

Partnerships and Collaboration

The topic of public health partnerships and collaboration has gained much attention in recent years. As the scope of public health practice widens, there is a growing recognition that public health activities are provided by many groups, including, but not limited to, the LPHA. Hospitals, community-based organizations, faith communities, universities, businesses, schools, and many others contribute to the health of their communities.

Many LPHAs have taken a leadership role in convening the wide array of partners to address local health issues and develop community health plans. For example, the *Mobilizing for Action through Partnerships and Planning* (MAPP) process is a tool LPHAs and community partners can use to identify community needs and priorities, and work strategically to strengthen the local public health system and improve health and well-being in communities.⁴⁰ *Protocol for Assessing Community Excellence in Environmental Health (PACE EH)* involves a wide range of community partners in developing environmental health indicators and priorities.⁴¹ The *Turning Point* initiative developed public health collaboratives to address community public health issues at the state and local levels.⁴² The Health Resources and Services Administration's *Community Access Program* supports the development of state and local partnerships to increase health insurance coverage in local areas.⁴³ All of these efforts promote involving community members in setting the local public health agenda, and mobilizing the LPHA and other groups to improve the health of communities.

Furthermore, many national conferences have stressed partnership development, for example joint NACCHO and Association of State and Territorial Health Officials' conferences and the American Public Health Association's meetings. This attention to partnership development clearly is demonstrated in the large percents of LPHAs that reported collaborating with various groups.

Survey respondents were asked to identify if they collaborate with various governmental and non-governmental organizations and the degree to which they collaborate with each of these organizations, on a scale of 1 to 5.

The results illustrate that there is a wide range in the number and type of partnerships developed to protect the public's health. A clear pattern emerges in the analysis of LPHA partnerships and collaborations. LPHAs serving small populations (especially 0 to 24,999 residents) less frequently reported collaborating with a wide range of partners. This may be because LPHAs, located in smaller population jurisdictions, have fewer entities with which to collaborate. LPHAs serving large populations, on the other hand, collaborate with a wide variety of groups.

GOVERNMENTAL PARTNERSHIPS AND COLLABORATIONS

LPHAs in this study commonly reported collaborating with other governmental agencies in their practice of public health.

Other LPHAs: For example, 94% of all LPHAs in the study reported collaborating with other LPHAs, and a high degree of collaboration (an average of 3.9 on a scale of 1 to 5). There was little variation by metropolitan and non-metropolitan LPHAs, the population of the jurisdiction, and LPHA type; however, among townships, 78% reported collaborating with other LPHAs, while the other LPHA types reported almost 100% collaboration. Data from NACCHO's *1997 Profile* reported that 72% of LPHAs collaborated with other LPHAs.

State Health Departments & Other State Agencies: Ninety-eight percent (98%) of all LPHAs surveyed indicated they collaborated with their state health department (the degree of collaboration averaged 4 on a scale of 1 to 5). Collaborations with other state agencies were reported by 92% of all LPHAs surveyed. State human services, social services, or mental health agencies (43%), state environmental departments (41%), agricultural agencies (4%), Medicaid agencies (3%), and education departments (3%) were all mentioned as state agency partners. NACCHO's *1997 Profile* found that 83% of LPHAs in that study collaborated with their state health agency, and 62% collaborated with other state government agencies. The LPHAs in this study most commonly selected overall state health departments, other LPHAs, and other state agencies as collaborators.

Federal Agencies: Collaborations with federal agencies, such as the Environmental Protection Agency (EPA), Health Care Financing Administration (HCFA), Health Resources and Services Administration (HRSA), and the Centers for Disease Control and Prevention (CDC) were reported by 65% of responding LPHAs. This percent is the lowest of the governmental agency collaborations, most likely because federal agencies more often collaborate directly with state health departments. Fifty-nine percent (59%) of LPHAs serving populations of 0 to 24,999 residents reported collaborating with federal agencies, and 90% of LPHAs serving 500,000 or more reported such collaborations. Respondents also rated the degree of collaboration with federal agencies lower than with other governmental agencies, an average of 2.7 on a scale of 1 to 5.

The survey also asked respondents which government agency was their *most important* partner. Sixty-six (66%) of all LPHAs indicated the state health department as their most important governmental partner; and in many cases, the partnership between LPHAs and the state health department was mandated by state statute. In others, the relationship was voluntary and not formalized or required by legislation. Twenty-five percent (25%) of LPHAs listed other LPHAs as their most important partner, while 7% listed other state agencies.

PARTNERSHIPS WITH NON-GOVERNMENTAL ORGANIZATIONS

Non-governmental organizations also are involved in improving the health of their communities. Several provide direct services, while others provide resources to the community.

Hospitals & Independent Providers: Both hospitals and independent healthcare providers are common partners for LPHAs. Ninety percent (90%) of LPHAs reported collaborating with these two groups. LPHAs serving less populated jurisdictions collaborated less frequently with hospitals, compared with larger population LPHA jurisdictions (83% of 0 to 24,999; 99% of 500,000 or more). Survey data from NACCHO's *1997 Profile* reported 67% of LPHAs partnered with hospitals.

Community-Based Organizations: Eighty-nine percent (89%) of LPHAs reported collaborating with community-based organizations (CBOs); the degree of collaboration was an average of 3.7 on a scale of 1 to 5.

Community Health Centers: Fifty-four percent (54%) of all LPHAs in the study reported collaborating with community health centers. This collaboration was more common among LPHAs serving metropolitan areas (61%) versus non-metropolitan areas (51%). LPHAs serving large populations more frequently collaborated with community health centers than LPHAs serving smaller population jurisdictions. NACCHO data from the *1997 Profile* study found that 39% of all LPHAs in that study collaborated with community health centers.

Managed Care & Health Maintenance Organizations: Managed care organizations and health maintenance organizations (HMOs) were less frequently cited as a partner (50% of all LPHAs reported collaborating with HMOs) than other types of clinical service providers. Overall, the degree of collaboration with HMOs was lower than other partners, 2.6 on a scale of 1 to 5. More metropolitan area LPHAs (56%) collaborated with HMOs than non-metropolitan LPHAs (45%). Only 38% of LPHAs serving populations of 0 to 24,999 residents reported collaborating with HMOs, while 71% of LPHAs serving populations 100,000 to 499,999 and 88% of LPHAs serving populations 500,000 or more reported such collaborations.

Universities & Academic Centers: Universities and academic centers were reported as collaborators by over 70% of LPHAs in the study. There is a linear relationship between population size and collaboration with universities: 57% of LPHAs serving populations 0 to 24,999 partnered with universities, and 99% of LPHAs serving populations over 500,000. In the *1997 Profile*, NACCHO found that 52% of all LPHAs partnered with universities or academic centers.

Businesses & Private Corporations: Businesses and private corporations contribute to local public health systems. Seventy four percent (74%) of all LPHAs reported collaborating with businesses, with an average

degree of collaboration of 2.6, on a scale of 1 to 5. Jurisdictions serving small populations reported fewer collaborations with businesses versus LPHAs serving larger populations. However, the percent in this study is higher than previously reported NACCHO data. In the *1997 Profile*, 44% of all LPHAs reported partnering with the business community.

Faith Communities: Faith communities and their role as social service providers have been the focus of recent national discussions. Over 80% of all LPHAs reported collaborating with faith communities or churches in their local area. This percent was similar for metropolitan and non-metropolitan LPHAs. Collaboration with faith communities was less common in less populated jurisdictions. For example, 73% of LPHAs in jurisdictions serving 0 to 24,999 residents reported collaborations with faith communities, and 90% of LPHAs serving 100,000 to 499,999 residents reported such collaborations.

