance sub-system
  - Create common culture
  - "Build relationships and trust"
- Management sub-system
  - Establish partnership structure, subsystems, processes, incentives, procedures
- Production sub-system
  - Operate partnership
  - "Leadership development"
  - "Training and technical assistance"

**Partnership Effective and Institutionalized**

**Improved Community Health**

**Improved Services Affecting Health**

**Health Improvement Process**

**Feedback Loop**
- Environmental scan + progress on partnership development and health improvement activities

**Resources:**
- Financial
- Personnel
- Equipment/supplies
- Knowledge/Tech.
- Social Legitimacy

**Partners:**
- National Level
  - Government and non-govt.
- Regional and State Levels
  - Government and non-govt.
- Local Level
  - Government and non-govt.
  - "Local residents"
  - "Local public health entity"
Qualitative methods provided a means to understand the process of affiliation more fully within the context of the environment, especially important in understanding health and partnership development as systems concepts. The conclusions that follow, therefore, represent the researcher’s interpretation of the process, within the limitations and efforts to overcome them set out at the end of this section.

5.1.1 The Transformation Process

The transformation process in the community health partnership model involves participating organizations that contribute resources to carry out activities in pursuit of a stated goal. Within this transformation process, the determinants of health provides a framework for determining partners appropriate for addressing a specific health improvement goal (Evans and Stoddart 1990). Reflecting a broader understanding of health, the determinants of health framework requires partners that represent both the multiple sectors influencing health and the multiple levels that influence an organization's ability to participate in partnership. Both Community Voices and Healthy New Orleans provided opportunities to increase awareness of the determinants of health framework. The Community Voices director sent participants to national meetings organized by the Kellogg Foundation. The national Turning Point project worked with Healthy New Orleans to broaden awareness of the determinants within the extensive planning process and organized a conference in New Orleans on the topic. This attention at the local level meant that more people in Healthy New Orleans were exposed to the framework, which may explain a broader awareness of the framework as evidenced from findings of this
research. Neither site had, however, effectively translated this awareness into a partnership of organizations reflecting the influences on the health goal pursued. Organizations participating in coalitions within Community Voices generally represented the health sector, with others providing an outreach capacity for health messages and services. These coalitions, however, failed to establish links between themselves. Lacking organizational partners, Healthy New Orleans set out to enable a 'quiet revolution' that empowered community residents to take charge of improving their community's health. One key informant explained, “The need was to focus on the community development aspects of creating a more organized constituency that could pressure local government to improve service delivery systems in the community.” Findings from the research, however, pointed to Community Health Networks (CHNs) that were isolated from each other. Failure to establish links at the local level between coalitions in Community Voices and between CHNs in Healthy New Orleans and to include a broader membership restricted the ability of both to address the complexity of health and to act at the systems level, a stated goal in both sites.

Attention to connecting the national, state, and local levels of influence involved state and local levels in Community Voices and neighborhood levels and Healthy New Orleans. Community Voices recognized the importance of linking community-level interventions with the state level to ensure that policy reflected the needs of these community interventions. Evidence from Healthy New Orleans suggested that it purposely avoided the existing power structure. At least one researcher has argued, however, that grassroots efforts, divorced from policy change and resources, may hold
expectations that are too high because most problems addressed stem from larger societal problems. As such, all levels of government should be involved in systems change efforts (Himmelman 1996).

The role of the Kellogg Foundation in the two research sites presents an interesting comparison. In both Community Voices and Healthy New Orleans, Kellogg mandated partnership, potentially reducing the autonomy of recipients in decision-making, although this influence may have been mitigated by the fact that applicants chose to apply. Other than this mandate, the Kellogg Foundation played little, if any, direct role in Healthy New Orleans since it established two intermediaries to support state and local efforts. As discussed earlier, Kellogg extended the influence from the mandate in Community Voices by participating as chief decision-maker, indicating areas of intervention for the director to seek appropriate, local organizations for implementation. Factors that may have contributed to this expanded role included the size of the grant, different national structures supporting the two projects, and lack of a plan in Community Voices. Kellogg may have considered that the substantially larger grant for Community Voices of $2,790,765 over five years (versus a $60,000 planning grant over three years for Healthy New Orleans, followed by $100,000 funding for Community Health Networks and $170,000 for the Center for Empowered Decision-Making) called for closer supervision of Community Voices. Opportunities for direct involvement by Kellogg were reduced in Healthy New Orleans, part of the Turning Point project that put in place a structure between Kellogg and Healthy New Orleans represented by two project offices, one for support to state projects and the other for local projects. Finally, lack of a plan meant that
Community Voices ceded control over its own direction and decision-making to others. Evidence provided by informants indicated that priorities as established by Kellogg did not always coincide with those for participating organizations.

Inclusion of the community as a local partner, represented by both community-based organizations and residents, can help ensure that programs and interventions are relevant to local needs and that the community is committed to their sustainability (Kagan and Weissbourd 1994). In Community Voices, community-based organizations and input from residents through community dialogues represented the local level. In Healthy New Orleans, community residents represented the local level. Increasing awareness of the multiple sectors and levels that influence health was an important first step taken by both research sites toward addressing the complexity of health and established a foundation for identifying appropriate organizations to address this complexity in the future.

Community Voices recognized the importance of seeking participants with resources, such as financial, staff, and expertise, that augmented or complemented those of each participating organization. Social legitimacy was recognized as a resource, where designers of Community Voices validated the need to include partners with relevant expertise and legitimacy to improve chances of obtaining grants, for example. While the credibility of the two co-chairs helped to attract volunteers and funding, Healthy New Orleans concentrated on empowering the powerless. As discussed earlier, evidence from Healthy New Orleans suggested that instead of including those who already had power and credibility, Healthy New Orleans worked to establish a more equitable balance of
power by creating credibility where it was lacking for sections of society. Findings from the analysis suggested that one consequence of this empowerment approach involved difficulties in identifying new funding agencies that understood and supported these goals.

