

## The Foundation Review

---

Volume 10 | Issue 2

---

6-2018

### Learning From the Opportunities and Challenges of a Philanthropy-Private Sector Partnership

Victoria C. Scott  
*University of North Carolina at Charlotte*

Andrea Lamont  
*University of South Carolina*

Abraham Wandersman  
*University of South Carolina*

Leslie Snapper  
*University of North Carolina at Charlotte*

Mona Shah  
*Robert Wood Johnson Foundation*

*See next page for additional authors*

Follow this and additional works at: <https://scholarworks.gvsu.edu/tfr>

---

#### Recommended Citation

Scott, V. C., Lamont, A., Wandersman, A., Snapper, L., Shah, M., & Eaker, E. (2018). Learning From the Opportunities and Challenges of a Philanthropy-Private Sector Partnership. *The Foundation Review*, 10(2). <https://doi.org/10.9707/1944-5660.1416>

Copyright © 2018 Dorothy A. Johnson Center for Philanthropy at Grand Valley State University. The Foundation Review is reproduced electronically by ScholarWorks@GVSU. <https://scholarworks.gvsu.edu/tfr>

---

# Learning From the Opportunities and Challenges of a Philanthropy-Private Sector Partnership

## Authors

Victoria C. Scott, Andrea Lamont, Abraham Wandersman, Leslie Snapper, Mona Shah, and Erik Eaker

# Learning From the Opportunities and Challenges of a Philanthropy-Private Sector Partnership

Victoria C. Scott, Ph.D., M.B.A., University of North Carolina at Charlotte; Andrea Lamont, Ph.D., MAS, and Abraham Wandersman, Ph.D., University of South Carolina; Leslie Snapper, B.S., University of North Carolina at Charlotte; Mona Shah, Ph.D., M.P.H., Robert Wood Johnson Foundation; and Erik Eaker, M.H.A., Humana, Inc.

*Keywords:* Philanthropy-private sector partnership, cross-sector partnership, evaluating partnerships, population health

## Introduction

Persistent health disparities and the rising cost of health care call for more innovative mechanisms to improve population health in the U.S. With a mutual interest in supporting healthier communities across the nation, in 2015 the Robert Wood Johnson Foundation (RWJF) and Humana Inc., an investor-owned health company, embarked on a partnership to improve community health outcomes. They established a philanthropy-private sector partnership (PhPP) — an atypical form of cross-sector partnership — with the primary purpose of learning how to engage in PhPPs. This article draws upon an evaluation of the RWJF-Humana partnership to highlight key insights for forming and implementing a formal partnership between a philanthropy organization and an investor-owned business.

Partnerships are essential when no single organization can solve an existing problem. Genuine partnerships are characterized by a high level of engagement, frequent interaction, bidirectional exchange of interdependencies, and sharing of resources, risks, and benefits; and they are complex to manage (Austin, 2000). Defined as a formal alliance between two or more organizations representing different sectors of society (e.g., government, business, nonprofit, philanthropy), cross-sector partnerships are particularly critical for addressing deep-rooted, complex social issues (Selsky & Parker, 2005). Such partnerships enable organizations to take on larger social agendas, tougher issues, and longer-term challenges (Huang & Sheldon, 2014).

## Key Points

- Cross-sector partnerships are essential for addressing such complex social issues as improving population health. Among such partnerships, a philanthropy-private sector partnership is rare in practice; they may seem incompatible due to differences in their missions and cultures. However, these collaborations can yield positive returns for philanthropy organizations and businesses, as well as the broader community.
- This article draws upon an evaluation of a partnership between the Robert Wood Johnson Foundation and Humana Inc. to highlight key insights for forming and implementing a formal partnership between a philanthropy organization and an investor-owned business.
- Establishing and maintaining a philanthropy-private sector partnership is highly complex and challenging. For philanthropy staff interested in establishing a private-sector partnership, the findings suggest four key considerations: due diligence in exploring partnership fit, active engagement with philanthropy staff and in addressing key partnership issues, a process of co-creation on partnership activities, and continuous monitoring and assessment.
- Within these key considerations, this evaluation highlights unique organizational attributes that have important practical considerations for philanthropy-private sector partnerships. However, these considerations also have relevance for other types of cross-sector partnerships.

*[A] PhPP can help philanthropies accelerate their timeline for social improvement, as investor-owned businesses bear stricter accountabilities. Partnering with a business that is “resource rich” can also further the goals of the philanthropic organization by elevating the existing pool of intangible and tangible capacities, including direct access to consumers.*

Cross-sector partnerships can facilitate innovation by bringing together new and different ideas (Brinkerhoff, 2002), reduce duplication and competition among partners to increase organizational efficiency and effectiveness (Mattessich, Murray-Close, & Monsey, 2001), expand organizational capabilities (Frost & Sullivan, 2013; Kanok, Schumann, & Flower, 2015) and influence (Benedict, 2003), and increase the availability of tangible and intangible resources to sector members (Brinkerhoff & Brinkerhoff, 2011; Doz & Hamel, 1998).

