Collaboration Effectiveness Characteristics Tables: Healthy New Orleans

Research Question 2: To what extent does the proposed model of partnership reflect or contradict the practice of partnership in the cases under study?

Sub-question 2: To what extent do the partnerships under study fulfill criteria for effective functioning?

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<td>Formalization</td>
<td>Documentation Partnership co-chair (PC), Community Volunteer (CV)</td>
<td>- A memorandum of understanding, contract or other formal agreement exists between members, defining coordinating structure that recognizes equality of partners, along with roles, responsibilities, and common procedures. &quot;There is no formal agreement but we're looking into a memorandum of agreement to ask each org to commit to participation. Traditional partners to sign on now because people are changing - the HD dir...&quot; &quot;The Center for Empowered Decision making will become the working arm - possibly a formal subsidiary and its fiscal agent.&quot; - A plan, setting out a common goal and activities &quot;HNO has utilized a participatory, community-driven, consensus-seeking process to formulate the reasons why the public health systems needs to change; the obstacles preventing change; and a vision, a conceptual framework, and recommendations to engender change. The Healthy New Orleans Public Health System Improvement Plan is the result.&quot; - Acknowledgment of partnership through explicit pt. support &quot;HNO work is extracurricular.&quot; &quot;My job description covers involvement in programs of compassion 'Org. participants began to think more like community people and less like agency representatives.&quot; - Partnership is recognized in its own right &quot;HNO doesn't exist formally but orgs. come together with a steering committee and task forces&quot; &quot;Connecting with state and local government has served to further the legitimacy of the partnership and its efforts, and these early efforts may result in future funding.&quot; &quot;HNO doesn't have an identity yet. At the neighborhood level, people struggle to understand HNO.&quot; &quot;HNO has more influence outside state...&quot; &quot;There is no dedicated source to sustain HNO because it has been hard to describe e what HNO is doing and match it to interests of the funding agencies.&quot;</td>
<td>No central or bilateral agreement. Plans to establish CEDM as a 501(c)3. A central executive committee exists.</td>
<td>WEAK between none and a quarter on a formalization continuum.</td>
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<td>PC, CV</td>
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<td>A comprehensive plan exists</td>
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<td>PC, KI</td>
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<td>Individuals volunteer their time, which is on top of their normal duties, if employed.</td>
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<td>Question (1), (2), (3), (5), (13), (18)</td>
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<td>HNO has limited recognition locally. Kellogg provided additional $ for CEDM.</td>
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<td>Intensity</td>
<td>PC, CV Documents, PC, CV Documents, Interview, focus group</td>
<td><strong>Frequency of interactions: communications, meetings</strong>  E-mail, phone, minutes, some faxes  &quot;We used to meet monthly when products were required. Now we meet every other month with task force meetings, as required.&quot;  -<strong>Individual member orgs have made internal changes to enable the partnership; e.g., rewards, incentives.</strong>  Individuals represent themselves and their community, not their organizations. Therefore, no internal org. changes made.  &quot;we are planting the seeds. We are changing our institutions by what we take back, by what we use, by the people we influence.&quot;  &quot;You need an institutionalized partnership to ensure that relationships are maintained. It lends legal credibility.”  -<strong>Partners, resources, and timeframe reflect the complexity of the goal addressed</strong>  The strategic plan addresses systems change over a 50-year timeframe. HNO has no long-term source of funds or commitment from participating orgs. While the determinants of health are recognized, this is not translated into the choice of partners.  &quot;We received a $60,000 planning grant from Kellogg (over 3 years). Then we competed for implementation $ and received $100,000. Plus we received $170,000 from Kellogg for CEDM. We had so much volunteer support that we had some of the original $60k left over.&quot;  &quot;There is no dedicated source to sustain HNO at the end of Kellogg funding.&quot;  &quot;...there is no staff support.&quot;  &quot;Some agencies withdrew due to issues addressed. They are resource poor and if issue not directly related to their mission, they don't participate too much.”  &quot;It takes a lot more resources to entirely rearrange a system.”</td>