Open systems theory provided a framework to study development of the five sub-systems (adaptive, boundary spanning, maintenance, management, and production) required for survival of partnership as an organization or social system. Application of the framework contributed to a fuller understanding of the form of affiliation being practiced in both Community Voices and in Healthy New Orleans, based on a description of each sub-system in terms of its stage of development. Evidence of development of these sub-systems revealed that Community Voices had paid little attention to development of a common entity, focusing mainly on building relationships and trust through the boundary spanning sub-system. Similarly, Healthy New Orleans focused on relationship building; it, however, was in the process of establishing all sub-systems for an organization of community volunteers, rather than a common entity for participating organizations.

Attention to the maintenance sub-system, or development of an organizational culture, through the facilitative consensus decision-making training available for all participants, may have contributed to a Healthy New Orleans that was sustained beyond the Kellogg grant. There was little likelihood that Community Voices would survive. Establishment of the Center for Empowered Decision-Making in Healthy New Orleans represents an attempt to formalize an arm of the initiative.
An important omission in both sites in the transformation process involved a feedback mechanism within the adaptive sub-system. This is important because organizations in open system theory interact with their environments, developing processes and relationships that reflect environmental expectations in order to survive (Blau 1975). Without regular feedback from the environment, Community Voices and Healthy New Orleans were unable to identify the need to respond to the changing demands in the environment. In addition, without regular feedback from partnership operations, it is not possible to make adjustments in operations as indicated by this feedback.

The determinants of health framework and open systems theory contributed a framework, for understanding different forms of organizational affiliation practiced by Community Voices and Healthy New Orleans. Although the determinants of health were not used to determine appropriate partners, efforts to increase awareness of their importance lay the foundations for use in future partnerships. The focus on relationship building in both sites reflects the first step in organizations working together, as well as the current state of knowledge of partnership as an organization within the public health field.

5.1.2 Environmental Analysis

Institutional theory provided an opportunity within the community health partnership model to identify sources of problems in forming or implementing partnerships. A feedback loop in the adaptive sub-system, discussed in the previous section, represents
the mechanism for identifying these problems. An understanding of the influences in the institutional environment of participating organizations and of Community Voices and Healthy New Orleans may point to potential solutions.

Findings from analysis indicated that the macro environment posed both facilitators and impediments through a declining economy, the changing political situation, and the culture of the people. These influences affected not only the operation of Community Voices, but also the ability and desire of organizations to participate. The empowerment strategy adopted by Healthy New Orleans addressed institutionalized racism and power held outside the political system, both influences from the macro environment. One influence in both sites from the institutional environment involved a Kellogg Foundation mandate for partnership. As discussed earlier, Kellogg's influence in Community Voices went well beyond simply mandating partnership to taking over priority setting. Because Healthy New Orleans lacked organizational partners, analysis of its institutional environment focused on potential influences. This analysis was less productive than that for Community Voices, where organizations participated formally in coalitions supported by Kellogg funding. In Community Voices, influences from interest groups acted as a facilitator, while turf wars, differing professional cultures, and different reporting and accounting requirements of specialized government agencies created impediments for participating organizations. Influences from the institutional environment in Healthy New Orleans involved professional norms and government regulations, limiting potential participation of organizations from the private sector and local government. This
indicated a need to develop ways to bridge these differences in culture and language simply to get people to come to the table.

Participants in the strategic planning exercise in Healthy New Orleans recognized the importance of addressing underlying causes of poor health in the Community Public Health System Improvement Plan by setting out strategies to address institutionalized racism through an empowerment strategy, for example. However, this analytical approach did not extend to the implementation process. Evidence from both Community Voices and Healthy New Orleans suggested that participants did not deal with problems systematically through a feedback loop in the adaptive sub-system that might lead to analysis of causes but dealt with problems as they arose during implementation. This focus on day-to-day operations may have contributed to a shift away from large systems change goals as set out in the project proposal or strategic plan to a short-term incremental approach.

Partnership calls for organizations to give up some autonomy in order to share decision making and resources. The community health partnership model, therefore, suggested that change is required to accommodate this form of organizational affiliation, both in participating organizations and in organizations in their institutional environment (Bruner and Parachini undated; Brown and Gorg 1997). Undertaking an environmental analysis, therefore, provides an opportunity before or during implementation to understand the nature of any obstacles and to develop strategies to remove or diminish the impact of these obstacles. It is important to note, however, that where change was attempted in
Community Voices or Healthy New Orleans, the focus was on the health improvement goal or a power imbalance in the case of Healthy New Orleans. Community Voices did not address the need for change to accommodate requirements of organizations working together as called for by the partnership model, once again reflecting perhaps the state of knowledge of partnerships as organizations within the public health field.

Because local health departments were proposed as a convener in community partnerships (IOM 1988; IOM 2002), the analysis included discussion of their role in the two sites, as well as of environmental influences on these governmental entities. Evidence showed that local health departments did not participate in Community Voices and only played a peripheral role by default in Healthy New Orleans, given that one co-chair served as the director of the New Orleans Health Department. Differences in participation of local health departments between West Virginia and New Orleans may be attributed to the commitment of the director of the health department in Healthy New Orleans. Given the lack of local health department participation, evidence from key informants and participants in a focus group provided insights into environmental influences on local health departments. Findings from analysis suggested that local health departments in the two sites faced barriers similar to those discussed in the literature. These barriers centered around political influences and private interests that led local health departments to become conservative systems that may be closed to other environmental influences (Thompson 1981; Glogow 1973). In addition, the call for all key stakeholders to act as equals poses a dilemma to health departments used to be in control as experts in health improvement efforts (Schlesinger 1997; Pestronk 1995).
Evidence from West Virginia highlighted a hierarchical, expert orientation, a narrow focus on service delivery, fragmented services resulting from categorical funding, and limited financial and staff resources. Similarly, in Healthy New Orleans, evidence pointed to a health department characterized by a treatment focus, with confusing, fragmented services, lack of priority for health by politicians, and low pay leading to limited skills and poor quality staff.