In recent decades, health and human service organizations have turned to cross-sector partnerships as a vehicle for social improvement. This effort was accelerated following a 2003 report from the Institute of Medicine (2003) on America’s public health, which called for a new generation of intersectoral partnerships. The philanthropy sector has also long been invested in population health outcomes. The W.T. Kellogg Foundation (n.d.), for example, seeks to create equal opportunities for all families and communities regardless of race or income. The Annie E. Casey Foundation (n.d.) works to improve the

future of children who are at risk for adverse outcomes in education, social, economic, and health. And the RWJF (2017) is committed to creating a “culture of health” and improving population well-being. Philanthropic organizations have also leveraged cross-sector partnerships as a strategy for social change; however, these partnerships have been predominantly with nonprofit organizations (e.g., YMCA and United Way) and public entities (e.g., schools and academic institutions). One cross-sector dyad that holds great potential, but which has been relatively rare in practice and publication, is a partnership between the philanthropy and private (business) sectors.

### Untapped Potential: Philanthropy-Private Sector Partnerships

It has long been thought that PhPPs are incompatible, given underlying differences in organizational vision, mission, and culture. Philanthropic organizations exist to improve human welfare and social conditions, and are driven by charitable purposes. Investor-owned companies provide services or products that maximize profits for their owners and shareholders; they are driven primarily by financial incentives. Despite disparate organizational missions, investor-owned companies such as Humana have long recognized the value of corporate philanthropy, focused on direct charitable giving, as part of a business’s corporate social responsibility (CSR). In April 2015, Humana also unveiled its Bold Goal population health strategy, aimed at helping the communities it serves become 20 percent healthier by 2020.

In the current decade, businesses have begun exploring alternative CSR models that increase their own economic value by creating shared value with the communities in which they operate (Porter & Kramer, 2011). Businesses are also seeking ways to tie philanthropy to their organizational strategic aims; partnering with philanthropy can be a promising mechanism to improve their competitive context (i.e., the quality of the business environment in which they operate), and thereby align social and economic goals with long-term business prospects (Porter & Kramer, 2002).

Philanthropic organizations such as the RWJF continue to evaluate their approach to social improvement in the interest of deepening their social impact. While philanthropy partnerships with the public and nonprofit sector have resulted in social gains, progress tends to be slow and incremental. Additionally, resources are generally limited in nonprofit and government organizations. Presuming an optimal organizational match, a PhPP can help philanthropies accelerate their timeline for social improvement, as investor-owned businesses bear stricter accountabilities. Partnering with a business that is “resource rich” can also further the goals of the philanthropic organization by elevating the existing pool of intangible and tangible capacities, including direct access to consumers. Businesses also have important interests in the communities in which they are situated and can make various kinds of contributions (e.g., financial support for the United Way and corporate volunteerism). Two recent studies by Sanzo, Alvarez, Rey, and Garcia (2015a, 2015b) that examined a business-foundation partnership found that this type of partnership can strengthen key foundation capabilities and resources.

While there are reasons to believe in the potential of PhPPs for advancing population health, little has been described in the literature about how to form and develop this unique type of partnership. In order for PhPPs to be successful and have an impact on complex social issues, there is growing evidence that they first need to learn about the realities of their own partnership and their developmental progress (Siegel, Erickson, Milstein, & Pritchard, 2018). In this article, we share insights gleaned from an exploratory PhPP involving the RWJF and Humana, and focus specifically on key issues during the formation and implementation stages of this kind of partnership.

### The RWJF-Humana Partnership

The idea of partnering to further population health was spawned by conversations between the CEOs of the RWJF and Humana. In 2015, the two organizations formalized their commitment to work together by executing two memorandums of understanding that articulated the goals

of the partnership. At the community level, these goals were to improve community health capacities in New Orleans, Louisiana, and develop an information website for businesses interested in improving population health.

The aim of the community-health project is to better understand and evaluate effective strategies for making sustainable, positive impacts on health and to help shift attention and resources onto the upstream determinants of health through activities in New Orleans. Prior to the partnership with the RWJF, Humana was working to address four community health concerns: obesity and chronic disease prevention, injury and violence prevention, built environment and infrastructure, and access to healthcare. The partnership brought greater resources to the project, and the RWJF worked with Humana to address barriers and improve community engagement. The foundation’s brand reputation was recognized as a unique asset for this effort.

The “culture of health” website effort focused on the development of a platform for the business community that would provide both a case for investing in community health and resources for working with communities, including how to establish cross-sector partnerships. This effort encouraged a genuine co-creation process, with decisions about the vision, content, and infrastructure of the website determined collaboratively through a series of face-to-face and phone meetings involving RWJF and Humana staff.

Recognizing the exploratory nature of the PhPP, another major goal of the partnership was to learn about the process of establishing one. The Carolina Evaluation Team, a group of external evaluators from the University of South Carolina and the University of North Carolina at Charlotte, was hired by the RWJF to evaluate the process and effectiveness of the RWJF-Humana partnership.