State Associations of Local Health Officials: Collaborations with state associations of local health officials were reported by 79% of the LPHAs in this study, with more metropolitan LPHAs indicating collaborations with state associations of local health officials (87%) than non-metropolitan areas LPHAs (74%). LPHAs serving smaller populations less frequently reported collaborations with state associations of local health officials (0 to 24,999 reported 75%) than LPHAs serving large population jurisdictions (500,000 or more reported 87%).

Professional Associations: LPHAs collaborate with a number of professional associations, such as local medical societies, nursing associations, environmental professional associations or national associations such as NACCHO. These groups were reported as collaborators by 77% of the LPHAs in this study, with more metropolitan area LPHAs reporting collaboration with professional associations (81%) versus non-metropolitan LPHAs (73%).

Voluntary & Non-Profit Organizations: Collaborations with voluntary organizations and non-profit groups was also high among the LPHAs in this study: 74% of all

LPHAs reported collaborating with other voluntary groups/non-profit organizations (those that did not fall into the above categories).

The *most important* non-governmental partnerships reported by LPHAs were with local hospitals (24%) and independent providers (24%). Metropolitan and non-metropolitan area LPHAs reported hospitals, professional associations, and independent providers as their most important partners, however each to a different extent. Furthermore, LPHAs serving 0 to 24,999 in population reported that independent providers were their most important partners, and LPHAs serving the other population categories reported hospitals as such. Visiting nurse associations were listed as the most important partner for township LPHAs, independent providers were listed as the most important partner for county LPHAs, and hospitals were the most important partner for city, city-county, and multi-county/district LPHAs.

LPHAs collaborate with a wide range of partners. Recognition that public health is the responsibility of many groups will most likely result in further development of these collaborations and partnerships among governmental agencies, non-governmental agencies, and LPHAs.

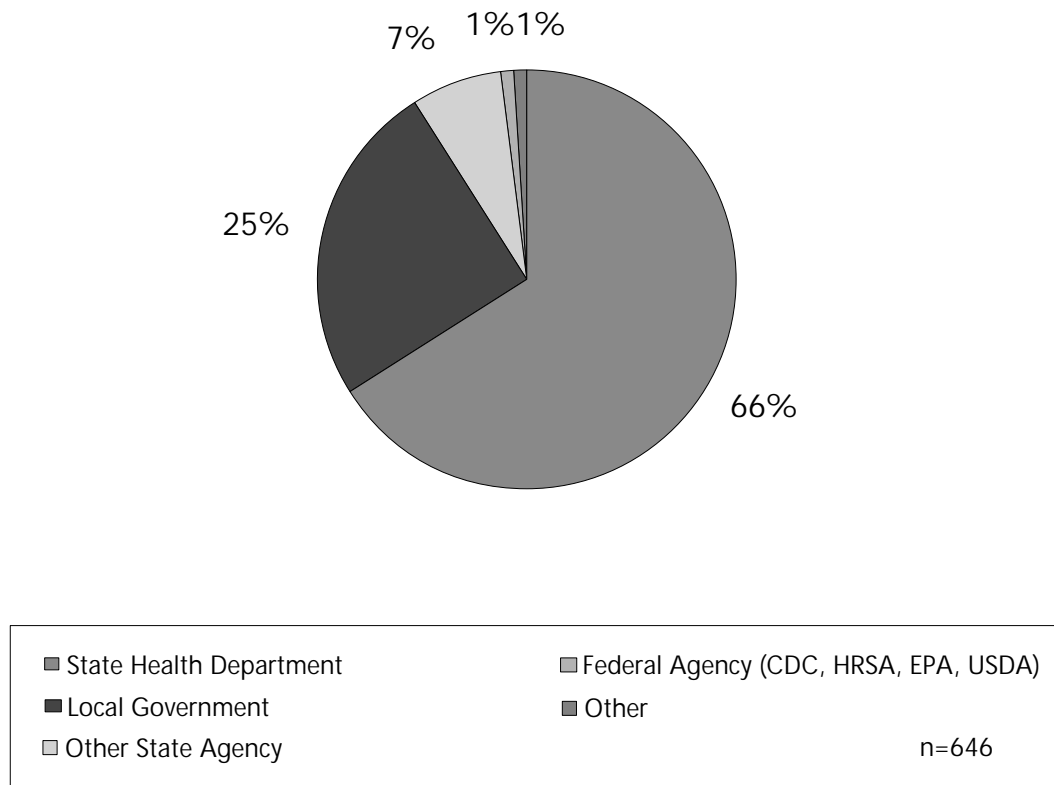
OUR GREATEST STRENGTH IS THE COMMUNITY THAT INCLUDES THE VARIOUS MERCHANTS, BUSINESS AND INDUSTRIES IN AND AROUND TOWN. THE TERM "BE A GOOD NEIGHBOR" IS NOT A CLICHE HERE, IT IS A WAY OF LIFE.

— A LOCAL HEALTH OFFICIAL

Table 20. PARTNERSHIPS AND COLLABORATION:
Government Agencies--Other Local Public Health Agencies,
State Health Departments, Other State Agencies, Federal Agencies

	Other Local Public Health Agencies (n=691)	State Health Departments (n=690)	Other State Agencies (n=683)	Federal Agencies (n=686)
Mean degree of collaboration	3.9	4	3.5	2.7
Yes	94	98	92	65
No	3	1	6	28
Not Applicable	3	1	2	7
Metropolitan - Non-Metropolitan (Percent reporting partnerships)				
Metropolitan	95	98	91	70
Non-Metropolitan	93	98	93	61
Population Size (Percent reporting partnerships)				
0 - 24,999	91	97	92	59
25,000 - 49,999	97	100	93	60
50,000 - 99,999	98	99	94	68
100,000 - 499,999	96	100	92	78
500,000 +	97	99	95	90

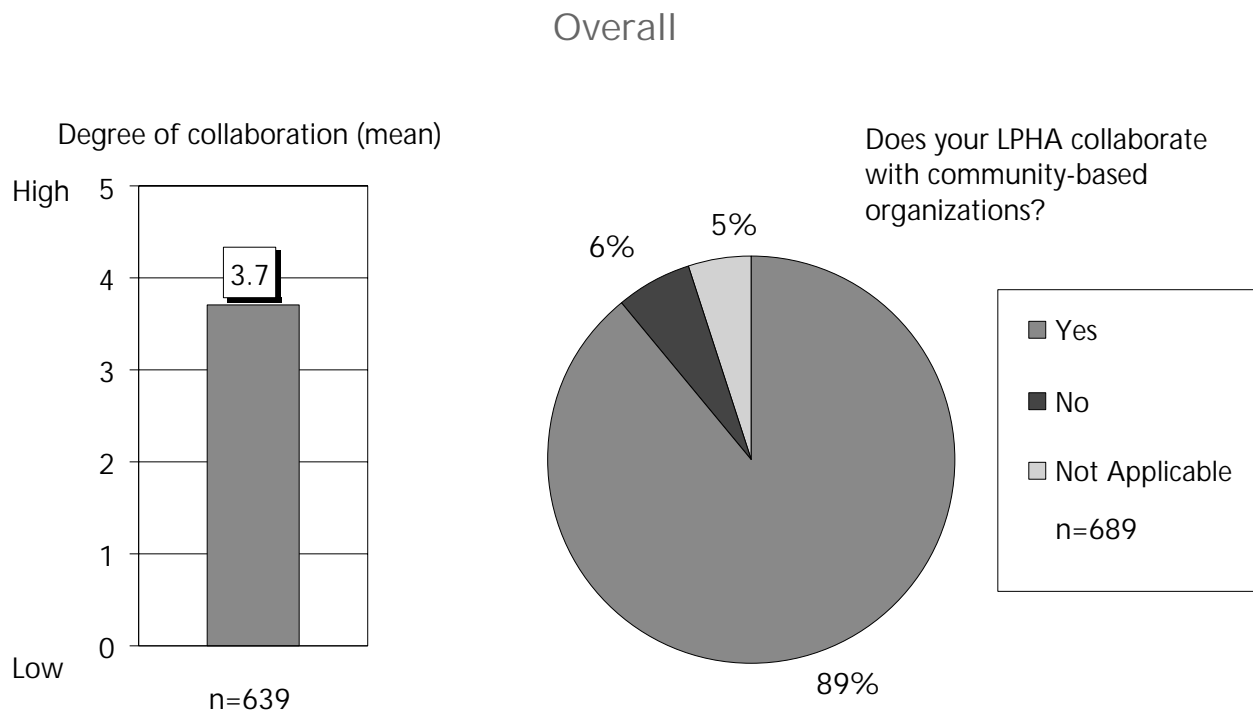
Figure 26. PARTNERSHIPS AND COLLABORATION:
Most Important Governmental Partner



