

New Challenges in Partnership Development

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Introduction

Throughout the past 20 years, the success and sustainability of OHHP-Taking Action for Healthy Living initiatives can be credited to the collaborative work of a wide range of community partnerships in each of the 36 HHRC networks across the province. In fact, successful community partnerships have mobilized more than 2,300 community partners across Ontario, and generated local in-kind support in excess of 13.6 million dollars. Heart Health coalitions have engaged a wide range of partners from within and across their communities to increase awareness of the need to address common chronic disease risk factors, recognize and address the relationship between individual lifestyle choice and social/environmental conditions, and plan and implement primary prevention strategies in a variety of settings.

OHHP-Taking Action for Healthy Living Community Partnerships have encouraged communities to address chronic disease risk factors and conditions by maximizing the collective expertise and resources of diverse community partners. These community partnerships have overseen the planning and implementation of comprehensive programs to reduce the risk of heart disease and other chronic conditions through initiatives that strengthen community action, develop personal skills, create supportive environments and advocate for healthy public policy.

With the Ministry of Health Promotion's launch of the Healthy Communities Ontario approach, local networks are charged with increasing the number of risk factors that are to be addressed, and broadening their efforts beyond education and awareness initiatives to expand efforts in the areas of policy development, community mobilization and the development of healthy public policy. These strategies will be planned and implemented by local Healthy Communities Partnerships where the recruitment and inclusion of new, diverse community partners will allow for a more comprehensive, integrated planning approach than in the past. While Heart Health networks have had almost two decades of experience successfully forming and maintaining partnerships and strategic alliances, the expanded mandate of the networks into Healthy Communities Partnerships and the necessity of forging new and diverse community partnerships will pose challenges and opportunities that may be new for some.

What exactly is meant by "Partnership"?

Definitions of "community partnership" abound with a common theme of organizations and agencies "coming together to work towards a shared goal or vision." In a recent review of evidence-based definitions conducted for the Heart Health Resource Centre, Sears (2009) proposed the following definition:

Community Partnership

involves building collaborative relationships between different groups in the community to achieve a common goal of promoting health. Within the partnership, decision-making is shared across partners. The mutual action of the partnership has the potential to achieve more than any one partner working independently.

Inside this issue:

1. New Challenges in Partnership Development
2. The Challenge Ahead
3. Ensuring Meaningful Stakeholders Participation
4. Resources and References

@ a glance

Organizations may partner in order to “to combine resources and strengths to produce new resources and services” (Montreal Police Service, 2009). While information sharing and networking are legitimate functions of partnerships and coalitions, partnering serves a strategic purpose, and is a centrally coordinated and often formal process.

Partnerships involve building relationships between more than one individual, group or organization for the purpose of achieving common goals. Partners are often different from each other in terms of the mission, objectives, activities, resources and expectations of, and contributions to the partnership. While differences between partners can be marked, partnerships are also characterized by mutual respect and flexibility (Sears, 2009).

Successful partnerships are based on the sharing of power within the group, through an “equaling of power” between powerful and well resourced members, and less resourced or marginalized members. Community participation is also important. Community members, who are the intended audience of the partnership’s activities, should be engaged and included as active participants in the coalition. This increases the likelihood of addressing community needs and gaining support from the community.

While there may be common elements and principles to the concept of partnership, it is not a “one size fits all” term. Some authors propose that partnerships can vary in both commitment and complexity. In the book Partnering with Purpose. A Guide to Strategic Partnership Development, the authors differentiate between four levels of “partnership” using the analogy of dating and marriage in human relationships.

Four levels of partnerships:

- In the “Glance” stage, an organization makes an initial overture or contact with another agency. A “Glance” may take the form of an email or phone call, participation in a group, or representation on a committee.
- In the “Date” stage, there is agreement between an organization and a community partner to accomplish a specific, short term task or commitment.
- In the “Engagement” stage there is a formal agreement between an organization and a community partner to work together towards a “marriage” after an experimental period. The engagement either leads to marriage, or dissolves.
- In the “Marriage” stage, there is a formal agreement between the organization and community partner to work towards compatible goals, to share the work, the risks, the results or proceeds. Partners invest jointly in new resources, experience shared risk, responsibility, accountability and authority. Marriages form for the long-term benefit of both partners.

A Healthy Communities Partnership may involve different levels or types of partnerships with different agencies and organizations simultaneously. There will be long standing sponsorship relationships (“marriages”) with organizations such as the Ministry of Health Promotion and host agency, and more cooperative relationships with local chapters of national organizations addressing common chronic disease risk factors (HSFO, Canadian Cancer Society etc.). Potential new community partners such as those addressing injury prevention, alcohol and substance misuse and mental health may have initial involvement more along the lines of a “Glance” or “Date” stage and may gauge their commitment to the work of the Healthy Communities Partnerships as the vision for the initiative is more fully articulated, and opportunities to further their organizations’ work becomes clearer.