Findings from this environmental analysis suggested long-standing problems caused by categorical grants, for example, that influence the way participating organizations work and that require attention both at the organizational and at the institutional environment levels (Gans and Horton 1975; IOM 2002). Problems with categorical grants were created by the federal agencies that are now calling for partnerships, supporting the argument made in Chapter 2. This discussion, combined with the earlier discussion of community-based organizations in Community Voices, suggests that less formal organizations have fewer influences from the institutional environment and may, therefore, face fewer impediments to participating in organizational affiliations than hierarchical, bureaucratic organizations, such as local health departments (Scott and Meyer 1994a).

The environmental analysis suggested influences both at the macro and institutional levels that created problems for organizations to work with other organizations, especially in Community Voices. In Healthy New Orleans, the analysis focused on environmental influences on Healthy New Orleans itself, given the lack of partner
organizations. Evidence regarding the ability of local health departments to work with other organizations suggested that problems mainly stemmed from their status as government entities and to their professional cultures. Identifying these problems offers an opportunity to develop change strategies; this did not, however, occur in either Community Voices or Healthy New Orleans.

5.1.3 Collaboration Effectiveness Characteristics

Analysis of the effectiveness characteristics contributed to an understanding of the level of collaboration between organizations working together. Because no organizations participated formally in Healthy New Orleans, the effectiveness characteristics did not describe collaboration between organizations, but provided information for an improved understanding of how well Healthy New Orleans was established. Effectiveness characteristics were all weak for Community Voices and Healthy New Orleans, with the exception of the reciprocity characteristic in Healthy New Orleans. Evidence from both sites revealed a mismatch between a long-term systems level change goal and the short-term nature of activities, along with organizations and resources brought to bear for their realization.

Application of the collaboration effectiveness characteristics to organizational affiliations that do not have multiple organizations participating should be carried out with caution since organizational collaboration is not relevant to a single organization. As stated above, analysis of these characteristics in Healthy New Orleans focused on how well it
was established, a goal similar to that of the transformation process analysis, which
examined establishment of partnership as an organization. Findings of the analysis of the
effectiveness characteristics for Healthy New Orleans revealed that they mainly
confirmed or duplicated the analysis of the transformation process. New information,
however, was provided by characteristics not represented directly in the transformation
process, such as external and internal support of participating organizations and the
match between the complexity of the goal and partners, resources, and the timeframe
brought to bear for its realization.

Analysis of the effectiveness characteristics provided useful insights into understanding
the nature of collaboration in Community Voices and the nature of the organization in
both sites. However, given their focus on collaboration between participating
organizations, the effectiveness characteristics should be applied to affiliations that
include more than one organization.

5.1.4 Putting the Elements Together - Usefulness of the Overall Model

Combining the effectiveness characteristics analysis with the earlier transformation
process analysis provided further evidence of the type of organizational affiliation being
pursued and of the effectiveness of implementing the affiliation strategy. Both
Community Voices and Healthy New Orleans provided evidence to support the argument
that attention had to be paid to the strategy of partnership, or in the case of this research,
the affiliation strategy more generally, for it to contribute to improved health. Although
few sub-systems and weak effectiveness characteristics pointed to an affiliation strategy other than partnership, analyses revealed that multiple opportunities to work together allowed organizations participating in Community Voices to combine expertise, legitimacy, and other resource through networking and coalitions. The value added by working together increased chances of success in achieving health improvement goals. However, Community Voices had not developed a sustainable entity, limiting transformation activities to developing relationships and trust, a foundation for any future partnership. Healthy New Orleans, on the other hand, was in the formative stage of building an informal organization. By providing networking opportunities for dedicated individuals and developing a common culture of shared values, Healthy New Orleans survived beyond the end of Kellogg funding.

The use of the determinants of health framework and open systems and institutional theories provided a more comprehensive understanding of the practice of organizational affiliation as a strategy to improve community health in Community Voices and Healthy New Orleans. This fit between the theory and practice contributes to the qualitative research standard of transferability.

5.1.5 Changes in the Model Suggested by the Research

A component of this research involved identifying modifications called for in the community health partnership model by findings from the two sites. Although developed to study organizational partnerships, the community health partnership model was useful
in understanding the different types of affiliation, or ways organizations work together, represented by both Community Voices and by Healthy New Orleans. This points to an important change in application of the model, from one applying only to partnership to one that could describe other forms of organizational affiliation, based on an adaptation of existing typologies (University of Wisconsin 1998; Himmelman 2001). Partnership exists on a continuum of affiliation, with full integration at one end and complete independence at the other end, where each level of affiliation builds on the characteristics of the previous level. Table 8 sets out this continuum of forms of organizational affiliation, along with characteristics of each.