Note: The "Local Government" category also includes other local public health agencies.

The "Other" category includes: managed care organizations, universities, churches and faith communities, voluntary organizations, businesses, visiting nurses associations, and others not classified.

Figure 27. PARTNERSHIPS AND COLLABORATION:
Community-Based Organizations



Metropolitan - Non-Metropolitan LPHAs and Population Size

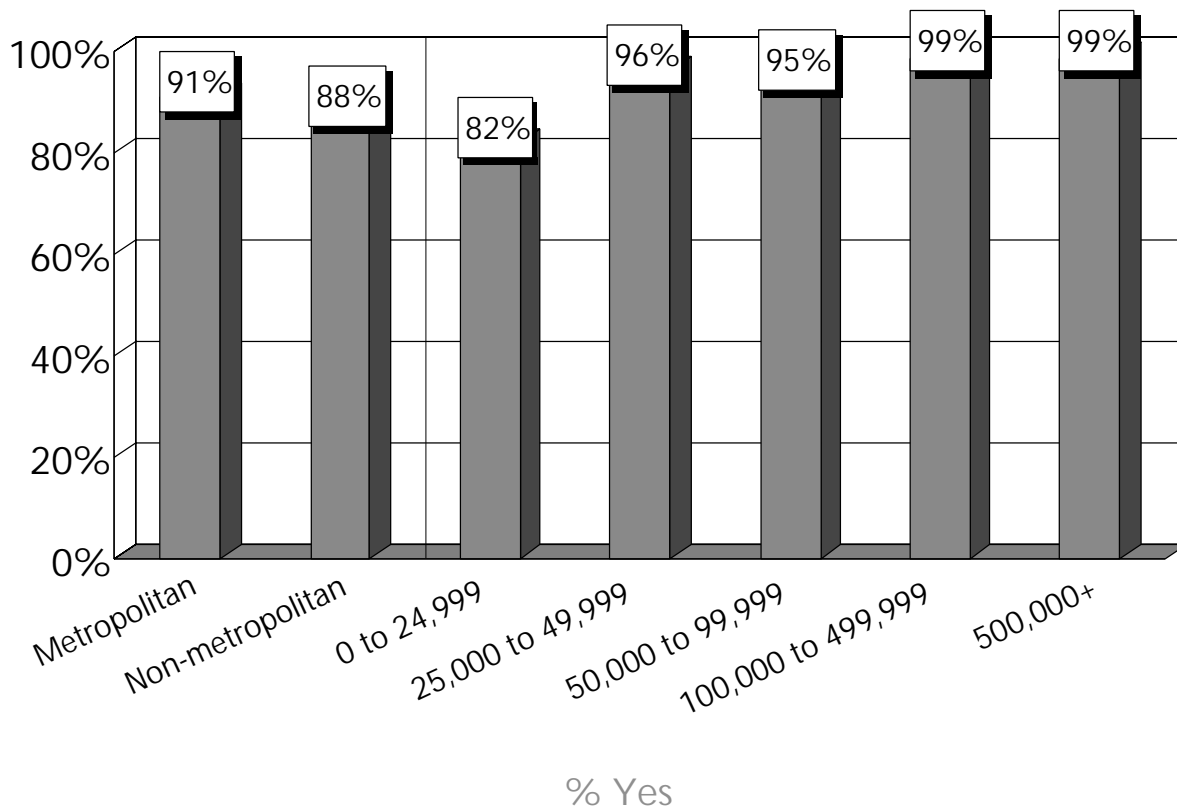
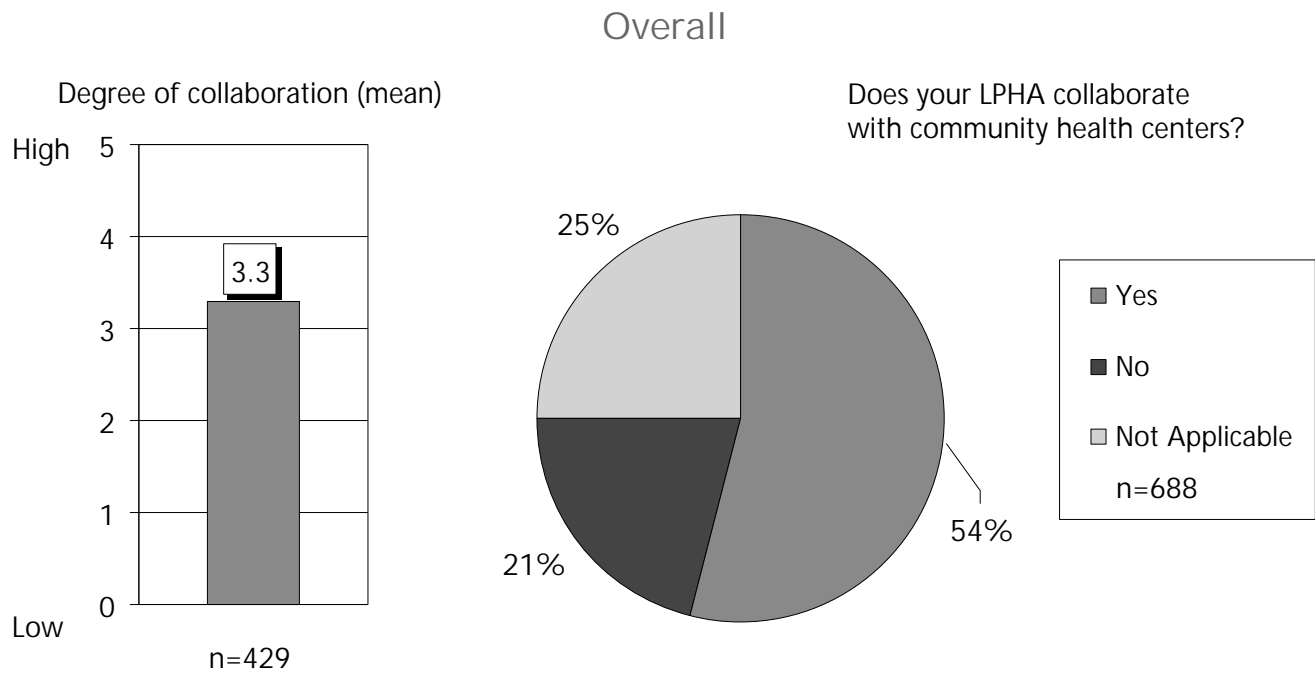