Partnerships with other planning bodies such as the Local Health Integration Networks or United Way agencies will allow for sharing of community data, including health status information, health care usage, community needs assessments and capacity reviews, as well as an exchange of information on planning initiatives and funding opportunities. Relationships with community partners will almost inevitably change and evolve as projects progress. (Skage, 1996)

The Challenge Ahead

Meeting Expectations of Multiple Stakeholders

With the introduction of the Healthy Communities Ontario approach and the evolution of Heart Health Community Partnerships into Healthy Communities Partnerships, Coordinators will need to carefully consider how they can expand their existing partnerships in a strategic, purposeful manner to meet the expectations of the Ministry of Health Promotion, their partners, and at the same time address local community needs. This challenge is currently complicated by questions as to how the design and implementation of the initiative's operational details (i.e. integration expectations, funding criteria and allocation processes) will support the overall provincial vision, yet allow for customized planning at the community level. Networks may be launching their Healthy Communities Partnerships and engaging new partners in an atmosphere of some uncertainty, and will need to be clear and realistic as to what is known, not known, and what may be subject to change.

Building a Shared Vision

One of the key principles of a successful partnership is that there is shared understanding and support of a common vision by all members. The provincial vision for the Healthy Communities Partnerships is understandably broad in order that local communities can determine their local needs and priorities, and develop strategies that are timely, while making the best use of available resources and talent. It will be critical for networks to work through a process where new and existing members can take an objective look at their community's data, (health profiles, statistics, needs assessments, community capacity reviews etc.) and come to a consensus on their community's needs. Successful community coalitions are comprised of members who can support a common vision, yet can clearly see the benefits of participation to their own organization (i.e. what's in it for me).

Recruiting the Right Partners

Ensuring that you have the right people around the table is a fundamental key to success. Successful partnerships and coalitions include community partners who fully participate in discussions and decision-making, share the work load and responsibility, and are accountable for their contributions. Healthy Communities Partnerships should be strategic and intentional in their partner recruitment efforts, and may consider establishing criteria for inclusion/exclusion. While a deliberate approach to developing partnerships may seem to contradict the principle of inclusion, the risk of inadvertently enabling token participation must also be considered. Given the broad mandate of the Partnerships, an intentional effort to recruit "system" focused partners may be more appropriate than engaging more grassroots organizations. There is plenty of work to be done, and through the use of ad hoc or working committees, community engagement efforts and stakeholder consultation processes, there is sure to be a role for everyone wanting some level of involvement. Networks may want to take stock of existing and new and potential partners and decide their role and influence on the network's activities. The Health Communication Unit's "Stakeholder Wheel" template is a simple and elegant way to map these relationships and assist in determining how partners might be engaged and phased in as the Planning Tables evolve.

Engaging, recruiting and maintaining meaningful participation and involvement of new partners working in the 6 risk factor areas of the Healthy Communities Ontario approach is the priority for coordinators. Representatives from these networks need to understand not only how their prevention mandate contributes to a broader vision of chronic disease prevention, but also how their organizations' mandate can be furthered through a proposed collaboration. Being able to clearly articulate the "what's in it for them" perspective is critical yet challenging when the overall mission itself is still evolving and taking shape. Using the analogy described previously, partners might initially feel more comfortable participating at the "dating" stage level of involvement, then proceeding to the "engagement" and "marriage" stages as the strategy is solidified and the potential to further their own organizations' mandate becomes clearer.

Healthy Communities Partnerships will need to develop key messages that clearly explain and "sell" involvement with the partnership, specifically:

- how the Healthy Community Ontario approach is different from coalitions' previous work;
- the rationale for an emphasis on policy development and environmental support initiatives;
- an explanation of the inclusion of the complimentary risk factors;
- the need for an overall, integrated community plan which will guide funding criteria and selection at the local level
- how participation on the Planning Table will allow them to work together to reach their own organizations' goals, allow them to take advantage of opportunities to collaborate with new partners and potentially access new funds.

Ensuring Meaningful Stakeholders Participation

Involving key stakeholders in a partnership helps to ensure that decisions and activities receive widespread support and recognition. However, participation does not necessarily mean partnership (Skage, 1996). Agency members may attend partnership meetings for many reasons such as being delegated by a superior, because collaborating with other agencies is required or because they said they would, but this doesn't ensure that they will contribute in a valuable way to the process.

To avoid token participation, members must believe that the "return" on coalition and participation far outweighs the "cost" of involvement in a partnership. Healthy Communities Partnerships can foster meaningful participation by encouraging small group work and discussions, which create an environment where people feel more comfortable about speaking out, choosing leaders who value shared leadership and work to develop the skills of members, and using temporary workgroups where members who don't attend regular meetings can contribute to short term objectives (from the Coalition Institute).