### Evaluation Method

This evaluation assessed the process of forming a formal partnership between the RWJF and Humana. Prior to collecting formal data, the evaluation team attended in-person team

## Philanthropy Perspectives: Reflections From RWJF Staff

To solve a problem, you can't just treat the symptom — you have to address the root causes. The same holds true when tackling the biggest challenges facing both our health care system and our communities. For too long, the health care system has been focused on treating symptoms. However, the best way to reduce health care costs is by addressing the underlying causes of illness and chronic conditions, and identifying solutions to help people lead their healthiest lives possible.

This is the ultimate goal, and challenge, of the collaboration between Humana and the RWJF: to shift the health care system's focus to health and away from disease, and to make sustainable, positive impacts on communities.

Unique partnerships like the Humana–RWJF collaboration are springing up across the nation, bringing together representatives of health systems, government, insurance companies, health departments, foundations, and patient groups. No one entity has the ability to transform health in the United States by working alone. In order to create healthier communities, we must come together and think about systems, and not just individual projects. As partnerships become more common, it is important to understand how they develop over time, and what it takes for them to work.

meetings with key stakeholders from both organizations. Progress updates and planning for partnership activities, including the evaluation questions and plan, were discussed in a collaborative way. These meetings provided the team with insight into the content and nature of the RWJF-Humana relationship. Observational data were collected during meetings in the early stages to identify key issues to probe and monitor. Evaluation leaders from both organizations were invited to provide input into the method

and questions prior to data collection to ensure that the evaluation was targeting meaningful areas of the partnership.

Data were collected via 15 phone interviews conducted between May 8 and June 19, 2017, with key employees — eight from the foundation and seven from Humana. Two of these recorded and confidential interviews were 30 minutes in length; the remaining were one hour each. Coding was conducted by two trained evaluators on the team, who analyzed the data thematically across three partnership stages: formation, implementation, and current and future stage. Inconsistencies in coding were resolved via team discussion.

Preliminary results were shared with leadership and program staff during an internal RWJF learning session aimed at reflecting on lessons learned from the perspective of a philanthropy organization and making data-informed decisions about next steps. Based on discussions, the evaluation team was asked to conduct three additional interviews: two 30-minute follow-ups with key personnel at the foundation to increase understanding about certain aspects of the preliminary information report, and one new 60-minute interview with the senior director of RWJF programs to discuss how the findings might inform strategic partnerships. These additional interviews were aimed at future partnership planning and optimizing the lessons learned from this evaluation. Preliminary evaluation findings were also shared individually with key Humana staff. Subsequently, the RWJF and Humana had a joint, team-based meeting where detailed results from the interviews were presented and discussed.

## Key Findings

The evaluation of the PhPP led to many important lessons learned for the RWJF-Humana partnership, as well as for other philanthropies interested in partnering with the private sector. In this section, we highlight themes from the evaluation that have particular relevance for those philanthropies and that illuminate promising practices for forming and implementing a PhPP.

### Leadership Support

There are many different ways in which PhPPs can be initiated. With the RWJF and Humana, the partnership began as a joint interest and vision between the CEOs at each organization. The vested interest in the partnership from the highest level of leadership was consistently reported by interviewees to be beneficial to the PhPP, especially in the early stages of partnering. Their early involvement demonstrated that the partnership was a priority within each organization and helped propel it forward by motivating staff to make the CEOs' vision become reality.

Interviewees noted a few specific ways that executive leaders demonstrated support. First, the CEOs were not simply telling staff that the partnership was important. They actively and visibly demonstrated their commitment through one-to-one check-ins with each other, especially in early stages of partnership formation, and active participation in its early conceptualization. They did not simply delegate tasks, but worked together to shape the vision. Second, the CEOs demonstrated commitment through their presence and engagement at planning meetings. For example, Humana and the RWJF hosted a large leadership summit that brought together representatives from both organizations — a significant investment in time and resources (e.g., cost for travel, opportunity costs associated with time away from core responsibilities). Both CEOs attended and were actively engaged — a demonstrable show of leadership support that interviewees indicated sent a strong message that the partnership was a priority. The CEOs also allocated sufficient resources, including senior leadership staff, which communicated the expectation that the vision of the PhPP should be executed well.

Similarly, interviewees identified the senior leaders who led the PhPP as a major strength of the partnership. These leaders demonstrated commitment in various ways, such as the prioritization of partnership activities that sometimes meant conducting those activities on off-work hours, and ongoing interorganizational communication. The commitment of the senior leaders to one another was observable and respected by operational staff.

A downside to the PhPP being initiated by the CEOs and transferred to senior leadership was that, by the nature of their position, the CEOs' involvement decreased over time. This left ambiguity about some of the details of the original vision and the expectations for partnering; for example, the specific goals of the partnership were undefined. The risks, benefits, and accountabilities associated with partnering also had to be clarified, along with determining the partnership structure: Who would work with whom? Who would report to whom? Interviewees acknowledged that it would be impractical to sustain high-level CEO involvement, but indicated that it would have been useful to have greater engagement in the early stages of formation to fully understand the vision and charge of the partnership.