Figure 28. PARTNERSHIPS AND COLLABORATION:
Community Health Centers



Metropolitan - Non-Metropolitan LPHAs and Population Size

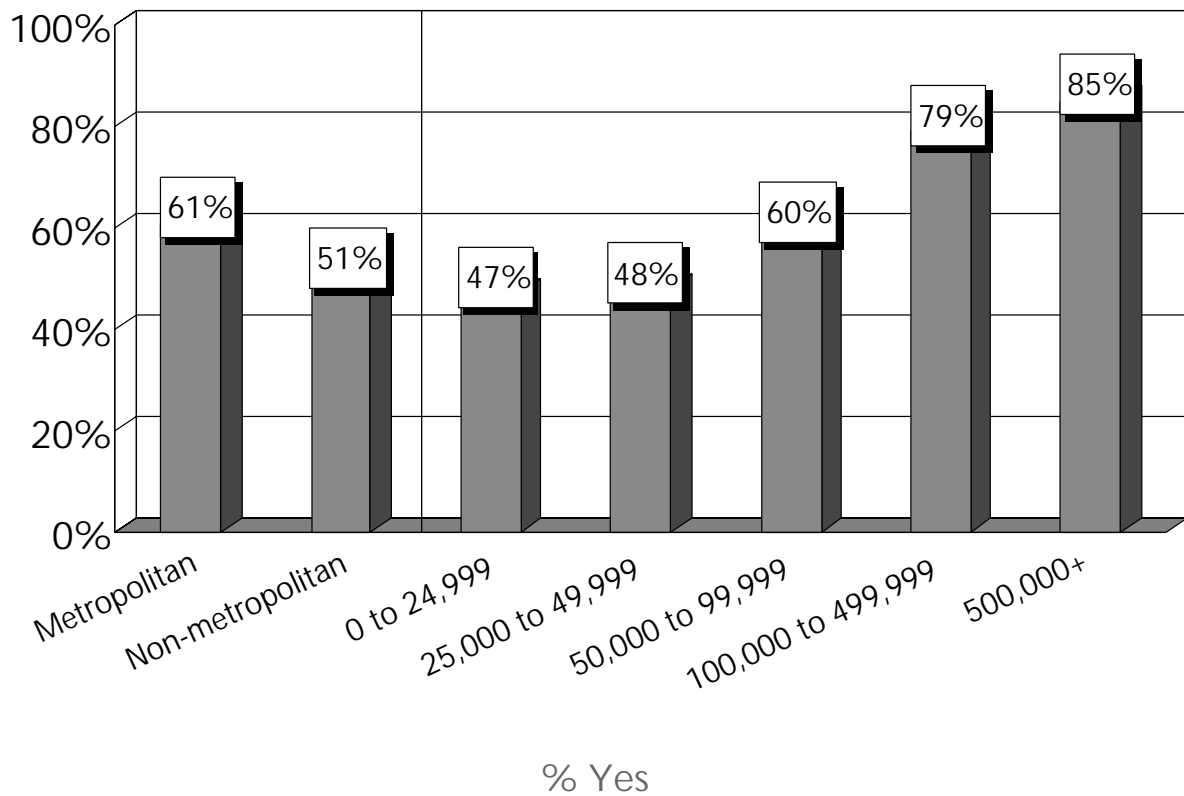
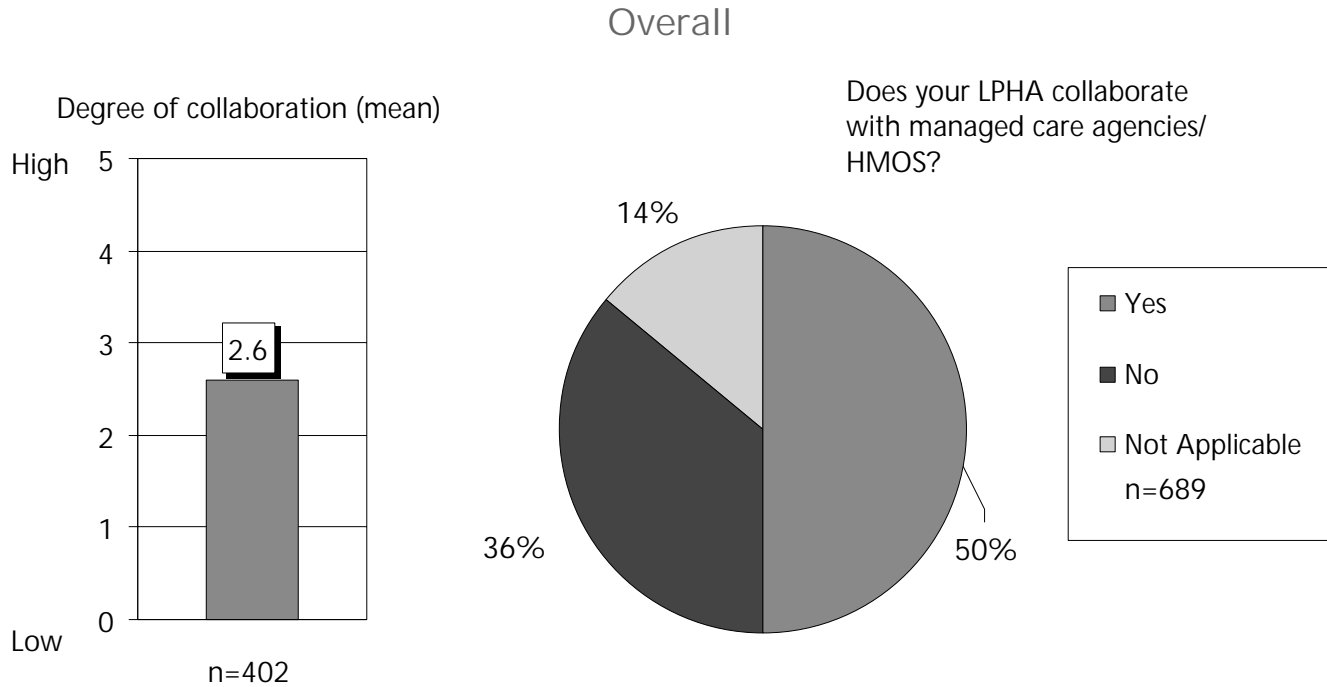