This typology demonstrates that as the form of organizational affiliation moves along the continuum, time is required to develop trust between autonomous organizations, leading to increased willingness to share resources, and finally to joint responsibility and accountability and loss of some organizational autonomy in decision making over resources devoted to the partnership for a common goal. (University of Wisconsin 1998; Himmelman 2001). Organizational affiliation must be a dynamic process that allows the form of affiliation to adjust as goals and tasks change or as new challenges or opportunities arise. Partnership may not always be the appropriate response. A partnership pursuing a long-term goal may encompass less formal types of affiliation to accommodate short-term goals that contribute to the overall health improvement goal. Trade-offs involved in the decision regarding the form of affiliation involve structure versus flexibility; inclusiveness versus efficiency; and staff versus volunteers (Provan 2001).
Table 8. Organizational Affiliation Continuum

<table>
<thead>
<tr>
<th>Process</th>
<th>Structure</th>
<th>Characteristics</th>
<th>Level of Integration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independence</td>
<td>Roundtable</td>
<td>Separate organizations exchange information for mutual benefit.</td>
<td>Less</td>
</tr>
<tr>
<td>Networking</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coordination</td>
<td>Task Force</td>
<td>Separate organizations exchange information for mutual benefit Plus alter own activities to reduce duplication and increase efficiency. Time and trust required.</td>
<td></td>
</tr>
<tr>
<td>Cooperation</td>
<td>Coalition</td>
<td>Separate organizations exchange information for mutual benefit Plus alter own activities Plus link resources for mutual benefit and common purpose. Time, trust, and turf sharing required.</td>
<td></td>
</tr>
<tr>
<td>Collaboration</td>
<td>Partnership</td>
<td>Common entity created by separate Organizations where they exchange information, alter activities, pool resources Plus shared decision making for common purpose. Time, trust, turf sharing and shared risks, rewards, and resources.</td>
<td></td>
</tr>
</tbody>
</table>

Full Integration

(Adapted from Himmelman 2001, University of Wisconsin 1998)

Because each level of affiliation builds on the characteristics of the previous level, sub-systems were described by their stage of development as follows:

- **Rudimentary** – Little evidence, if any, is available of elements of a sub-system
- **Formative** – Elements are being designed and resources are obtained, where required
- **Implementation/Maintenance** – Elements are formally established and operational
- **Institutionalization** – Sub-system is ongoing and sustainable (adapted from Butterfoss, Goodman, and Wandersman 1993).
The collaboration effectiveness characteristics were described according to their strength along the effectiveness continuum presented below.

**Collaboration Effectiveness Characteristics Continuum**

| Weak | | Strong |

Based on this typology, the definition of partnership provided in Chapter 2 required modification as follows

A social system (previously joint activity) based on an agreement between participating organizations to collaborate (work together in original) on a common goal in which benefits and risks, as well as resources and power, are shared fairly (‘fairly’ not in original definition). The partnership agreement may be formal and in writing or verbal.

Not only does this revision recognize the concept of creating a common entity for organizational partnerships but it also introduces the concept of social systems, pointing to the usefulness of open systems and institutional theories in understanding partnerships. The verb ‘collaborate’ was substituted for ‘work together’ to get away from a generic approach to partnership and brings the definition into line with the typology of organizational affiliation.
The concept of fairness reflects usage in the organizational development literature based on business law where a partnership refers to a contract for sharing fairly profits and losses (Linder, Quill, Aday 2001). This concept was not applied in Community Voices, where power was distributed unequally and highlighted in Healthy New Orleans, where a social justice approach attempted to empower a disenfranchised segment of the population.

The analyses from Community Voices and Healthy New Orleans also suggested modifications within the transformation process. These involve the partner component and additional activities within the partnership development process that informants considered important. These changes have been incorporated into the revised model found in Figure 6 at the beginning of this chapter. Changes are indicated in italics within the boxes that have borders. The original model suggested three sources for organizational partners. These included the local governmental public health entity; regional, state, and national organizations; and local organizations. On the basis of evidence from Healthy New Orleans, local level partners of the community health partnership model was modified to include individuals, as well as organizations as partners. This modification includes defining the role of each type of participant involved to ensure that strategies and resources are included to support that role (See Figure 6 Partners: Local Level box). The local health department was moved into the local level with question marks, given that the question still remains regarding their ability to participate in partnerships. The three sources for partners in the revised model therefore include representatives of the relevant determinants of health from the national
level, the state and regional level, and the local level, comprised of organizations and individuals.

The first step in both Community Voices and Healthy New Orleans involved providing opportunities for organizational representatives and individuals to come together on numerous occasions, building trust and relationships (See Figure 6, Partnership Development box: Maintenance Sub-system). Within Community Voices, this involved quarterly meetings and conference calls, as well as within the work of the coalitions in which each organization participated. Within Healthy New Orleans, the extensive planning process and the facilitative consensus decision-making training provided multiple opportunities to work together. This addition of relationship and trust building reflects the current emphasis in partnership work, often to the exclusion of other important elements of partnership development as set out in the model. While they are especially important in the early stages of partnership development, their addition to the model does not imply that work should continue to focus on them, only that they should not be forgotten as attention shifts to the next steps in partnership development.

Another concept suggested by informants involved leadership development (See Figure 6, Partnership Development box: Production sub-system). In Community Voices, leadership development efforts targeted developing leaders within the coalitions. This involved support from a Marshall University consultant and attendance at national meetings organized by the Kellogg Foundation. Healthy New Orleans concentrated on developing leaders from within the Community Health Networks, as well as participation
in work groups organized by the national Turning Point project. However, neither site worked to develop the leadership skills of a central management board.

Finally, informants in both sites recognized the importance of training (See Figure 6, Partnership Development box: Production sub-system). During the first two years of Community Voices, a consultant worked to identify and fulfill training needs of individual participants. These needs included group facilitation, problem solving, and measuring outcomes. In Healthy New Orleans, training in facilitative consensus decision-making served as a mechanism to bring together individual volunteers around a common cause. In addition, the state Turning Point initiative provided training on the determinants of health and planning. While leadership development and training for individuals is important, addition of these within the transformation process of the model involves not only individuals but also support for a central management board, for example, to enable it to manage across organizational boundaries.