### Building Relationships

At its core, a PhPP is a relationship between two organizations and, as such, requires deliberate efforts and continuous attention to cultivate and sustain a strong connection. The fostering of interpersonal relationships across Humana and the RWJF was identified as crucial to the formation and implementation of the partnership by interviewees. One of the most consistent evaluation findings was the influence of the strong relationships between senior leaders at both organizations. Interviewees characterized their relationship as "candid," "honest," and "showing a genuine like for one another"; a number of them indicated that the strength of the connection between the two CEOs allowed the PhPP to overcome challenges during partnership implementation.

Yet, the evaluation showed relationship building at the leadership level was necessary but insufficient for partnership formation. Interviewees noted the importance of including operational staff in the early stages of partnering to facilitate stronger relationships across organizational levels. This was deemed particularly important because of differences between Humana and the foundation and the diversity of background experiences and training (e.g., public health, law, business, communication) among team members. Operational team members said that



relationship building early in the partnership would have been helpful when sensitive topics arose during partnering, such as how to navigate a balance between the prioritization of a public health focus and business needs and shareholder accountability. Keeping conversations at the leadership level created a missed opportunity to develop the open relationship needed when partnership activities and tasks begin. Interviewees spoke particularly to the importance of learning upfront about the operations, organizational culture, work, and interests of the other organization. Interestingly, even operational staff who played a peripheral role in the partnership — assisting with implementation activities but uninvolved in core planning processes — said that they wished to be part of initial conversations. The evaluation revealed that these individuals were willing to participate in early conversations and had unique input that could have shaped the partnership in important ways.

### Establishing an Effective PhPP Team

The PhPP team is core to organizational partnerships. A major activity during partnership formation is deciding who will be on the team from each organization and how the two organizations will work together.

#### Team Formation

One of the facilitators of effective partnering was the establishment of a unified team with diverse representation. The PhPP team members were selected by senior leadership based on expertise, competency, and ability to work collaboratively with a cross-sector organization. Nearly all interviewees indicated that a major strength of the partnership was the individuals involved, with representatives from executive leadership, legal counsel, and communications as well as market segment leaders, public health experts, and community engagement specialists.

At a personal level, the partners expressed an overall liking for one another, which created a pleasant working environment. Interviewees expressed great respect for their cross-organizational colleagues and diverse areas of expertise.

They said they enjoyed working together and deeply appreciated the opportunities for learning.

Despite very different organizational cultures and accountability structures (e.g., to the public versus to shareholders), RWJF and Humana staff formed strong relationships. Interviewees attributed their shared goals and orientation toward success as reasons for the positive work climate, despite cultural differences. The timeline of work completion was an example of a culture difference between organizations. As a corporation functioning on a quarterly accountability structure, Humana implemented more rapid timelines and was accustomed to producing work quickly. The foundation, conversely, was more sensitive to the need for research, planning, and the inclusion of diverse collaborator perspectives. Despite these timeline differences, there was high motivation and both organizations worked together to achieve common objectives. Interviewees explained that the commitment to the “bigger picture” helped team members persevere through day-to-day partnership challenges.

#### Team Expectations

One critical lesson learned from the RWJF-Humana case was the importance of establishing a clear understanding of how the interorganizational team would function day to day at the onset of partnering. Specifically, there was ambiguity over the nature of the relationship between the two organizations. Would it be characterized as a collaborative relationship with joint accountability and co-creation, or would one organization play a consultative role to improve processes within the other organization? The intent was the former, but interviewees reported confusion over these expectations. Such confusion hindered the progress of the partnership on the New Orleans project, in particular — largely because the New Orleans project was based on an existing Humana program that the RWJF was joining (versus the web development project, which was new to both organizations). This confusion was made explicit and resolved via open group conversations after evaluation data were shared with partnering members, underscoring the



importance of having an external evaluator as part of the team when engaging in a new PhPP.

### *Candid Conversations*

The evaluation surfaced the importance of holding candid conversations early in partnership formation (we define “candid conversations” as explicit conversations regarding sensitive issues and concerns that may be difficult to express and navigate). While these conversations can be uncomfortable, they were deemed to be integral to the planning of the partnership. Interviewees highlighted multiple candid conversations that were either beneficial or should have occurred both intra- and interorganizationally. Interorganizational conversations were reported to be important to ensure alignment between the organizations: Were goals aligned? Were risks acknowledged and discussed? Were the benefits of partnering considered? Intraorganizational communication about the outcomes of these conversations was reported to be important for the day-to-day functioning of the partnership by having clear expectations of work.

A number of early questions that emerged as critical to ask and discuss internally and with the partnering organization surfaced during our evaluation:

- What are the goals and desired outcomes for partnering? (Note that this question is related to what each partnering organization wants to achieve by partnering, not the outcomes in terms of population health.)
- What is the motivation for partnering?
- What are roles and responsibilities of each partner?
- What are the expectations for how the two partners will work together? What are the potential risks associated with partnering?
- How will decisions be made?
- What is the accountability structure in place for partnership activities?

*The evaluation surfaced the importance of holding candid conversations early in partnership formation (we define “candid conversations” as explicit conversations regarding sensitive issues and concerns that may be difficult to express and navigate). While these conversations can be uncomfortable, they were deemed to be integral to the planning of the partnership.*

Interviewees recognized that these conversations were difficult to hold, regardless of the degree of alignment. But the evaluation revealed that these are the kinds of challenges that arise in a PhPP and that, therefore, should be considered in its early stages.