Figure 29. PARTNERSHIPS AND COLLABORATION:
Managed Care Organizations & HMOs



Metropolitan - Non-Metropolitan LPHAs and Population Size

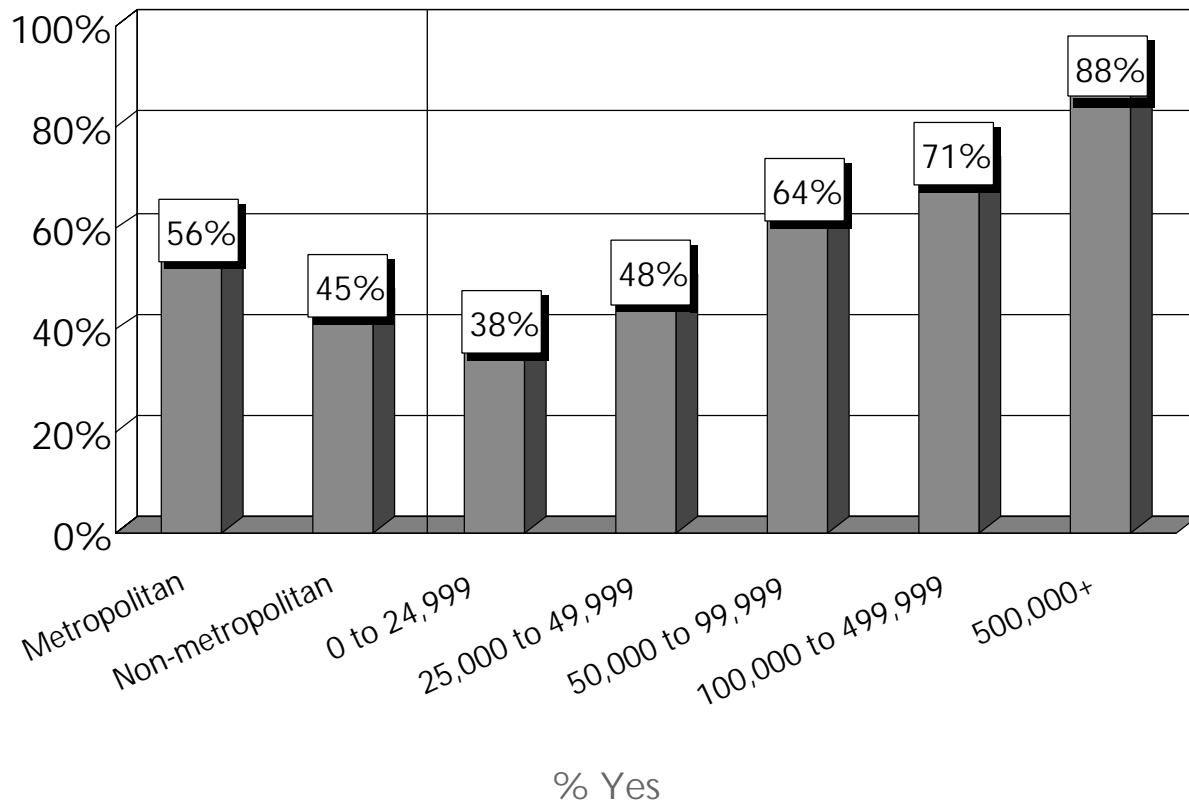
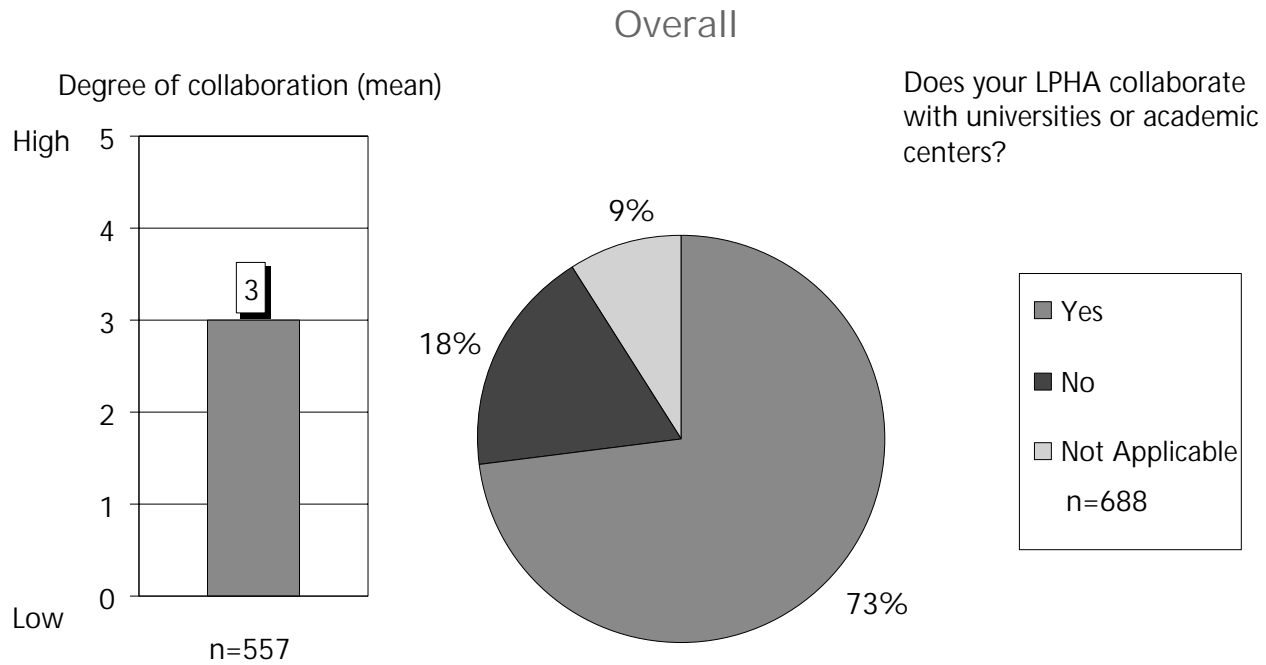