Frequent, Ongoing Communication

Communication between partners needs to be frequent, on-going, and honest. In the initial stages of developing a partnership, members need to be very forthright about their needs, what they can contribute to the partnership, and what their expectations are. Goals and objectives need to be specific and clearly communicated (Nurss and Rawlston 1994).

Clearly Articulating Roles, Responsibilities and Expectations

Clear communication of expectations, roles and responsibilities is crucial to avoiding misunderstandings, frustration and a loss of commitment. Members must have a common understanding of both individual and joint responsibilities. Having reasonable expectations of what partners can contribute and what the partnership can achieve is another aspect of effective planning.

Celebrating and Communicating Success

"Nothing succeeds like success." Communicating successes within the partnership and in the community is an important component of sustaining a partnership, keeping people motivated, and drawing new partners into the group (Mawhinney 1993, Seamen 1992).

Planning to the Resources Available

Both "time and money" are needed for a successful partnership. In the context of the Healthy Communities Partnerships, it will be equally important to have a collective agreement among partners on how the resources and funding will be pursued and used.

Implementing and Tracking the Strategic Plan

Coalition strategic plans should be detailed. The plan should list specific strategies and interventions the community needs to implement as well as the role member organizations will play to implement the plan. While most coalitions keep track process indicators such as membership involvement and collaboration within the coalition the measure of dose—how many community changes the coalitions helped bring about over time – is often overlooked or left undocumented. This is a key factor in helping coalitions understand their contribution to population-level outcomes (Irwin 1994)

Flexibility

Flexibility is a key factor in successful partnerships. Flexibility is required in adjusting to new roles and responsibilities, being willing to adapt to changes in planning and implementation, and accepting differences in philosophy and ability to contribute to a project.

Strong Leadership

Partnerships take place between people not agencies. The person who assumes a leadership responsibility may change as the partnership develops and evolves. The ideal coordinator has a high level of initiative, and the ability to build and maintain strong interpersonal relationships (Russo and Lindle 1993).

Conditions for Success

To summarize, the Montreal Police Service provides the following “Conditions for Success” for community-based partnerships.

- Create a bond of trust and demonstrate openness
- Work as a team, for consensus and consultation
- Respect the organizational mission of each partner
- Respect the expectations and limits of each partner
- Share power, risks and responsibilities
- Invest jointly in resources
- Encourage commitment and permanency from the stakeholders

Much of the success of the province’s Heart Health networks work can be attributed to the collaborative, synergistic work of community partnerships. While partnership development and maintenance can be time-consuming and complex, working with like-minded community members towards a common goal is a deeply satisfying experience. Undoubtedly, the Healthy Communities Partnerships will benefit from the experience, wisdom and history that will emerge from the existing networks, and gain new energy and momentum as new partners contribute their enthusiasm, skills and resources.

Resources and Annotated Bibliography

Community Tool Box <http://ctb.ku.edu>

This online resource boasts 46 chapters with nearly 300 different sections providing practical, step-by-step guidance in community-building and partnership development skills. Chapters cover such topics as: creating and maintaining coalitions, increasing membership and participation; assessing community needs and resources, and choosing strategies to promote community health and development.

The Health Communication Unit’s Stakeholder Wheel http://www.thcu.ca/infoandresources/resource_display.cfm?resourceID=1235

The Health Communication Unit’s stakeholder wheel allows coalitions to document the sectors represented at their tables, as well as their level of involvement in coalition initiatives. This tool allows coalitions to identify gaps in membership, and formulate strategies for managing communication with various stakeholders

Community Partnerships Resource Guide for Family Health Teams

http://www.qiip.ca/user_files/communitypartnersrg.pdf

This 23-page toolkit describes several levels of partnerships and provides a six-step process for partnership development. It also contains an extensive list of links and resources for further exploration. Although written for Family Health Teams, the content is widely applicable to partnerships and coalitions in a variety of settings.

Building Strong and Effective Community Partnerships. A Manual for Family Literacy Workers. The Family Literacy Action Group of Alberta. Sharon Skage, 1996. Available online at <http://www.nald.ca/clr/partner/contents.htm>

Based on the work of coalition development within the literacy field, this manual covers the main concepts and steps in partnership development. Chapters focus on definitions and rationale for partnerships, steps in partnership initiation and development, and identifying and overcoming barriers to effective partnerships.

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About the HHRC

The Heart Health Resource (HHRC) anticipates and meets the needs of public health agencies and their communities in in community-based chronic disease prevention programming.

The HHRC was established in 1993 to support the community-based partnerships of the Ontario Heart Health Program. Currently, the HHRC supports 37 Healthy Communities Partnerships working within the Local Planning Stream of the Healthy Communities Ontario approach.

The HHRC is a project of the Ontario Public Health Association (OPHA) and is funded through the Ministry of Health Promotion. The HHRC is a member of the Healthy Communities Consortium, a group of resource centres working collaboratively to support those within the Healthy Communities Ontario approach.

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