### *Memorandums of Understanding*

For both the RWJF and Humana, a PhPP was a new kind of partnership. With its deep degree of integration — shared resources, a higher level of staff engagement, greater interdependence — the PhPP was a big step away from conventional relationships where funds are transacted or grant dollars are awarded. Therefore, establishing the expectations and legal boundaries of this relationship was a critical step in the formation process.

A primary lesson learned from the RWJF-Humana partnership was that the development of the memorandums of understanding (MOU) required more time and energy than partnering members had anticipated. The process of developing the MOU was described as “very intentional” and “thoughtful” by interviewees. The legal departments of each organization

*Interviewees also underscored the importance of making partnership activities part of the core daily activities of each organization, perhaps reducing other responsibilities to ensure time for partnering. This included identifying staff with time allocated to partnership activities and aligning individual and organizational performance metrics to the goals of the partnership.*

facilitated the process; attorneys in this PhPP indicated that in the future it would be beneficial to engage operational staff in the process so that their input was considered early on.

The MOU signified official organizational commitment to the partnership, including resources — time, staff, project dollars. Challenges arose from the need for Humana to maintain proprietary processes within the corporation, while the foundation needed to have publicly available deliverables and transparency in action.

Attorneys from both teams collaborated to create documents that ultimately met the needs of both organizations. The final product outlined the constraints of each organization, but also built in flexibility to the design.

The MOU process led to two specific lessons learned that are worth highlighting. First, a noteworthy feature of the RWJF-Humana case that facilitated success was the development of two separate memorandums. The first MOU was simple and outlined the process of developing the subsequent MOU and scope of work; the second outlined the actual partnership work

and deliverables. This structure was reported to be highly beneficial for early success because it demonstrated organizational commitment to the planning and partnership formation.

Second, interviewees reinforced the idea that the MOU is intended as a legal document and formal agreement, and not an implementation plan. The MOU should not replace planning activities associated with implementing partnership agreements. Although formal relationships can facilitate collaborations and provide defined expectations, they may be less representative of how each organization operates (Brewster, Kunkel, Straker, & Curry, 2018). In addition to an MOU, a clear implementation and accountability/operational plan is needed to outline how the deliverables will be achieved. In the evaluation, several key questions surfaced for project management:

- How will the organizations prioritize partnership activities among other job responsibilities for operational staff?
- Are the partnership activities compatible with other job responsibilities for operational staff? Is there time allotted for partnership activities, or is this an “add-on” to other responsibilities? Does this fit with performance measures?
- Is there role clarity for operational staff, especially regarding the role as a consultant or co-creator of deliverables?
- Is there clarity around inter- and intra-organization decision-making? Who has the authority to make partnership decisions, and when?

#### *The Partnership and Daily Work*

Interviewees indicated that a challenge to implementing the partnership activities was the balance of time spent on partnership-related activities versus other job-related responsibilities. The amount of time individuals were expected to engage in partnership work varied: Certain partners were external consultants specifically hired to engage in partnership activities, while others

were operational staff who perceived the partnership as an add-on to the typical job functions.

Interviewees also underscored the importance of making partnership activities part of the core daily activities of each organization, perhaps reducing other responsibilities to ensure time for partnering. This included identifying staff with time allocated to partnership activities and aligning individual and organizational performance metrics to the goals of the partnership.

### Key Considerations: Suggestions for Practice

The evaluation of the RWJF-Humana partnership provides insights particularly useful for philanthropy-private sector partnerships.

#### *The Partnership Fit: Exercise Due Diligence*

The differences in how philanthropy and investor-owned companies operate are real. A major distinction is in performance metrics — both the type of data tracked and frequency of tracking. Investor-owned companies are accustomed to short-cycle, frequent performance measures, such as quarterly earnings, as well as longer-range reports. Return on investment, shareholder value, and customer satisfaction are key metrics. Philanthropies, on the other hand, generally operate according to annual or longer-term metrics and attend to social impact.

These differences shape the kind of initiatives in which the two organizations invest, how they go about engaging in the initiative, and the culture of the organization. For example, an investor-owned business with a quarterly performance structure may be more inclined to adopt a pre-packaged community-improvement intervention and to use top-down approaches. Changes in health outcomes take time at a population level, which may make their value difficult for businesses and their shareholders to recognize (Fry, Nikpay, Leslie, & Buntin, 2018). The partnering philanthropy, with a longer

### Corporate Perspectives: Reflections From Humana

“It is important in any professional partnership to understand how the overall organization operates, [to] respect the differences, and to come to the table with an open mind. By joining our collective knowledge [and] expertise and settling on some common goals, we were able to learn from each other. We appreciated the thoughtfulness of the RWJF staff and their approach to solving for community health problems. From our partnership came a better understanding of how social determinants of health — such as food insecurity, loneliness, and social isolation — impact health, and how we might be able to help solve for these issues at a local level.”

performance-reporting horizon, might prefer a community-centered engagement process and be comfortable with the months or years it would take to implement successfully.