Figure 30. PARTNERSHIPS AND COLLABORATION:
Universities & Academic Centers



Metropolitan - Non-Metropolitan LPHAs and Population Size

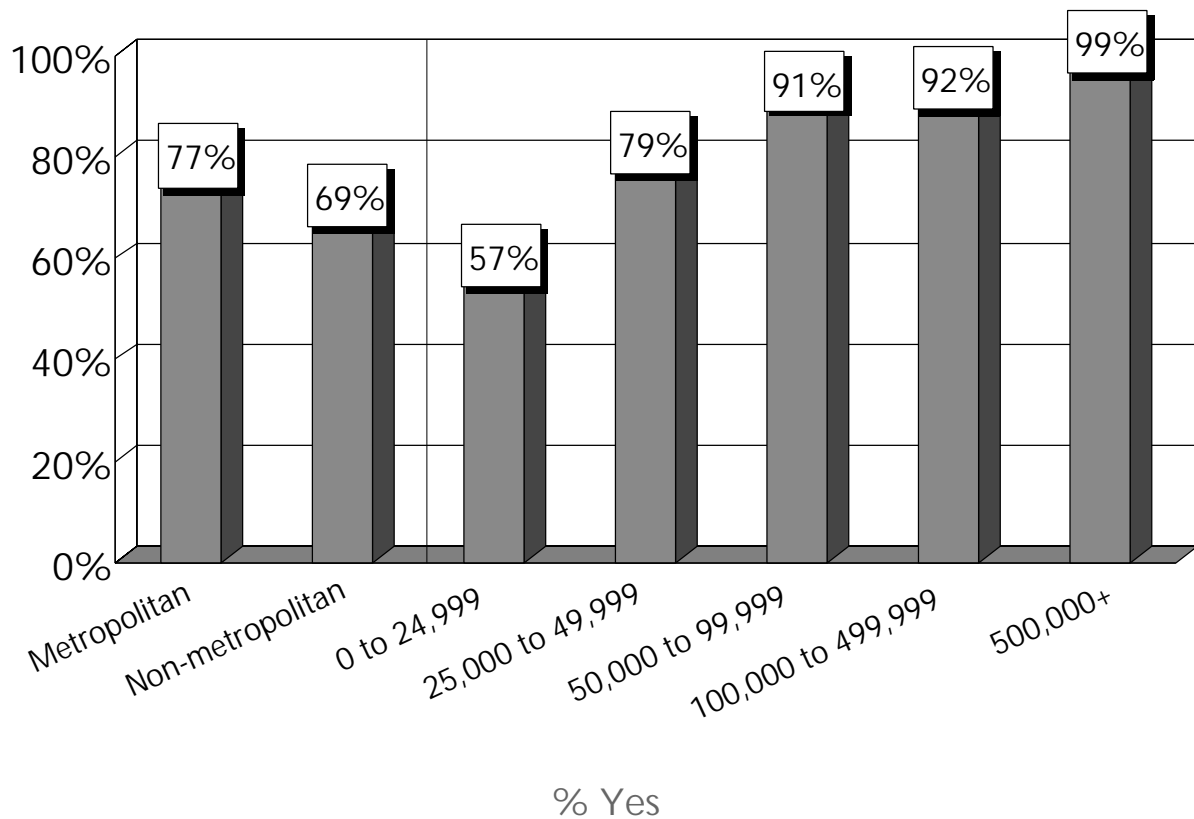


Figure 31. PARTNERSHIPS AND COLLABORATION:
Business & Private Corporations

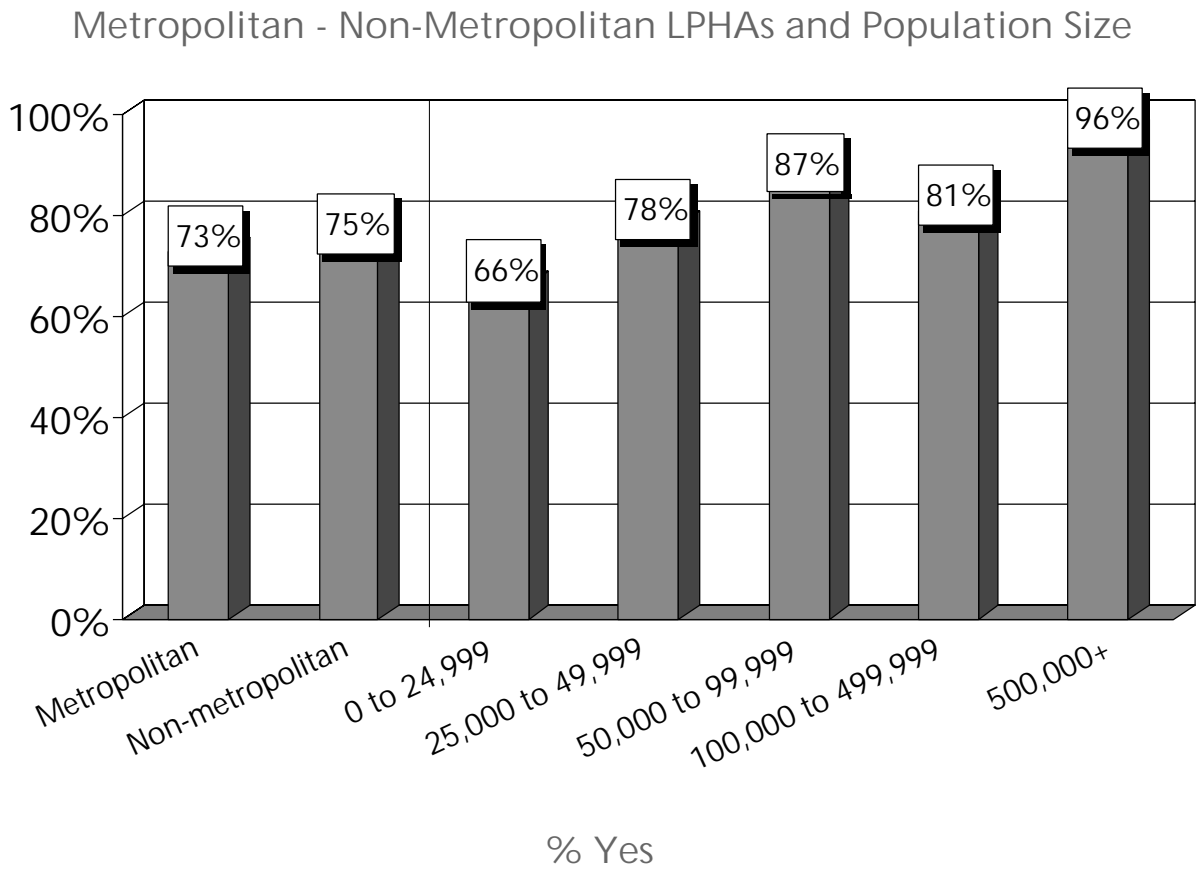
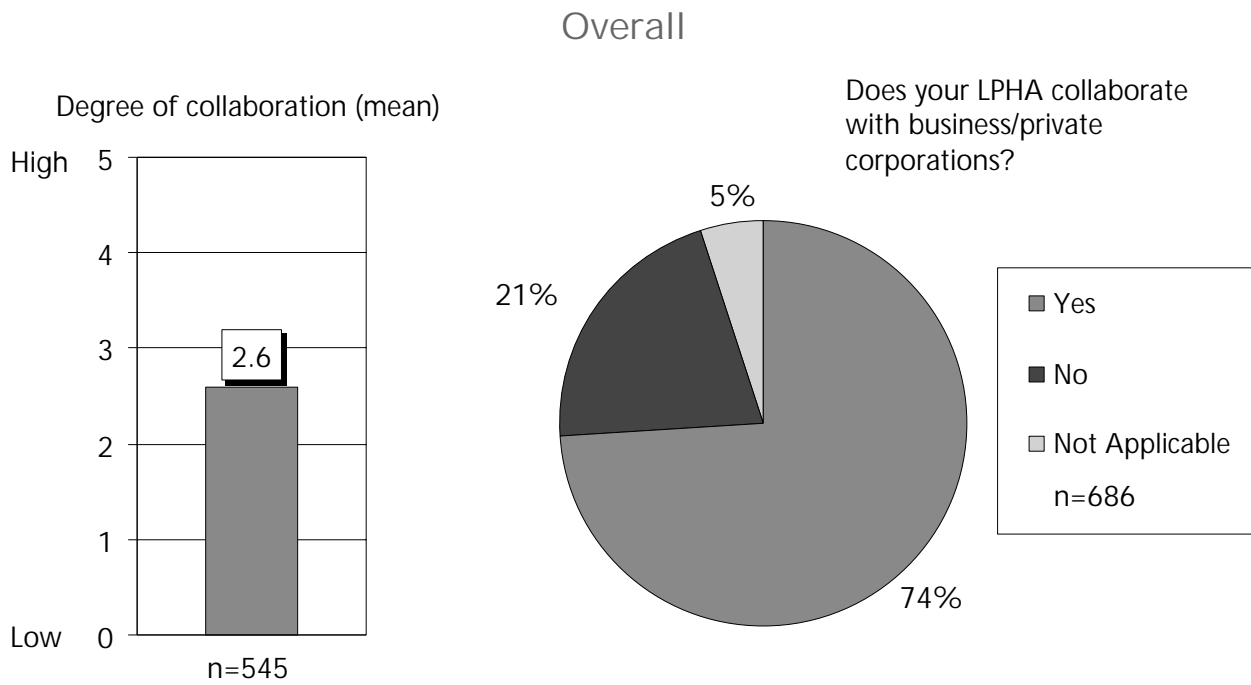
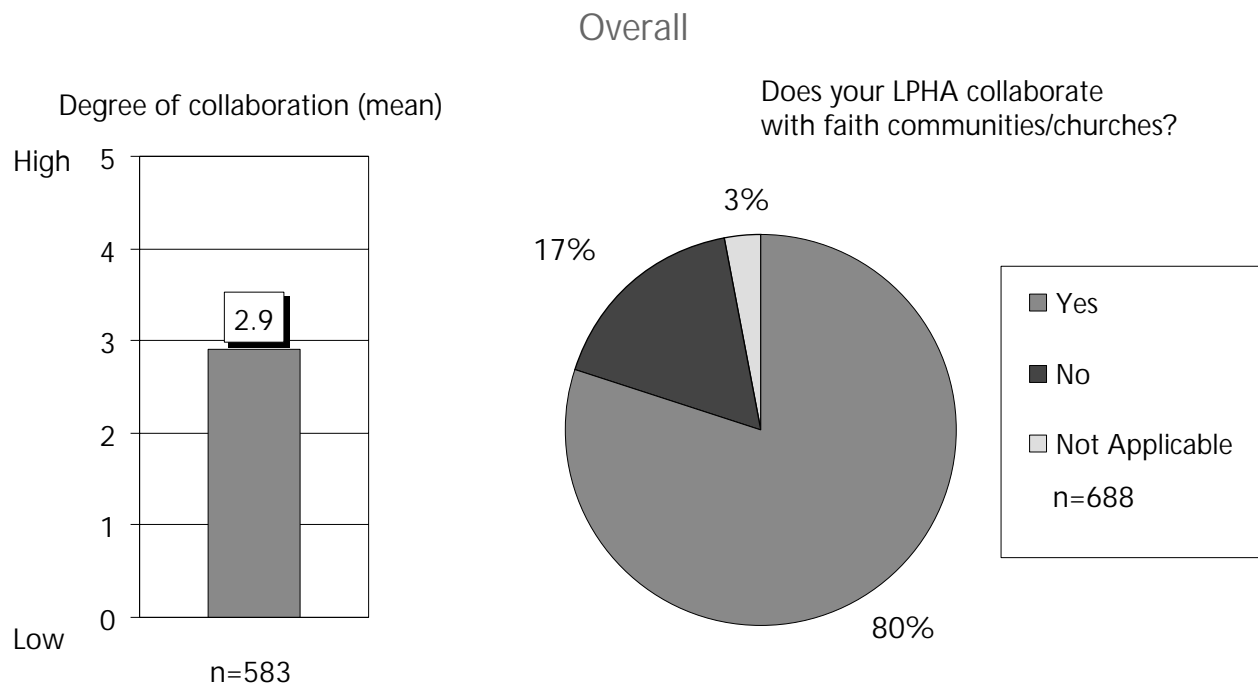


