Progress Along the Pathway for Transforming Regional Health:

A Pulse Check on Multi-Sector Partnerships

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Contents

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ReThink Health catalyzes changemakers to reimagine and transform health. We help leaders identify and overcome the barriers to reform at a regional level, and inspire change across the country. ReThink Health was initiated by the **Fannie E. Rippel Foundation**, which was founded in 1953 to seed innovations in health. For more information, visit *www.rethinkhealth.org* and *www.rippelfoundation.org.*

For more than 40 years the **Robert Wood Johnson Foundation** has worked to improve health and health care. They are working with others to build a national Culture of Health enabling everyone in America to live longer, healthier lives. For more information, visit *www.rwjf.org.* Follow the Foundation on Twitter at *www.rwjf.org/twitter* or on Facebook at *www.rwjf.org/facebook.* Support for the Pulse Check report was provided in part by the Robert Wood Johnson Foundation. The views expressed here do not necessarily reflect the views of the Foundation.

Executive Summary

Multi-sector partnerships play an increasingly significant role in the movement to improve heath, equity, and economic prosperity. These partnerships recognize that many of our most pressing challenges defy sector boundaries, and cannot be effectively addressed by any one institution alone. *Progress Along the Pathway to Health System Transformation: A Pulse Check on Multi-Sector Partnerships* is the only survey of its kind to ask leaders across the U.S. what their partnerships do, how they finance their work, and how their groups have been developing over time.

The inaugural *Pulse Check,* conducted in 2014, revealed insights into the rapidly changing frontiers addressed by multi-sector partnerships for health. This *Pulse Check*, conducted in 2016, refreshes our collective understanding about the state of the field, and goes further to explore developmental trends that partnerships may experience as they evolve. We studied dozens of potential momentum builders and pitfalls that could enable or impede progress. Findings also point to similarities and differences among partnerships regarding their geographic focus, membership, priorities, sources of authority, operational infrastructure, financing, and short vs. longer-term outlook.

Many of our most pressing challenges defy sector boundaries, and cannot be effectively addressed by any one institution alone.

A project of ReThink Health, with support from the Robert Wood Johnson Foundation and the Rippel Foundation, the *Pulse Check* surfaces practical implications for partnerships and for outside allies who want to see these groups evolve into a powerful force for transforming health across the U.S.

Methods

The *Pulse Check* was conducted through a voluntary web-based survey. It reflects profiles contributed from 237 partnerships in almost every state. It is a snapshot in time, with findings that describe patterns among the contributors. It may not represent other groups, nor do we infer conclusions about the countless number of other multi-sector partnerships at work across America. Instead, these data contain clues about the experiences and aspirations among those partnerships that chose to participate.

Findings

The survey revealed two sets of findings that are distinct, but closely related. These include characteristics of the partnerships and their efforts, such as composition, portfolio priorities, and financing; as well as developmental phases and the distinctive patterns of momentum builders and pitfalls that groups experience as they evolve.

Characteristics of Partnerships and their Efforts

- **Longevity:** While some partnerships have existed for decades, many more have formed only recently. A majority of responding partnerships formed after 2010.
- **Location:** Most respondents work at the county or multi-county level. The largest number serve areas with over a million people, and together the partnerships in this *Pulse Check* support regions that include about one third of the total U.S. population.
- **Priorities**: All partnerships must divide their time among potential priorities, covering four major areas: health care access, quality, and/or cost; health behaviors and risk factors; social, economic and educational conditions; and physical environments. Roughly equal proportions of respondents devote a majority of time on a single dominant focus, a mix of just two or three, or a comprehensive portfolio that encompasses all four priorities.
- **Sector involvement**: About half of all partnerships have active participation from 10 or more sectors. Public health and healthcare organizations are most often in the lead. However, each of the 17 sectors surveyed had a lead role in at least one partnership, and a third had joint leadership spanning three to five sectors. The least engaged sectors included unions, media, law enforcement, faith-based institutions, and health insurers.
- **Authority**: Most partnerships indicate that their legitimacy, or authority to lead, comes from multiple sources, such as being champions of a widely shared vision, having recognition from leaders central to their cause, and being a trusted source of information. Less than half report that their authority comes from broad-based grassroots support.
- **Financing**: Long-term financial planning is the chief challenge for nearly all partnerships. Most groups operate without a robust financial infrastructure and do not have dependable resources to deliver their full potential value. The most commonly used financing structures tend to be those that are short-term in nature. Very few partnerships prioritize financing structures that could bring greater dependability and more diversity to their portfolios.
- **Infrastructure:** Most groups struggle with fragile capacity to support their work and place a high priority on gathering resources for their backbone or partnership infrastructure.