Another critical distinction often observed between investor-owned businesses and philanthropic organizations is in their organizational cultures. If poorly understood, these differences can result in tension and conflict. Prior to establishing a formal PhPP, it is essential to research the prospective partner’s history, culture, strategic plan, drivers/performance metrics, and brand reputation. This process should include intraorganizational reflection and interorganizational discussion on the risks and benefits to partnering, alignment of interests/drivers and values, expectations for partnering, and issues pertaining to intellectual property. A partnership assessment tool might be used to facilitate a more systematic and comprehensive process for assessing partnership fit.<sup>1</sup> However, a limitation

<sup>1</sup> Examples of these include the Partnership Self-Assessment Tool, from the Center for the Advancement of Collaborative Strategies in Health (<http://www.nccmt.ca/knowledge-repositories/search/10>); and the Partnership Assessment Toolkit, from the Canadian Coalition for Global Health Research (<http://www.ccghr.ca/resources/partnerships-and-networking/partnership-assessment-tool/>).

*In the RWJF-Humana initiative, the process evaluation data were critical to understanding the PhPP journey; identifying points of tension, challenge, and strengths; and for making adjustments to improve the quality of partnering. The data served as a pulse-check of the PhPP and facilitated crucial conversations.*

of existing tools is that none are designed specifically for a PhPP.

Another way to be diligent in assessing partnership fit, suggested by a RWJF-Humana interviewee, is for the prospective organizations to collaborate on a small, well-defined, and time-limited project before committing to a formal PhPP.

#### *Engage Philanthropic Staff and Address PhPP Issues*

A major asset for a philanthropy is its brand reputation. As is the case elsewhere in the non-profit sector, philanthropy staff are likely to have implicit or explicit concerns about partnering with an investor-owned company (Reed & Reed, 2009). Among those concerns are a dilution of the organization's identity and goals, reduced autonomy, being overpowered by the business organization, conflicts of interest, unclear accountabilities, and negative reputational impact (Andrews & Entwistle, 2010; Austin, 2000; Barr, 2007; McKinnon, 2009; Trafford & Proctor, 2006; Wettenhall, 2003). These concerns can range from ambivalence to a strong opposition to the partnership.

The RWJF-Humana evaluation offered some useful ways that leadership can facilitate PhPP buy-in. The RWJF recommended engaging philanthropic staff in conversations about a PhPP early on and encouraging them to express any concerns, and having executive leadership outline the value of partnering with an investor-owned company to point out areas of overlap in goals and vision. They also suggested holding a formal, all-staff event to launch the partnership, and issuing press releases about the partnership.

#### *Use a Process of Co-Creation*

Given differences in organizational culture, operations, and accountabilities, the RWJF-Humana evaluation indicated that new PhPPs might do best by taking on initiatives that encourage co-creation — for example, the design and development of a new virtual platform for improving community health that would appeal to the private sector. Staff indicated that the process of co-creation was more conducive to team and rapport building, and urged participants to “think through things together.”

During the process of co-creation, particularly for a new PhPP, face-to-face meetings are highly valuable. Such meetings enable partnering members to attend to nonverbal signals, which lend useful information (e.g., What is resonating well? Where are there points of confusion or resistance?) when working with a new entity. In-person meetings or video conferences also accelerate the process of relationship development, including fostering trust and commitment — two key dimensions to successful collaborations (MacMillan, Money, Money, & Downing, 2005).

#### *Continuously Monitor and Assess the Partnership*

The formation and implementation of a PhPP is no easy undertaking. Beyond being time and resource intensive, it involves complex, systems-level integration and coordination across two entities that are constitutionally different in culture, mission, and operation. Another key insight that surfaced from this evaluation is the importance of continuously monitoring and assessing a PhPP.

In the RWJF-Humana initiative, the process evaluation data were critical to understanding the PhPP journey; identifying points of tension, challenge, and strengths; and for making adjustments to improve the quality of partnering. The data served as a pulse-check of the PhPP and facilitated crucial conversations. The RWJF-Humana staff also reported that it was highly valuable to have the evaluation conducted by a third party, since it eliminated concerns about bias.

Additionally, staff noted that to reap the full benefits of ongoing evaluation requires a spirit of continuous quality improvement from both organizations. Deliberate monitoring and ongoing evaluation of a cross-sector partnership fosters trust among partners (Johnston & Finegood, 2015).

## Conclusion

If we keep doing what we've been doing, then we will keep getting what we have gotten. Improving population health requires social innovation, or "tapping into the ingenuity of charities, associations and social entrepreneurs to find new ways of meeting social needs which are not adequately met by the market or the public sector" (European Commission, 2010, p. 21). It is well established that cross-sector partnerships are essential to improving population health. As a social innovation, we believe PhPPs are a promising breed of cross-sector partnerships.

Through the RWJF-Humana partnership, the foundation learned about how to approach collaborations with an investor-owned company, including what kind of changes and consumer-engagement activities are feasible in the context of a company's profits and performance culture. Humana increased its understanding about what it means to undertake a population-health approach to improving member well-being. While members of both organizations described the work of a PhPP as being hard and bearing unique risks, they have continued with it because they believe there is a real shared value to partnering.