Figure 32. PARTNERSHIPS AND COLLABORATION:
Faith Communities & Churches



Metropolitan - Non-Metropolitan LPHAs and Population Size

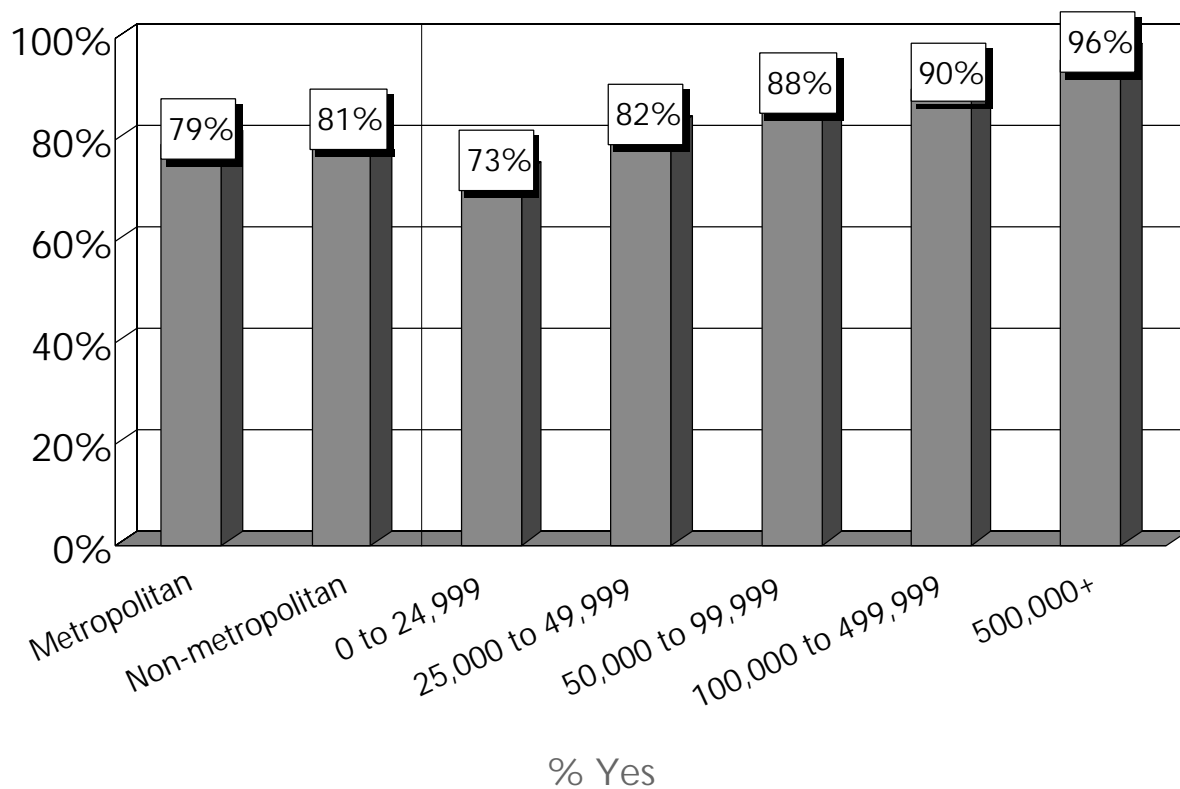
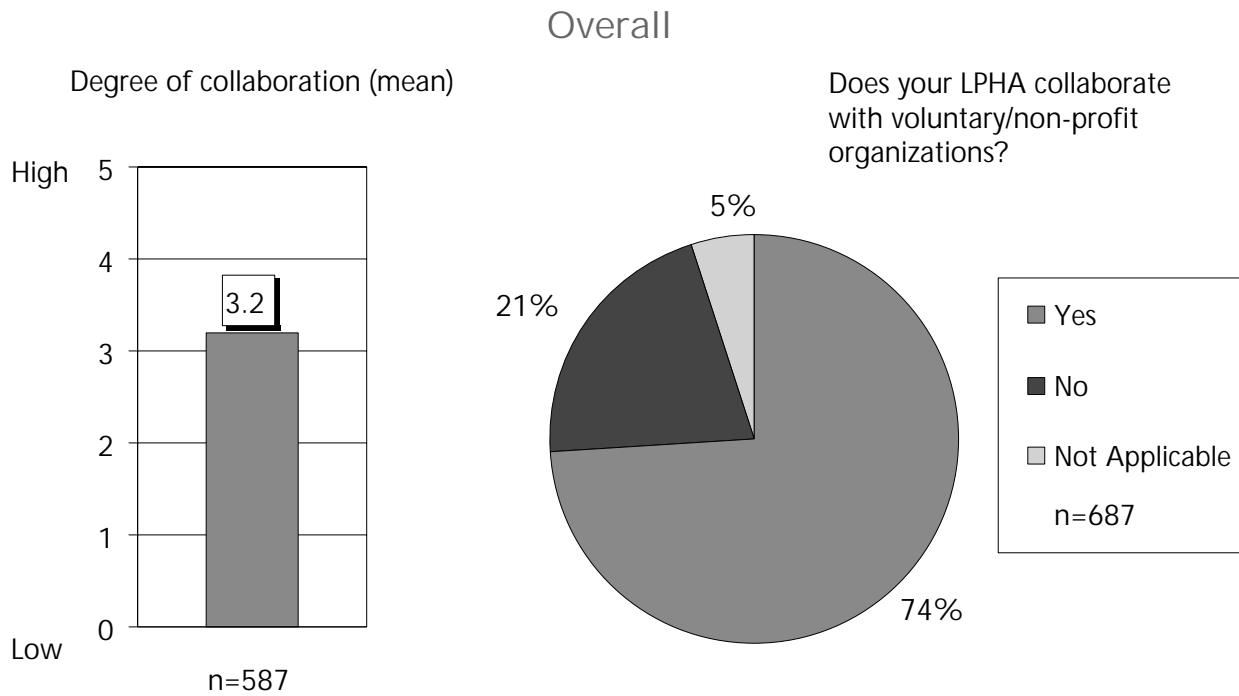