<td>Frequency of contacts between participating orgs has increased with HNO and is adequate.  No orgs. participate formally in HNO</td>
<td><strong>WEAK</strong> between none and a quarter</td>
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<td>Question</td>
<td>((5), (7), (8), (9), (10), (12), (13))</td>
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| Reciprocity   | Documents, PC, CV, focus group participants | **Key stakeholders, including the community are involved**  
"HNO has a broad and open membership encompassing a diverse group of private, public, and neighborhood organizations and residents."  
"Needed participants not currently at the table include business, private medicine, insurers, environmental health agencies, law enforcement, youth, and school administrators and teachers."  
"...wants to know where there is a document that says who the orgs. and groups that comprise the partnership are. ...Sheila reported that we did have a list of our initial partners, but we need to move it to another level. ...stated that besides the support of individual people, it's also important to keep track of capacity you really have by knowing which organizations are involved."  
**Benefits, risks, decision making and power are shared equally**  
"The executive body brings issues to the partnership that then works through a facilitative process to reach consensus."  
"Consensus building is the most important thing about HNO."  
"Mostly consensus decision making but someone has to be in charge."  
**Organizational motivations for membership are explicit and mechanisms for dealing with differences and conflict exist.**  
Orgs. do not participate formally in HNO. Individual motivations have to do with "spiritual context, self-sacrifice."  
"Excelth community health center members are expected by HRSA to be involved in their community."  
**Trust and mutual commitment exist**  
"HNO provides a safe place to feel comfortable voicing their opinion. .."  
"HNO -development of a partnership based on supportive relationships."  
"facilitative training recognizes the importance of building relationships."  
"Everyone is accepted as a worthwhile participant with something important to say. The challenge is to discover each person's talents because everyone has a stake in the outcome"  
"faith-based foundations, ... and the spiritual context and self sacrifice" | Community is viewed as a key partner; individuals represent their communities, with goal of empowerment of disenfranchised people.  
Individuals represent their communities rather than orgs; therefore difficult to determine whether wide spectrum of orgs reflect needs  
Decision making is consensus but guided by co-chairs and executive committee  
Individuals are committed to empowerment of disenfranchised people  
HNO has established trust among participants who plan to continue to work together | MIDDLE  
Halfway between two extremes |
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| **Standardization** | PC, CV | - Procedures and processes for working together on overall goal are established  
Common process/procedures mentioned in interviews: Consensus decision making, Community Health Networks, strategic plan, meetings  
- Feedback mechanism exists to allow for ongoing change, as required  
"This is a weakness - we provided progress reports to NACCHO for 3 years...Personal commitment makes things work and stay focused. This may explain why HNO works when there is no monitoring - also leadership oversight."  
"There is an annual retreat to reflect on past and celebrate success." | Consensus decision making process seen as what brought HNO together | WEAK near none |
| **Contribution to Overall Health Goal** | Documents, PC, CV, KI, Focus group participants | Overall collaboration as measured by effectiveness characteristics  
At weak end of continuum: standardization. A bit stronger: formalization, intensity. Reciprocity in middle  
- Increased resources are available for the health improvement effort; results are larger than if working alone  
"We received a $60,000 planning grant from Kellogg (over 3 years). Then we competed for implementation $ and received $100,000. Plus we received $170,000 from Kellogg for CEDM. We had so much volunteer support that we had some of the original $60k left over."  
"Synergistic communication in networking mini-grants that are used to bring people together."  
- Partnership exists in its own right  
"HNO is an invisible entity and has allowed them to do their own thing. Make more progress by developing web individual indigenous leadership rather than doing for them." site and brochure. commitment. "Partners bring some legitimacy but the health guy for the Times Picayune doesn't understand what HNO is."  
"HNO is a well kept secret."  
"Enthusiasm of Andry and Webb who are influential and brought their political clout to HNO," | Effectiveness characteristics all weak with exception of reciprocity | Networking efforts increased outputs; i.e. CHNs and CEDM  
HNO will continue to exist due to individual commitment. |