Philanthropy and private-sector organizations bear unique organizational attributes that have

important practical considerations for PhPPs. However, our evaluation also has insights that are highly consistent with best practices for other types of cross-sector partnerships. The importance of creating links among member organizations at multiple levels (leadership, middle managers, operational staff) to facilitate successful partnership outcomes is noted by Bryson, Crosby, and Stone (2015) in their review of a decade of partnership frameworks. In their review of public-private sector partnerships, Johnston and Finegood (2015) speak to the utility of monitoring and evaluation activities for facilitating partnership improvement. They and others (e.g., Yankey & Willen, 2010) note the significance of assessing partnership fit along key organizational attributes — culture, mission, and vision. These similarities suggest that there is much in the way of transferability when it comes to partnering across organizations from different sectors.

Our work with the RWJF and Humana offers key insights into the process of forming and implementing a PhPP. It adds to the currently sparse literature on these partnerships. Our evaluation focused on the early stages of developing a PhPP, and we believe there is still much to be studied about both the process of their formation and implementation and how to sustain this type of cross-sector partnership.

Our takeaway from the RWJF-Humana evaluation is this: Two organizations interested in establishing a PhPP might have strongly aligned aims and enter the partnership with true commitment, good will, and good intentions. The partnering members may be bright, highly competent, and skilled in fulfilling their core organizational responsibilities. Nevertheless, PhPP success cannot be assumed. The partnership — its relationship and activities — requires deliberate engagement and surveillance of macrosystem trends (e.g., federal legislation, national strategy, economics, political shifts). The task of establishing and engaging in a PhPP is complex and highly challenging; its success relies on the relationships between individuals at all levels of the two partners, from leadership to operations.



The work requires candidness, foresight, patience, and flexibility.

The work also requires reflective evaluation, whereby members consciously examine linkages between individual action and the state of the partnership. As external evaluators, we applaud the Robert Wood Johnson Foundation and Humana for their candid interviews. Both organizations truly embody the spirit of continuous learning and improvement. We believe this spirit is essential when embarking on a new way for achieving progress toward large-scale social goals like improving population health.

#### *Perspective From RWJF Staff:*

“Cross-sector collaborations are not easy, and require systems to think about how to evaluate and sustain them. As new partnerships are created, it is critical to continue to research, evaluate, and learn how and why cross-sector partnerships are formed and sustained. It’s also critical to understand the conditions under which cross-sector partnerships are necessary or more effective than other strategies for fostering equity and population health improvement.”

#### **Acknowledgments**

Support for this evaluation was provided by the Robert Wood Johnson Foundation. The views expressed here do not necessarily reflect the views of the foundation.

#### **References**

- ANNIE E. CASEY FOUNDATION (n.d.). *About us*. Retrieved January 20, 2018, from <http://www.aecf.org/about>
- ANDREWS, R., & ENTWISTLE, T. (2010). Does cross-sectoral partnership deliver? An empirical exploration of public service effectiveness, efficiency, and equity. *Journal of Public Administration Research and Theory*, 20(3), 679–701.
- AUSTIN, J. E. (2000). Strategic collaboration between nonprofits and businesses. *Nonprofit and Voluntary Sector Quarterly*, 29 (Suppl. 1), 69–97.
- BARR, D. A. (2007). A research protocol to evaluate the effectiveness of public-private partnerships as a means to improve health and welfare systems worldwide. *American Journal of Public Health*, 97(1), 19.
- BENEDICT K. (2003, October 27). Foundation collaborations. Chicago, IL: MacArthur Foundation. Retrieved January 20, 2018, from <https://www.macfound.org/press/publications/foundation-collaborations>
- BREWSTER, A. L., KUNKEL, S., STRAKER, J., & CURRY, L. A. (2018). Cross-sectoral partnerships by area agencies on aging: Associations with health care use and spending. *Health Affairs*, 37(1), 15–21.
- BRINKERHOFF, J. M. (2002). Assessing and improving partnership relationships and outcomes: A proposed framework. *Evaluation and Program Planning*, 25(3), 215–231.
- BRINKERHOFF, D. W., & BRINKERHOFF, J. M. (2011). Public-private partnerships: Perspectives on purposes, publicness, and good governance. *Public Administration and Development*, 31(1), 2–14.
- BRYSON, J. M., CROSBY, B. C., & STONE, M. M. (2015). Designing and implementing cross-sector collaborations: Needed and challenging. *Public Administration Review*, 75(5), 647–663.
- DOZ, Y. L., & HAMEL, G. (1998). *Alliance advantage: The art of creating value through partnering*. Brighton, MA: Harvard Business School Press.
- EUROPEAN COMMISSION. (2010). *Communication from the commission to the European Parliament, the council, the European Economic and Social Committee and the Committee of the Regions: Europe 2020 flagship initiative Innovation Union*. Brussels, Belgium: Author.
- FROST & SULLIVAN. (2013). *Growth process toolkit*. Mountain View, CA: Author. Available online at <http://www.slideshare.net/FrostandSullivan/growth-process-toolkit-strategic-partnerships>
- FRY, C. E., NIKPAY, S. S., LESLIE, E., & BUNTIN, M. B. (2018). Evaluating community-based health improvement programs. *Health Affairs*, 37(1), 22–29.