Developmental Phases

ReThink Health's *Pathway for Transforming Regional Health* describes five phases of development that partnerships may experience over time. It combines insights from field work with scores of groups across the country, along with well-established principles of complex system change. In particular, it distinguishes those partnerships that concentrate on *improving* results within an existing system versus those that focus on *transforming* the structure of the health ecosystem itself. The *Pulse Check* provides an opportunity to assess the extent to which experiences from several hundred partnerships are consistent with this general developmental framework, and if so whether there are predictable patterns of momentum builders and pitfalls at different phases.

To clarify patterns across the spectrum from *improvement* through *transformation*, and due to a small number of responses in a few phases, we collapsed the *Pathway* into three broad categories, reflecting Earlier, Middle, and Later-phase efforts. The proportions of partnerships by phase were: Earlier (56%); Middle (29%), and Later (14%). When analyzed by these categories, the data do indeed show distinct differences across these three developmental phases.

Pitfalls & Momentum Builders

Challenges related to collaborative infrastructure, sustainable financing, and data-sharing surfaced as salient barriers for almost all partnerships. In addition, several pitfalls seem to be more prominent at certain phases, as are several distinctive momentum builders.

- ***Earlier:*** Lack of authority and fragile infrastructure are special barriers in the Earlier phase, as partnerships establish their standing to lead change on chosen priorities. Groups in this phase tend to generate momentum by engaging multi-sector stakeholders and by building a region-wide vision around shared values.
- ***Middle:*** Difficulties measuring progress and contending with political resistance are more pronounced for groups in the Middle phase. Their longer track record may raise expectations and they may have yet to negotiate all the vested interests that tend to reinforce the status quo. Experimenting and learning from easy wins gains special prominence as a practical way to drive progress. However, its utility drops sharply by the Later phase.
- ***Later:*** In the Later phase, partnerships may have exhausted strategies that center primarily around win-win solutions or achievements that are perceived as low hanging fruit. They generate momentum more often by exercising influence upward and outward, as well as by taking a longer view of future scenarios.

Implications and Recommendations

Considerations for Partnerships

All partnerships may benefit by having a wider view of the health ecosystem in their region, and by contributing toward a strategy for the region as a whole that will assure all of the vital conditions and services that people need through an organizational structure that best fits the local landscape. In addition, partnerships at each developmental phase may accelerate progress in different ways.

- ***Earlier:*** Partnerships in the Earlier phase can set themselves up for success when they: (1) Articulate a region-wide vision based on shared values (both moral and economic); (2) Establish authority and expand engagement far as possible; and (3) Strengthen infrastructure through staff capacity, operational capability (e.g. backbone functions), and long-term financial planning.
- ***Middle:*** Progress in the Middle phase may turn on building enough trust and transparency for more ambitious action as well as more difficult negotiations ahead. Groups may want to:

(1) Develop a compelling picture of the value they are poised to deliver; (2) Engage policymakers to create conditions that better enable regional action; and (3) Adopt a mindset for sustainable financing focused on creating new funding flows, especially ones that move beyond an excessive reliance on short-term grants, which often constrain the very ambitions and abilities that groups in the Middle phase need to succeed.

- ***Later:*** To propel progress in the Later phase, we recommend that partnerships: (1) Surface vested interests and negotiate tough topics that otherwise threaten to reinforce the status quo; (2) Employ a learning practice that delivers evidence of results and is also tied to continuous learning, adaptation, and renewal; (3) Align with state and federal policy, such as changes in payment or regulatory systems; and (4) Establish new forms of distributed leadership, with a focus on broad-based coordination to avoid placing too much power in the hands of a few key players.

Considerations for Funders, Policymakers, and Other Allies

For funders, policymakers, and other allies who support multi-sector partnerships, we suggest the following activities:

- **Learn about and consider developmental phases when crafting initiatives;**
- **Support long-term planning**—extending over decades—so that strategies will persist through inevitable leadership transitions and adapt to change in wider contexts;
- **Position grant funding as a bridge to more dependable financial structures**.
- **Fund core infrastructure and backbone organization,** which can be decisive factors in the success of any multi-sector partnership.