The community health partnership model is intended to provide a framework of important elements required for partnership. As such, it should be used in conjunction with the existing wisdom literature, which provides advice on developing relationships and leadership, for example (Kreuter and Lezin 1998; Roussos and Fawcett 2000). The issue of training will be discussed further under the section on implications below. These additions contribute to a more comprehensive model, allowing for a better understanding of the transformation process in Community Voices and Healthy New Orleans.
The case study method employed in this research presented an opportunity to understand participants’ perceptions of the process of organizational affiliation practiced in the two sites. However, qualitative research is inherently subjective since it represents the researcher’s interpretation of evidence. Efforts to reduce the effects of this bias and other limitations focused on meeting the four standards of quality research ((Miles and Huberman 1994). These included

**Confirmability:** Documentation of the research decision-making process through a case study database provided an audit trail for future researchers to understand this process. In addition, the partnership coordinator in Community Voices reviewed the draft case study for accuracy. Unfortunately, the co-chair of Healthy New Orleans chose not to avail himself of this opportunity, after repeated attempts.

**Credibility:** Multiple information sources and methods provided checks on different interpretations and evidence provided by informants. Although types of informants were set out in the methods, selection of actual informants within each type depended on willingness to participate and choice by the directors in the two sites. The unavailability for interview of a co-chair in Healthy New Orleans was countered by a search for knowledgeable key informants and documentation and was acknowledged in the analysis of results.

**Dependability:** The case study database also contributed to dependability because it documented the research process, which followed research procedures set out in the
study proposal. To counter a perceived unwillingness to discuss problems and limited familiarity with the central entity in both sites, knowledgeable key informants were sought. In addition, the questionnaires were used flexibly to allow informants to discuss topics with which they were more familiar within the two initiatives.

Transferability: This research did not attempt to generalize to larger populations, but rather to the theories on which the community health partnership model was based. The theoretical foundation contributed to a better understanding of the practice of organizational affiliation in the two sites.

This last standard, transferability, is the equivalent of external validity in quantitative research. The aim of this applied research involved assessing the usefulness of the community health partnership model. Open systems and institutional theories informed the model, as well as the interview protocols and analysis of the evidence. Examination of organizational affiliation as a social system revealed the phase of development of the five organizational sub-systems and activities that make up each. Institutional theory suggested influences and types of pressures from the macro and institutional environment on the ability of organizations to participate in Community Voices and on both Community Voices and Healthy New Orleans directly. This type of analysis offers an opportunity to identify sources of problems, changes required and whether these changes are possible.
5.2 Implications and Future Research

Results of this research to develop and test the community health partnership model has implications for the practice of partnership and for future research. Table 9 sets out the eight recommendations that are offered based on the results of this research. Table 10 breaks down these recommendations by type of audience. A fuller discussion of the eight general recommendations follows the table.

Table 9 Recommendations

- Further test the model in other forms of affiliation
- Clearly define the affiliation strategy in relation to health improvement goal
- Provide appropriate and adequate resources to develop affiliation strategy
- Use the determinants of health framework to identify participants and clearly set out appropriate roles for each
- Use feedback mechanism and environmental analysis to identify changes required to enable partnership and develop efforts to effect change
- Use research methods appropriate for building trust
- Identify and provide incentives for sustainable organizational partnerships
- Define the role of local public health entities and provide adequate support
Table 10  Summary of Recommendations by Type of Audience

<table>
<thead>
<tr>
<th>For Practitioners</th>
<th>For Researchers</th>
<th>For Funding Agencies</th>
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</thead>
<tbody>
<tr>
<td>• Work with funding agencies to clearly define affiliation strategy in relation to health improvement goal</td>
<td>• Further test the model using multiple forms of organizational affiliation</td>
<td>• Work with grant recipients to ensure that forms of affiliation are appropriate for the specific health improvement goal. Use a feasibility analysis to facilitate this.</td>
</tr>
<tr>
<td>• Use determinants of health to identify participants, define roles, and work with funding agencies to develop an appropriate role, allowing them to develop a better understanding</td>
<td>• Review appropriate literatures to identify forms of affiliation appropriate for specific goals. Where literature inadequate, design study of existing affiliations to identify those that have operationalized an understanding this relationship</td>
<td>• Provide adequate resources and support for the affiliation strategy pursued, including training and technical assistance in collaboration with peers from the management and organizational development fields</td>
</tr>
<tr>
<td>• Work with policy makers and funding agencies to identify environmental sources of problems and work to remove or reduce the effects of these problems</td>
<td>• Design experiments within existing organizational affiliations to develop strategies to remove or reduce impediments to organizational affiliation stemming from the environment</td>
<td>• Encourage use of the determinants of health framework to specify participants and their roles. Funding agencies should work closely within the affiliation, defining their role in terms of promoting innovation, finances, and providing access to outside expertise</td>
</tr>
<tr>
<td>• Individual organizations should examine internal incentives, ensuring they are consistent with promoting the form of organizational affiliation adopted</td>
<td>• Within the above recommendation, design experiments specifically examining barriers to participation for local public health entities</td>
<td>• Provide an example by working with policy makers to identify and remove impediments to partnership/organizational affiliation</td>
</tr>
<tr>
<td></td>
<td>• Design a study to identify incentives for organizational affiliation, the level at which they should be put in place, and mechanisms that ensure sustainability of affiliations</td>
<td>• Where a partnership strategy is appropriate, use incentives to encourage partnership and plan for sustainability</td>
</tr>
</tbody>
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5. 2. 1 Further Testing of the Model