- HUANG, J., & SHELDON W. (2014). *Lessons in funder collaboration: What the Packard Foundation has learned about working with other funders*. Los Altos, CA: David and Lucile Packard Foundation. Retrieved from <https://www.bridgespan.org/insights/library/philanthropy/lessons-in-funder-collaboration>
- INSTITUTE OF MEDICINE. (2003). *The future of the public's health in the 21st century*. Washington, DC: National Academies Press.
- JOHNSTON, L. M., & FINEGOOD, D. T. (2015). Cross-sector partnerships and public health: Challenges and opportunities with the private sector. *Frontiers in Public Health Services and Systems Research*, 4(6), 1–7.
- KANOK, J., SCHUMANN, M., & FLOWER, N. (2015). *The value exchange tool: Building business nonprofit partnerships that last*. New York, NY: Deloitte LLP. Retrieved from <https://www2.deloitte.com/content/dam/Deloitte/us/Documents/monitor-institute/us-monitor-institute-value-exchange-tool.pdf>
- MACMILLAN, K., MONEY, K., MONEY, A., & DOWNING, S. (2005). Relationship marketing in the not-for-profit sector: An extension and application of the commitment-trust theory. *Journal of Business Research*, 58(6), 806–818.
- MATTESSICH, P., MURRAY-CLOSE, M., & MONSEY, B. (2001). *Wilder collaboration factors inventory*. St. Paul, MN: Wilder Research.
- MCKINNON, R. (2009). A case for public-private partnerships in health: Lessons from an honest broker. *Preventing Chronic Disease*, 6(2), 1–4.
- PORTER, M. E., & KRAMER, M. R. (2002). The competitive advantage of corporate philanthropy. *Harvard Business Review*, 80(12), 56–68.
- PORTER, M. E., & KRAMER, M. R. (2011). Creating shared value. *Harvard Business Review*, January-February Issue. Retrieved January 31, 2018, from <https://hbr.org/2011/01/the-big-idea-creating-shared-value>
- REED, A. M., & REED, D. (2009). Partnerships for development: Four models of business involvement. *Journal of Business Ethics*, 90(1), 3–37.
- ROBERT WOOD JOHNSON FOUNDATION. (2017, December 13). *About RWJF*. Retrieved January 20, 2018, from <https://www.rwjf.org/en/about-rwjf.html>
- SANZO, M. J., ALVAREZ, L. I., REY, M., & GARCIA, N. (2015a). Business-nonprofit partnerships: A new form of collaboration in a corporate responsibility and social innovation context. *Service Business*, 9(4), 611–636.
- SANZO, M. J., ALVAREZ, L. I., REY, M., & GARCIA, N. (2015b). Business-nonprofit partnerships: Do their effects extend beyond the charitable donor-recipient model? *Nonprofit and Voluntary Sector Quarterly*, 44(2), 379–400.
- SELSKY, J.W., & PARKER, B. (2005). Cross-sector partnerships to address social issues: Challenges to theory and practice. *Journal of Management*, 31(6), 849–873.
- SIEGEL, B., ERICKSON, J., MILSTEIN, B., & PRITCHARD, K. E. (2018). Multisector partnerships need further development to fulfill aspirations for transforming regional health and well-being. *Health Affairs*, 37(1), 30–37.
- TRAFFORD, S., & PROCTOR, T. (2006). Successful joint venture partnerships: Public-private partnerships. *International Journal of Public Sector Management*, 19(2), 117–129.
- WETTENHALL, R. (2003). The rhetoric and reality of public-private partnerships. *Public Organization Review*, 3(1), 77–107.
- W. K. KELLOGG FOUNDATION (n.d.). *What we do*. Retrieved January 20, 2018, from <https://www.wkkf.org/what-we-do/overview>
- YANKEY, J. A., & WILLEN, C. K. (2010). Collaboration and strategic alliances. In D. Renz & E. D. Herman (Eds.), *Jossey-Bass handbook of nonprofit leadership and management* (pp. 375–399). Hoboken, NJ: John Wiley & Sons.

**Victoria Chien Scott, Ph.D.**, is an assistant professor at the University of North Carolina at Charlotte. Correspondence concerning this article should be addressed to Victoria Scott, University of North Carolina, 9201 University City Boulevard, Charlotte, NC 28223 (email: [victoria.scott@uncc.edu](mailto:victoria.scott@uncc.edu)).

**Andrea Lamont, Ph.D., MAS**, is a research associate at the University of South Carolina.

**Abraham Wandersman, Ph.D.**, is emeritus professor of psychology at the University of South Carolina.

**Leslie Snapper, B.S.**, is in the Ph.D. program in health psychology at the University of North Carolina at Charlotte.

**Mona Shah, Ph.D., M.P.H.**, is a program officer in the Research-Evaluation-Learning Unit at the Robert Wood Johnson Foundation.

**Erik Eaker, M.H.A.**, is director of Experience Transformation and Strategy at Humana Inc.