Appendix 2

Focus Group Protocol

West Virginia Community Voices Partnership

1. The intersection of multi-sectoral health and partnership at the local level involves community health systems or partnerships that include organizations working toward improved health. Local public health has an important role to play within this system. Clarifying the role of public health, the Institute of Medicine set out the core public health functions-assessment, policy development, and assurance- and recommended that public health entities take on the role of convening partners in an effort to improve community health. This convener role derives from the definition of public health as what we do as a society to assure conditions necessary for people to be healthy (IOM 1988).

Does this statement reflect the role of local public health in the CV partnership -in the State? Why is local public health 'missing' from the Community Voices partnership? Do other partners fulfill the public health role?

2. "The partners in the Community Voices Project will create a management board of 10 to 15 members that includes (1) the partner organizations, (2) the Department of Health and Human Resources (Bureau for Public Health, Medicaid, Bureau for Children and Families), (3) the coordinators of the Rural Health Education Partnerships and the Health Sciences and Technology Academy (HST A) programs active in the four counties, and (4) community organizations."

Does this quote from the Kellogg grant proposal reflect what occurred in practice? What was intended by 'partnership'? How does the management of the Community Voices project work? What are the roles and responsibilities of each participant? What would Community Voices look like without Kellogg resources?

3. "There is a dichotomy between the grant goal for increasing access to health care, while promoting the social determinants of health."

One of the interviewees reported this as a problem affecting the partnership. Is there a conflict in the goal of the partnership (increasing access) and approaching the problem from a social determinants of health perspective? Has this affected the partnership composition (government, non-profit, business, community) and operation?

4. Influential organizations (e.g. funders, think tanks, regulators) are calling for partnership but may have left in place requirements from earlier efforts that now act as impediments to partnership. Examples are categorical grants that require separate financial and other reporting; laws against monopoly activity; lack of legal authority to operate across jurisdictional lines. Interviewees mentioned multiple problems that can be traced back to these influences. For example, categorical funding limited an organization's autonomy in sharing its resources; dentists' professional norms limited dental hygienists' field of activity. How important have these constraints been in limiting partner organizations' ability to participate in the Community Voices partnership? How have individual partners or the partnership as a whole confronted these impediments?
Healthy New Orleans

1. What historical and current influences led to Healthy New Orleans to adopt a facilitative/consensus decision-making approach?

2. Are these the same influences that contributed to the poor health outcomes for the people of New Orleans? Discuss.

3. Healthy New Orleans has used an informal organization approach. Are there any circumstances that call for a change in approach? If so, what are these circumstances and what change(s) might be required?