The community health partnership model was developed to assess organizational partnership. However, findings from analysis of the two research sites pointed to forms of affiliation other than partnership. Results of this research revealed modifications, as set out in Figure 6, required in the model for an improved understanding of the practice of affiliation in Community Voices and Healthy New Orleans. Because the research took place in only two sites and described the practice of organizational affiliation found, future research is required to test this modified model in additional sites, as well as to identify additional refinements. Thought should be given to choosing sites for this research that represent a variety of forms of affiliation and different stages of development. Carrying out an environmental analysis before an affiliation is established might indicate potential problems for individual organizations to participate. Use of the model during the implementation phase could provide a tool to diagnose problems and during the evaluation phase to measure results in terms of development of an affiliation and its contribution to the health improvement goal. If future research confirms the wider applicability of the model, then consideration should be given to changing the name of the model from ‘partnership’ to avoid confusing ‘partnership’ as defined in this research with the generic definition in common usage.
5.2.2 Clearly Define Affiliation Strategy in Relation to Health Improvement Goal

Partnerships are a means to an end, where the overall health improvement goal shapes who participates and how. Development of organizational affiliations is not a linear process; the type of affiliation depends on the goal, the timeframe, and the environment, where different forms of affiliation may be appropriate for different activities or for the same activity at different times. The type of affiliation also depends on time and resources available, as well as willingness to share turf (Himmelman 2001). Different forms of affiliation also call for different strategies and resources. It is, therefore, important to match the organizational affiliation strategy with the overall health improvement goal. This should allow for development of appropriate implementation strategies and resources to support the affiliation goal and for later monitoring of implementation progress (Bailey and McNally Koney 2000).

One challenge in this research involved imposing a framework on a 'partnership' that did not meet the definition offered within the model and that was not developed with that framework in mind. This challenge arose because of generic use of the term 'partnership' among practitioners. Although both Community Voices and Healthy New Orleans adopted long-term systems change goals, neither adopted affiliation strategies that matched these goals. Community Voices created an office to aggregate individual organizational interests for a common goal; however, this ability will disappear at the end of Kellogg funding when the office will close. Healthy New Orleans set up an informal organization, with support mainly from the New Orleans Health Department and from
Excelth, Inc. Support from both these organizations was based on the personal commitment of the two directors, a fact recognized upon the departure of the director of the health department when further support was put in doubt because there was no formal agreement between Healthy New Orleans and the department. The recently established 501(c)3 Center for Empowered Decision-Making represents an effort to establish a formal arm of Healthy New Orleans to continue collaborative planning, develop leaders, and conduct neighborhood-level research. There was no intention, however, to have the Center replace Healthy New Orleans at the time of this research. In both sites, lack of an understanding of the relationship between the health goal and the affiliation strategy limited the effectiveness of the affiliation strategy. Organizational partnerships may have been more appropriate since an institutionalized partnership would more likely survive the timeframe required for the long-term health improvement goal.

Based on a better understanding of the relationship between the type of affiliation and the health goal pursued, government and other funding agencies should work with grant recipients to ensure that forms of affiliation are designed that are appropriate for a specific health improvement goal. Carrying out a feasibility analysis to determine the form of affiliation may facilitate this.

Future research could involve a review of the public health, organizational development, and other appropriate literatures to identify existing research on circumstances in which different forms of affiliation are appropriate. Where this is not available or adequate,
practical, applied research could be designed to study existing affiliations to identify those that have effectively implemented an understanding of this relationship.

5.2.3 Provide Appropriate and Adequate Resources to Develop Affiliation Strategy

Building partnerships is a time consuming process that requires new skills in managing across organizational boundaries, for example (Austin 2000). Recognizing this, this research brought the disciplines of management and organizational development to the study of community health partnerships. Technical assistance and training are required to enable traditional managers to acquire these new skills. Technical assistance may also be required to identify and implement changes called for in participating organizations to accommodate the needs of the partnership. For example, an organizational affiliation might aim to develop a common referral system and information data base, both of which require funds and technical assistance. One Turning Point site not studied in this research may offer an example of the type of support required for establishing partnerships. The New York City Health Department recently established a Division of Community Health to provide technical assistance and staff to developing local partnerships (Cagan Hubinsky, Goodman, Deitcher, and Cohen 2001).

Although both sites successfully used networking as a strategy to improve chances for success, findings from the research pointed to the lack of support in terms of training and resources for the affiliation strategy. In addition, neither site had access to the evidence
base that exists in the organizational development and management fields. As argued earlier, this may reflect the current knowledge of partnership within the public health field. Resources available in support of the affiliation strategy were limited to financial incentives in the case of Community Voices to encourage organizations to participate. In Healthy New Orleans, participants were invited to participate in national work groups on governance issues, for example. Although Healthy New Orleans developed some components of the organizational sub-systems, neither site targeted efforts at improving the work of a common management board or feedback system, for example.

Agencies that support development of organizational affiliations must not only link health improvement goals and affiliation strategies as discussed above, but also provide adequate resources and support to develop the organizational affiliation effectively. Training or technical assistance centers set up to improve the practice of public health generally should include the practice of public health partnerships in their curricula. Relationships should be improved or established with peers in the management and organizational development disciplines to ensure that developments within and evidence from those fields are incorporated into public health research and practice.

5.2.4 Use the Determinants of Health Framework to Identify Participants and Clearly Set Out Appropriate Roles

The determinants of health framework provides a tool to identify participants who should be involved in relation to the health goal established. This framework provides an opportunity to identify organizations with which community health improvement efforts
have not traditionally developed relationships, but which are essential for those efforts. The framework also provides an opportunity to involve organizations at the various levels that influence a health improvement goal to ensure that a facilitative environment is created for the affiliation strategy adopted.