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Introduction

More and more Americans are recognizing that our health and well-being rely on a system designed for a different time, and it is failing us. In response, leaders are organizing in new ways to contend with the many systemic challenges we face–often choosing to form multi-sector partnerships.[1] As longstanding partnerships evolve, and as new ones form across the country, each group must negotiate for themselves a clear reason for being, as well as practical ways to do business differently, together.

There is much that we have learned, and even more still unknown, about the formation and functioning of multi-sector partnerships for health.[a] One thing is certain: they sit at the epicenter of some of the most ambitious endeavors to reimagine and transform health across the country.[2-10]

A growing body of evidence shows that health outcomes are, in fact, better in regions where there are wider, more mature working relationships across sectors.[11-13] There are also compelling reasons to believe that even more profound health and economic gains could be unlocked in the next few decades—but only if we combine investments more strategically;[14] and if the many parties involved act as serious stewards of their common health ecosystems.[15] At issue is not a scarcity of dollars, but a need for more compelling vision, dependable resources, and collective power directed toward a sound, system-wide strategy. While the rewards for working at such an inclusive, whole-scale level might be very large, a critical mass of organizations must also be committed to make such investments together. If such places exist, and if others are on course to emerge, they may be in regions with strong multi-sector partnerships.

The sheer variety of current multi-sector groups, tied together in sparse but expanding networks, is astonishing.[16] The impulse to build wider collaborative networks is not likely to fade anytime soon. More inclusive practice tends to intensify the more we see that some of the best solutions to systemic challenges span multiple sectors, and cannot be effectively enacted by any one organization—or even a single partnership—alone.[17] Indeed, several recent surveys confirm that this is a vast and growing area of practice.[18-20] Important national players have also acknowledged the significance of this work. The Robert Wood Johnson Foundation, the largest health philanthropy in the country, has developed an Action Framework that highlights cross sector collaboration as one of four elements that are essential to building a culture of health.[21]

One of the founders of ReThink Health, Elinor Ostrom, won the Nobel Prize in Economics for demonstrating that democratic self-organizing—particularly among those with of both common and

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[a] "Multi-sector partnerships for health" are organized efforts to transform health and well-being in a particular region. These partnerships span health, health care, and other sectors. They are also known as: alliances, collaboratives, coalitions, coordinating committees, hubs, stewardship groups, integrator organizations, etc.

competing self-interests—is not only possible, but a practical imperative to sustain the fragile ecosystems upon which our lives and livelihoods depend.[22] Her work suggests that, among other things, place-based multi-sector partnerships ought to play a decisive role in assuring the conditions for health and well-being, especially in an era marked by mounting threats and declining trust in national and international organizations.

Many others have reached this same conclusion and are nurturing a new generation of regional multi-sector initiatives.[23-28] Both the leaders who animate these partnerships and the allies who want this sort of local effort to flourish will find useful insights in this *Pulse Check.* The findings explore patterns across more than 200 partnerships, with a special focus on the momentum builders and pitfalls that drive their development over time. In particular, we consider similarities and differences among those groups that concentrate on improving results within the existing system compared to others that try to redesign the structure of the health ecosystem itself. There are practical recommendations to help groups accelerate progress at any phase of development.

A Brief History of the *Pulse Check*

At ReThink Health, we strive to create the conditions so that all the sectors that produce health and well-being are *designed, led, and financed* in ways that foster healthy people and thriving communities. We seek out and support teams of visionary leaders who are committed to break from business as usual, and are willing to work across boundaries to reimagine and transform the health ecosystem in neighborhoods, cities, counties, and states across the U.S.

In 2014, with support from the Robert Wood Johnson Foundation and Rippel Foundation, we developed the first *Pulse Check on Multi-Sector Partnerships for Health*.[29] Leaders from more than a hundred and thirty groups contributed profiles of their work. Those profiles, in turn, revealed noteworthy patterns about the state of the field, including where and when certain partnerships had formed, who participates, the scope of their visions and approaches, their accomplishments and challenges, and how they financed their work.

Shifting from Description to Development

Building on those initial descriptions, the focus of this *Pulse Check* shifted to explore how partnerships *develop over time*. Approximately twice as many partnerships contributed profiles in 2016, now covering nearly every state. Very little is known about the full universe of all multi-sector partnerships across the country, nor do we intend to make any such inferences based on the self-selected and self-reported information in this survey. Instead, these data contain clues about the experiences and aspirations among those partnerships that chose to participate. They speak to the inner stories of what these groups have done—and are now poised to do—in their respective regions.