Figure 33. PARTNERSHIPS AND COLLABORATION:
Voluntary & Non-Profit Organizations



Metropolitan - Non-Metropolitan LPHAs and Population Size

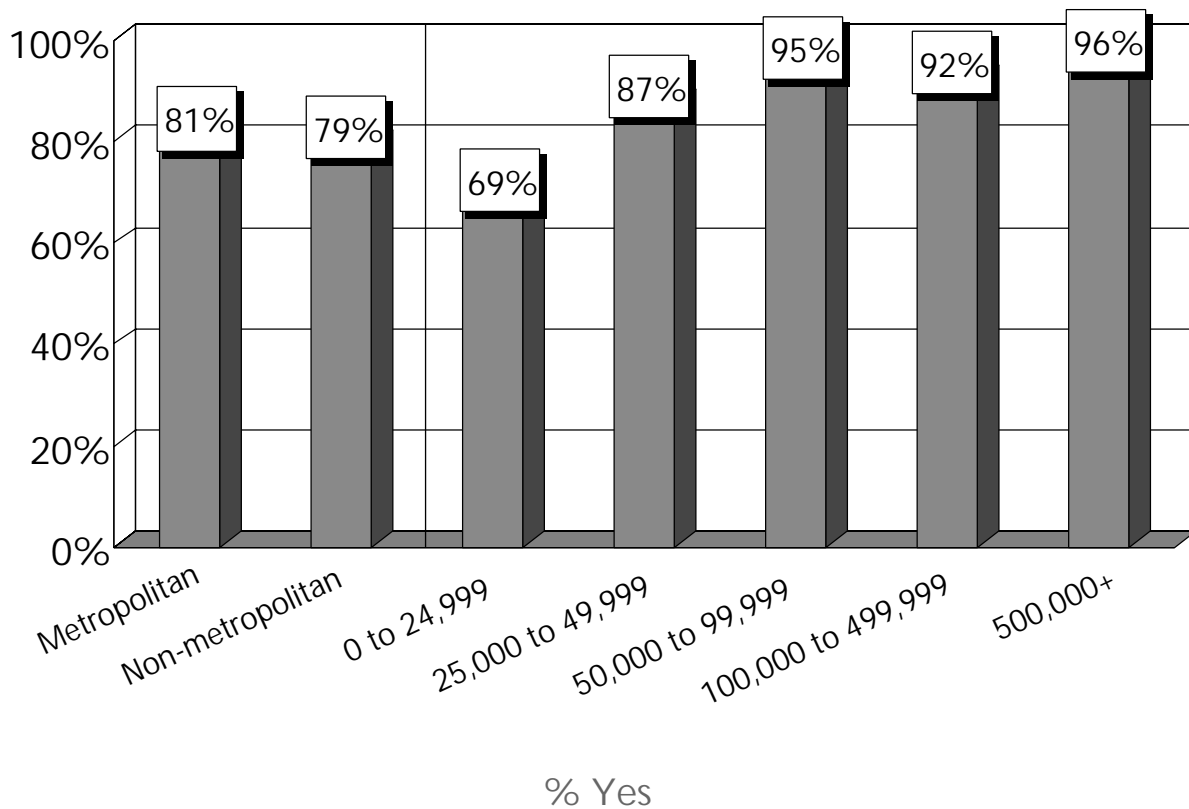
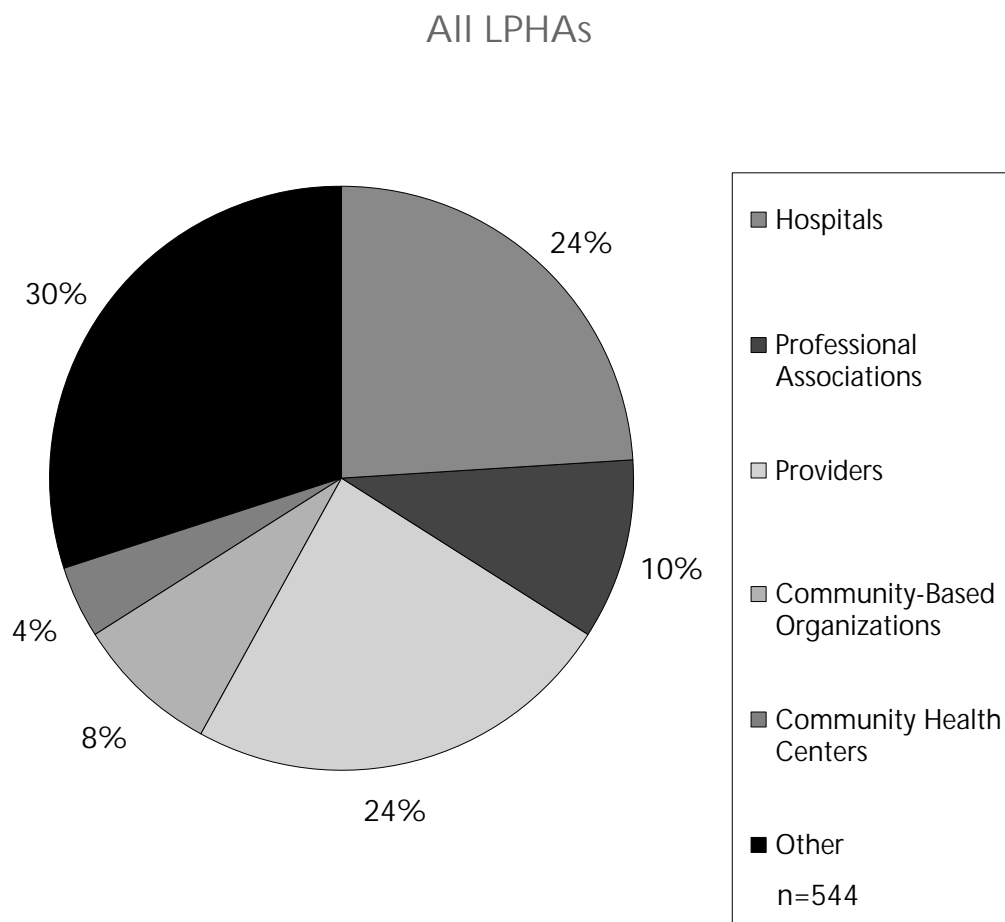


Table 21. PARTNERSHIPS AND COLLABORATION:
Other Non-Government Agencies-- Hospitals, Independent Providers,
State Associations of Local Health Officials, Professional Associations

	Hospitals (n=689)	Independent Providers (n=686)	State Associations of Local Health Officials (n=690)	Professional Associations (n=688)
Mean degree of collaboration	3.4	3.5	3.4	3.1
Yes	90	90	79	77
No	7	7	15	17
Not Applicable	3	3	6	6
Metropolitan - Non-Metropolitan (Percent reporting partnerships)				
Metropolitan	87	87	87	81
Non-Metropolitan	91	92	74	73
Population Size (Percent reporting partnerships)				
0 - 24,999	83	86	75	70
25,000 - 49,999	96	90	82	75
50,000 - 99,999	96	95	82	87
100,000 - 499,999	96	96	85	87
500,000 +	99	95	87	95

Figure 34. PARTNERSHIPS AND COLLABORATION:
Most Important Non-Governmental Partner



Note: The "Other" category includes: managed care organizations, universities, churches and faith communities, voluntary organizations, businesses, visiting nurses associations, and others not classified.