Generic use of the term 'partnership' has led to consideration of a wide range of forms of affiliation as partnership. As discussed earlier, Kellogg and organizations participating in Community Voices represented a donor/grant recipient relationship. This relationship is similar to contracting relationships between producers and their suppliers. Although called ‘partnership’ in the management literature, which promotes closer relationships between the two to ensure reliable sources of inputs (Moss Kanter 1994), these relationships do not reflect partnership as used in this research. The contractor in these relationships retains control over resources and decision-making, both of which must be shared within partnership.

While roles and responsibilities for all participants should be clearly set out, the role of funding agencies calls for special attention. A closer relationship between funding agencies and initiatives that they support should be developed to allow funding agencies to develop a better understanding of needs in terms of both the health improvement and affiliation strategy goal. Funding agencies should work closely with grant recipients to define their role and responsibilities within a particular initiative. Their role should reflect their ability to promote innovation and support the initiative in terms of finances and access to outside expertise and technical assistance. Definition of a role for a funding
agency within a local initiative would require that it be willing to negotiate this role and to share decision making over resources, among other things.

Many have argued that the community should play a central role in community health partnerships to ensure relevance and sustainability of initiatives (Minkler 1997; Israel et al 1998). Community Voices and Healthy New Orleans presented two possible roles the community could play. The community played a consultative role in Community Voices, while they were directly involved in implementation in Healthy New Orleans. The role of the community should be clearly defined before an initiative starts. There is an extensive and rich literature on community participation, which should be consulted for this purpose.

5.2.5 Use Feedback Mechanism and Environmental Analysis to Identify Changes Required to Enable Partnership and Make Changes

Requirements that impede partnership and left in place by organizations in the institutional environment usually involve control over resources. These control mechanisms may have been appropriate in different situations but now act as disincentives to working with other organizations and require modification or removal. Involving organizations from the institutional environment more closely in partnerships leads to a better understanding of the effects of their influence and to changes that would facilitate, instead of impede, partnerships (Himmelman 1996).
Both Community Voices and Healthy New Orleans developed long-term systems level change goals. In line with this, one would expect to find substantial efforts to work at the systems level. The ‘quiet revolution’ pursued by Healthy New Orleans through its empowerment strategy to overcome institutionalized racism represents such an effort. Although evidence suggested that organizations in the institutional environment may have been responsible for some of the problems encountered during implementation, neither site had put in place a feedback mechanism to identify the need for change, nor did they appear to have the resources or expertise required to seek solutions. For example, government agencies in Community Voices faced hierarchical, bureaucratic requirements that limited their ability to partner. Given the lack of participating organizations in Healthy New Orleans, evidence came from problems in recruiting participants, such as local government entities, that were similar to those in Community Voices. A cultural value of working within the status quo may have contributed to this failure to seek solutions, discussed within the environmental analysis of each case study. In addition, a focus on success was intended to maintain commitment among participants in both sites.

A key informant in Community Voices confirmed the need to involve organizations from the institutional environment, suggesting, “To effect social change, you have to convince the existing system of the legitimacy of that change.” However, in order to make an argument for change, a formal feedback mechanism is required to provide evidence for this need. The constructive nature of this feedback should be stressed, where lessons are learned to improve implementation, rather than to punish errors. Funding agencies and
practitioners need to ensure that a feedback mechanism that stresses learning is built into all initiatives and that adequate funding is available to develop and support this mechanism. Further, government and funding agencies should ensure that they have not left in place requirements that act as disincentives to impede participation of organizations that they influence. Given their ability to influence, agencies promoting public health partnerships must set an example by being willing to confront problems for which they can take some responsibility with a view to developing solutions. Partnership practitioners should work with these organizations to ensure that changes are made within their own organizations. Both should ensure that activities are appropriate to support change goals and that adequate resources are available. The community health partnership model provides an opportunity to take problem identification to the next step. Based on a dialogue to identify sources of problems, practitioners and policy makers should develop strategies to remove or reduce the effect of these problems. Many of these problems are long standing and will not be easy to overcome.

A recommendation for research following from the above discussion calls for research involving practitioners and representatives of organizations from the organizational environment to identify problems emanating from the institutional environment. There is, however, a plethora of such research; therefore, this research should be undertaken within specific organizational affiliations, with a view to experimenting with strategies to remove or reduce the impediments from the institutional environment.
5.2.6 Use Research Methods Appropriate for Building Trust

Qualitative methods require that a certain degree of trust be developed between the researcher and participants. Resource and time constraints for field work for this research, however, limited the amount of trust that could be developed. This was especially true in Healthy New Orleans, where the research was viewed as a public relations opportunity and participants focused on their successes. This may be appropriate to maintain commitment among volunteers, but limited subsequent analysis tied to identifying the relationship of problems to the institutional environment, for example.

The previously proposed research should, therefore, be carried out as far as appropriate within an action or participatory research framework, where participants, practitioners, organizations that support partnerships, and academics work together over time.