Looking only at patterns among these direct contributors, we found that these partnerships may move through distinct developmental phases as they encounter a changing mix of momentum-builders and pitfalls along the way. The report also points to several developmental milestones that

each partnership must master, such as establishing the authority to lead; engaging diverse partners; dividing time among multiple priorities; and devising a long-term financial plan to sustain their work.

As far as we know, the *Pulse Check* is the only nationwide profile focused on the routine practice of multi-sector partnerships for health. As such, it may reveal useful insights into their rapidly changing roles, and complicated developmental challenges. In particular, this survey

- Celebrates the progress and achievements of pioneering partnerships;
- Surfaces many of the opportunities and obstacles that may lie ahead;
- Provides leaders an opportunity to be counted as part of a national movement;
- Fosters connections and peer learning among partnerships;
- Informs those who support multi-sector partnerships (such as funders, policy makers, researchers, and evaluators); and
- Reveals practical insights about how to best channel resources, design policies, and assemble information to strengthen this work.

Before reviewing the findings below, it is worth acknowledging what a pivotal moment this is for the state of the field. *Health Affairs* recently published a special issue devoted to Building a Culture of Health in which Vivian Towe and colleagues observed that, *"Cross-sector collaborations and partnerships are an essential component of the strategy to improve health and well-being in the United States…[However] the nation is still early in understanding how cross-sector partnerships can be optimized as engines for achieving enduring impacts on population-level health, health equity, and well-being."*[2]

Procedures

Methods and Response

The 2016 *Pulse Check* was a voluntary, web-based survey developed by ReThink Health, in partnership with the Center for Community Health and Evaluation (CCHE). The survey consisted of 35 questions, both closed and open-ended. Two rounds of pilot tests were conducted with select partnerships to refine the questions. On average, respondents took about 15 minutes to finish. See the Appendix for a complete list of questions.

ReThink Health disseminated the invitation to participate through targeted emails, social media, blog posts, phone banking, and newsletters. Recruitment used a mix of direct and indirect communication channels, including our own contacts from the 2014 *Pulse Check* and from our field work across the country, combined with outreach via 41 fellow intermediary organizations that also work with multi-sector partnerships for health. The survey was open for six weeks, from March 14 to May 12, 2016. After completing the survey, respondents received tailored information, based on their particular responses, about the developmental phase of their partnership as well as pointers to various tools and resources that might support their continued progress.

A total of 315 respondents indicated that they were part of a multi-sector partnership. However, 47 had incomplete responses and were not included. In addition, some partnerships had responses from more than one member, in which case we prioritized the responses from the individual who had the larger leadership role. After removing duplicates, the final data set included profiles from 237 unique partnerships.

CCHE conducted quantitative and qualitative analysis to describe the responding partnerships and to identify relationships between various partnership characteristics. Analysis focused on internal validity and overall patterns across the sample; no inferences were made beyond the existing data. Quantitative analysis included descriptive statistics, and open-ended questions were analyzed qualitatively for themes. We also conducted 21 follow-up interviews by telephone with select respondents. Additional information about survey procedures and analyses to assess partnerships' developmental phase are described in the Appendix.

Context and Limitations

The *Pulse Check* provides a snapshot of current practice patterns and future plans among several hundred multi-sector partnerships for health. It is not a longitudinal study, and there is only a relatively small overlap between respondents in 2014 and 2016.[b] Self-selection is therefore one possible limitation. We don't we know how many partnerships there are across the country, so it is not possible to characterize fully any similarities and differences between respondents and non-respondents.

Findings reflect the knowledge and views of individuals with varying roles within their partnership, not consensus responses. Importantly, the *Pulse Check* focused on individual partnerships within a region. We did not explore relationships to other groups in the same region, which sometimes occur in parallel and/or in a coordinated manner.[c]

Findings

The findings provide insight into the scope and development of the 237 responding partnerships. The first section presents findings describing their geographic location and scope, who is involved, where they focus their efforts, and their sources of authority to lead. The second section focuses on how partnerships finance their efforts, including funding structures and activities they may use, the

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[b] The 2014 Pulse Check included responses from 133 partnerships; whereas the 2016 survey included contributions from 237 partnerships. Only 16 groups responded to both, indicating that each survey captured only a segment of the total number of partnerships at work across the country.

[c] The 2014 Pulse Check did include a section to study network connections among partnerships, specifically who they regard as role models and enablers. The results are reported in: Carothers BJ, Sorg AA, Luke DA, Milstein B. ReThink Health Frontiers in Sustainable Financing and Health System Stewardship: Baseline Network Assessments. St. Louis, MO: Washington University in St. Louis, 2015 July. Available from: https://www.rethinkhealth.org/wp-content/uploads/2015/09/networkmapping_rth.pdf.

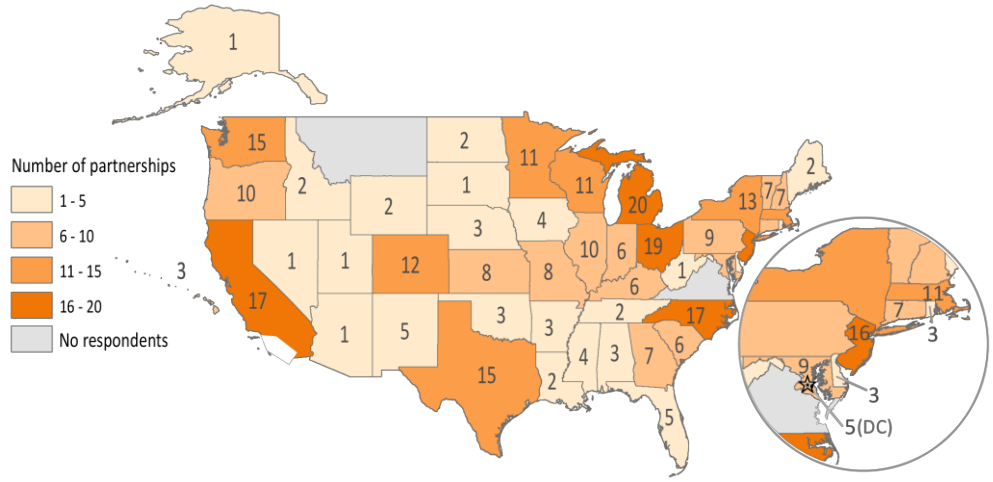
scope of their staffing and budgets, and their financial planning endeavors. The third section explores phases of development and presents findings related to common momentum-builders and pitfalls. Full results for each question are presented in the Appendix.

Partnership Characteristics

Location, Age, Geographic Reach, Population size served

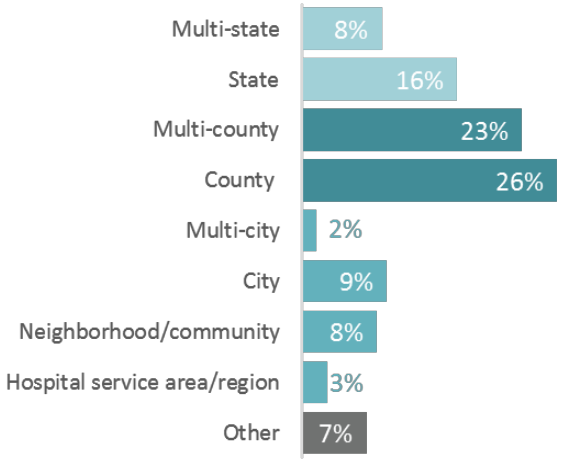
We received responses from 237 partnerships working in 42 states, as well as Washington, DC and the Virgin Islands (Figure 1).

Figure 1. Partnerships' geographic reach (n=195)



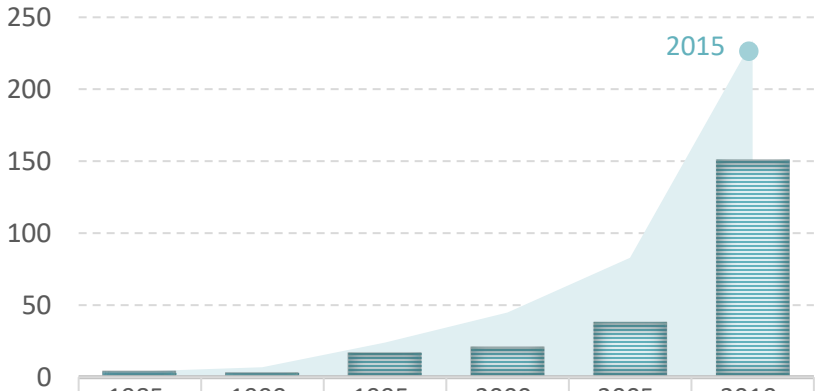
Together, these partnerships support regions that include about 104 million Americans, covering roughly 33% of the total US population. The majority of responding partnerships work at the county level (26%), followed by multi-county (23%) and state (16%) (Figure 2). The largest number of partnerships (39%) report serving areas with over a million people.