5.2.7 Identify and Provide Incentives for Sustainable Organizational Partnerships

Within organizations, existing incentives often discourage staff participation in partnership in spite of rhetoric to the contrary. Reward systems reflect organizational priorities through established responsibilities and accountability for fulfilling those responsibilities (Armstrong and Murlis 1994), while partnership responsibilities are often imposed on top of existing duties. Changes may, therefore, be required in job descriptions, for example, to allow staff to participate as a normal part of their duties and
in financial and non-financial reward systems to reflect a priority for partnership. Incentives and resources are also required to encourage organizations to work together (Alter and Hage 1993). Findings from this research suggested that organizations in the institutional environment now calling for partnership may have left in place requirements that now function as disincentives for partnership. The example of categorical grants was offered. The Kellogg Foundation provided additional finances as incentives to bring organizations together in Community Voices but not in Healthy New Orleans. Combined with the differential in the size of grants to Community Voices and Healthy New Orleans, this affected establishment of the two entities, perhaps contrary to what might be expected. Community Voices with the largest grant has little likelihood of being sustained, while Healthy New Orleans has already shown that it was sustained beyond Kellogg funding. Findings from the research suggested that all participants, organizations in Community Voices and individuals in Healthy New Orleans, had similar motivations for social justice, networking opportunities, and a desire to have access to complementary skills and perspectives. The focus on relationship building, establishment of a Community Voices office with no involvement of participating organizations in management of the initiative, and availability of funds that were generally viewed by recipients as a way to supplement ongoing activities meant that little thought was given to sustaining Community Voices. Although coalitions of organizations with similar interests may continue beyond Community Voices, the role played by the Community Voices office of aggregating competing interests across the community, academia, and government will be lost. Healthy New Orleans, on the other hand, developed limited, if somewhat precarious, self-reliance because of committed
volunteers and attention to developing a common culture. The lack of organizational partners may have reduced difficulties in Healthy New Orleans because it did not need to deal with competing interests of organizations from different sectors. Neither Community Voices nor Healthy New Orleans was able to attract financial support from the small community-based organizations that participated formally or informally, given their own limited budgets.

Where a long-term affiliation is appropriate, practitioners and funding agencies should work together to develop incentives for participation other than temporary financial ones as in the case of Community Voices and build in mechanisms for sustainability. A future research question would therefore involve the nature of incentives, the level at which they should be put in place, and mechanisms that ensure sustainability of partnerships.

5. 2. 8 Define the Role of Local Health Departments and Provide Adequate Support

On numerous occasions, the Institute of Medicine assigned a partnership convener role to local health departments (IOM 1988; IOM 1996; IOM 2202). The latest study states, “Government public health agencies constitute the backbone of the public health system and bear primary, legally mandated responsibility for assuring the delivery of essential public health services. Therefore, communication, collaboration, and capacity at and among all levels of government and between government and other partners in the public health system must be a top priority” (IOM 2002, 26). Although past studies highlighted problems in integrating social services in general (Gans and Horton 1975; Kagan and
Neville 1993) and of public health services specifically (Cooksey and Krieg 1996; Glogow 1973; IOM, 1988; Koplin 1990; Marando and Melchoir 1995; Pestronk 1995; Schlesinger 1997; Thompson 1981), limited action has occurred to implement recommendations to overcome problems.

Although this research was designed to examine the issue of local health department participation in partnership, neither research site included a local health department as a formal participant. Informants pointed, however, to evidence of problems in local health departments that might inhibit their ability to participate in partnership. Change is required at the local, state, and national levels if promoters of partnership want to see the benefits of partnership realized.

Following from recommendation 5.2.5 above, research should be targeted to study efforts to remove barriers to the participation of local health departments specifically in partnerships within the framework of the community health partnership model. This research should be designed, based on an upcoming study by the New York Academy of Medicine on local health departments and partnership and on the literature mentioned above. Where barriers cannot be removed or minimized, alternative entities capable of playing the convener role should be identified. Local health departments that recognize the need for change should work with organizations from their institutional environment and researchers to develop a series of experiments to remove barriers, with a view to
developing best practices for other local health departments. These best practices could also be used to build the case for change among policy makers not involved in the experiments.

5.3 Conclusion

The contribution of the community health partnership model involves the combination of existing but separate fields of inquiry involving public health and organizational development, aimed to improve the practice of partnership. Findings from analysis confirmed the advice from the wisdom literature to develop comprehensive plans and feedback mechanisms, for example, as well as the importance of providing opportunities for community participation (Lasker and Weiss 2003) and relationship and trust building (Roussos and Fawcett 2000; Kreuter and Lezin 1998). Adopting a framework from the organizational development literature, the model provided a tool to assess attention paid to partnership as an organization through the transformation process and as a strategy through the characteristics of effective collaboration. Placing the analysis of environmental influences within the model provides an opportunity to link what may have been limited to academic study in the past to improving the practice of partnership.

The political implications of the rhetoric around partnership, suggesting that they represent an opportunity to effect systems level change, must be addressed. Partnerships are promoted as a strategy to confront significant problems in the public and private health care systems in the U. S. Systems level change requires reallocation of resources
within the health sector and between the health sector and other sectors, for example. Reality often points, however, to partnership efforts that maintain the status quo by doing more with less and gaining access to other organization’s resources, for example (Himmelman 2001). Working for systems change requires adjustments at all levels for those organizations attempting to work together (Axelrod 1984; Gray 1985).

Public health is about social justice, creating conditions for everyone to be healthy. Partnerships hold significant potential to facilitate this process. The complexity of creating health calls for multiple organizations to work together, including organizations from their institutional environments to address this complexity and to remove impediments to working together. However, as stated in Chapter 1, there is little documented evidence of the contribution of partnerships to improving health. Partnership promotion has remained at the rhetorical level, given the lack of clear expectations and support. The contribution of the community health partnership model to knowledge and practice, therefore, is to take partnership to the next level by providing a practical tool to guide development of partnerships as organizations and as a strategy to improve health, as well as to identify environmental barriers to partnership that must be removed to enable development of effective partnerships. Establishing clear expectations for organizational affiliation in terms of a stated health improvement goal and providing appropriate and adequate resources to support its development, combined with other elements of the model, may lead to affiliation strategies that contribute more effectively to health. Use of the model in evaluating community health partnerships may provide the evidence, lacking to date, of this important contribution. Finally, partnership implies
change from the status quo, both within participating organizations and in their institutional environments. The model may help elucidate some of the difficult choices that lay ahead of us.