Figure 2. Distribution of responding partnerships (n=195)



Formal multi-sector partnerships also appear to be rapidly on the rise. While some partnerships have existed for decades, data show that many more are just beginning their journey. A majority of responding partnerships (65%) formed after 2010 (Figure 3). This is likely a sign of significant shifts occurring in the health and social sectors, including historic changes in health care access, delivery, and financing, along with an increased appreciation of the power of social, economic, environmental, and educational conditions. There have also been changes in funding opportunities that increasingly require multi-sector collaborations. Regardless of the specific causes, this trend is a reminder that many partnerships are likely in a relatively nascent stage of development.

Figure 3. Number and timing of partnerships formed (n=234)



	1985-1989	1990-1994	1995-1999	2000-2004	2005-2009	2010-2015
Cumulative	4	7	24	45	83	234
New	4	3	17	21	38	151

Portfolio Priorities

Four major factors have significant impacts on the health of populations: clinical care, health behaviors, socioeconomic factors, and the physical environment.[17, 30] Through the *Pulse Check,* we were interested in learning how multi-sector partnerships work to affect change in these areas. To characterize the programming priorities of partnerships, we asked respondents to estimate the percent of time their group spent working in one of more of these four areas:

Health care access/quality and/or cost: Efforts to enhance clinical care or improve how health care services are delivered, coordinated, and financed.

Health behaviors and risk factors: Efforts to promote healthful behaviors or stop harmful behaviors like smoking, poor diet, and others.

Social, economic, educational conditions or services: Efforts to enhance people's social welfare, standard of living, or educational achievement.

Physical environments: Efforts to enhance physical spaces, improve air and water quality, and reduce exposure to environmental hazards in homes, schools, neighborhoods, etc.

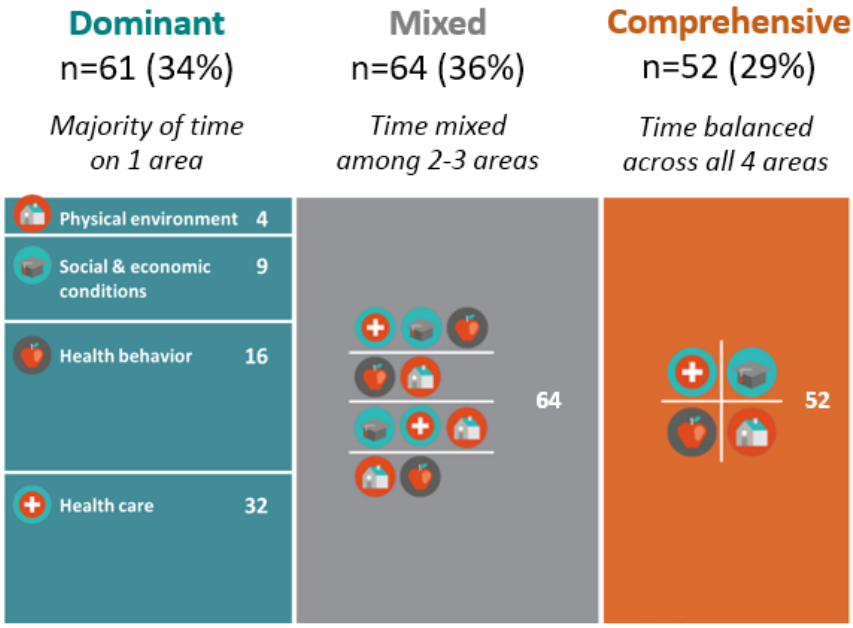
"[Wellness] is much more than just being physically active and eating right… Wellness is bigger—it's health and employment and education and social supports—everything that affects us every day."

-Pulse Check respondent

As Figure 4 shows, 34% of partnerships report concentrating more than half of their time in a single **dominant** area; 36% report having a **mixed** approach (with activities that span two to three areas); and 29% report having a **comprehensive** distribution of work, spending relatively similar amounts of time across all four areas.

Those employing a **dominant** approach tend to focus on health care access, quality, and/or cost (18%) or health behaviors and risk factors (9%), with fewer prioritizing social, economic, educational conditions or services (5%) and physical environments (2%). Some partnerships may concentrate exclusively on just one of these areas and no others. But for this analysis we chose to compare those that spend a majority of time in at least one with partnerships that have more expansive portfolios.

Figure 4. Three patterns of portfolio allocation (n=177)



Sector Engagement

Respondents were asked to share which of 17 sectors were engaged in their work, and among those sectors, to denote those that held leadership positions, were active participants, or had limited participation in the partnership (Figure 5).

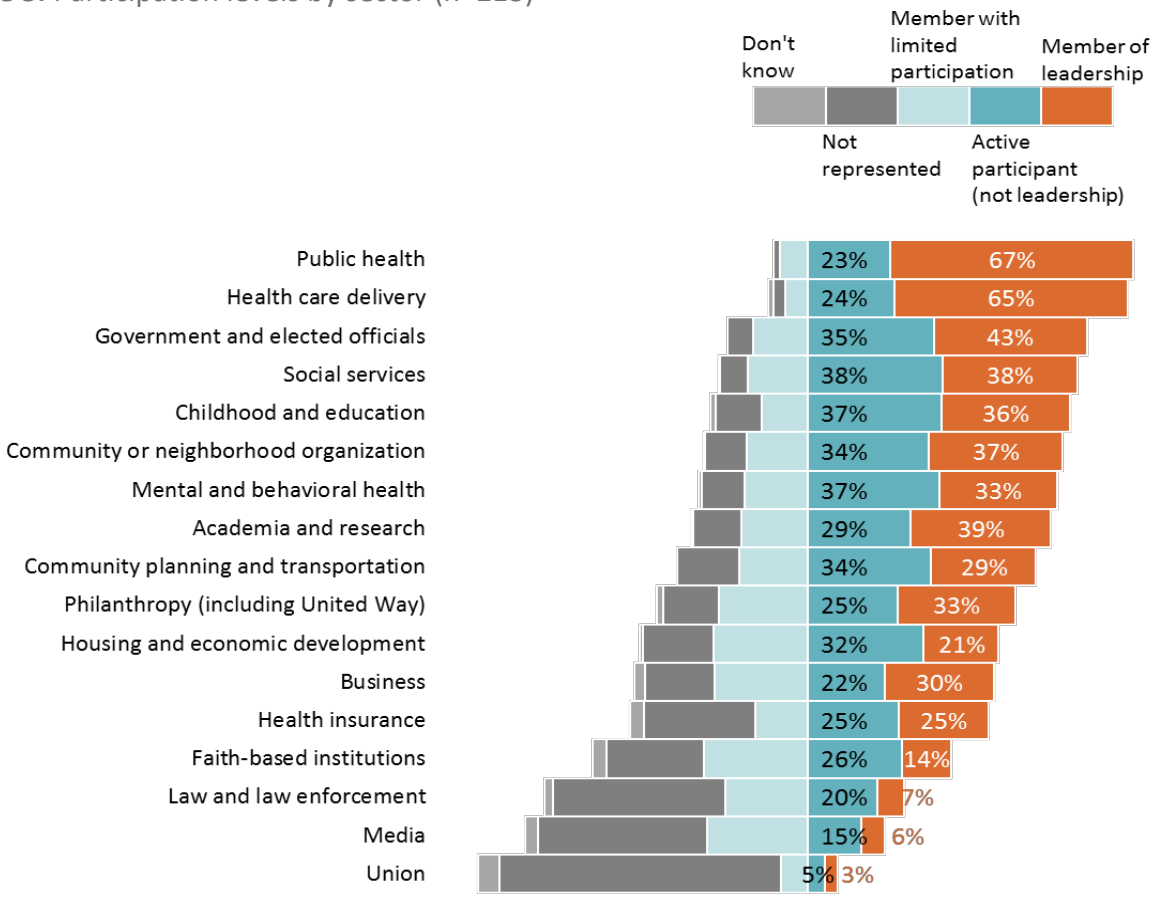
Just under half of respondents (49%) report engaging at least 10 sectors in their efforts that were active participants or members of leadership, illustrating that many groups involve a diverse range of actors in their work. At least three-quarters had active or leadership-level participation from public health, health care delivery, government and elected officials, or social service organizations. Public health and health care were the two sectors most likely to lead partnership efforts. Notably, each of the seventeen sectors held a leadership role in at least one partnership, an indication that partnerships engage a wide range of institutional actors to help guide their efforts.

"[We are proud of] creating a diverse, 11-member collaborative where ALL are engaged and supportive."
-Pulse Check Respondent

Responding partnerships that had a more ***comprehensive*** approach—meaning they focused their work across all four areas—often had a larger number of sectors involved in their effort. Comprehensive groups had an average of 11 sectors engaged, whereas those with a more dominant or mixed focus had an average of nine.

While many groups engage a wide range of sectors, and sector representation varies depending on the vision and scope of the partnership, responses suggest that there continues to be significant potential to engage other groups more actively. The least represented sectors included unions, media, law and law enforcement, faith-based institutions, and health insurers. In fact, only 50% of partnerships report having engagement from health insurers, which is substantially lower than any other health-related sector.[d]

Figure 5. Participation levels by sector (n=213)



We also explored the number of partnerships who report having more than one sector in a leadership-level role, referred to here as "joint leadership." A vast majority of respondents (89%) report that at least two sectors jointly led their efforts, with about one third of partnerships reporting that they had joint leadership from three to five sectors. This points to strong collaboration at the highest levels in many parnterships.

[d] Respondents' definitions of "leadership" and "active participation" may vary, and the Pulse Check did not assess the depth or authenticity of engagement. However, these data do reveal how partnerships describe who is involved (i.e., nominal engagement across sectors and roles).

Authority to Lead

To enact change at multiple levels—with individuals and families, across and within institutions, at various levels of government, and beyond—it is often important for a partnership to have legitimacy, or "authority to lead" with many groups in a region. There are many ways to gain authority, including being a trusted source of information; acting as neutral convener; bringing resources to the region; receiving support from elected officials, community organizations, residents themselves, or key partner organizations; and more. Groups may either earn authority by their own practices or be granted authority by some official entity. In either case, it is often possible to develop multiple sources, which in turn can position a partnership to lead even more effectively with diverse constituencies.

Most partnerships report multiple sources of authority, with an average of six sources. The most common ones were: being champions of a widely shared vision (79%), having recognition from leaders central to their cause (78%), and being a trusted source of information (77%).

Only 47% of partnerships report that their authority to lead came from broad-based grassroots support, the lowest of the nine options provided. However, among those who cited grassroots support as a source of authority, every one of them (100%) report their that partnership engaged community-based organizations at a leadership-level. Because grassroots support is often important when attempting to influence conditions that affect a large fraction of the population, this finding points to the potential importance of engaging community-based organizations, and residents themselves, in leadership-level positions.

Staff and Operating Budgets

When asked for a general assessment about human resources, nearly one quarter of respondents (28%) say that their partnership does not have any dedicated staffing or infrastructure to support cross-organizational collaboration.

When asked specifically about full-time equivalents (FTEs), a majority of respondents indicate that they had one to five FTEs dedicated to the work of their partnership (56%). Just 19% report having over 10 FTEs and 9% of those state they had more than 25 FTEs.

The operating budgets of the responding partnerships were relatively evenly distributed across the five response options ranging from less than $50,000 to more than $10 million per year. These amounts include expenses for *both* partnership coordination (i.e., the "backbone" function) and investments in direct programming. While in-kind support is often important to these partnerships, we did not ask respondents to estimate a monetary value for that.

Notably, the six percent of partnerships with the largest operating budgets (over $10M annually) also report having the highest number of sectors in joint leadership, with an average of eight sectors playing a leading role.

Financing

Long-term financial planning is both a practical imperative and the chief challenge for nearly all partnerships. The findings below suggest that most groups operate without a robust financial infrastructure and therefore do not have dependable resources to deliver their full potential value. In particular, we explored respondents' past experience and future priorities for financing, as well as the duration of and confidence in their financial planning efforts.

Financial Plans

Virtually all viable enterprises need a sound financial platform to succeed over time. One important part of that platform entails having an explicit financial plan to define how the group will identify and deploy financial capital. While partnerships vary in their approaches to financial planning, the *Pulse Check* revealed that the vast majority have yet to articulate a clear financial basis for their work.

Nonetheless, most respondents report some level of optimism about their prospects to fully fund their partnership's agenda. The vast majority (70%) were "somewhat" confident in their ability to do so, with about equal proportions saying that they are "very confident" (17%) or "not at all confident" (13%).

Nearly all partnerships had an action portfolio composed of multiple programs that would be implemented over several years, however very few (5%) report having a complete long-term financial plan. By contrast, almost four times as many groups (19%) report that they had not yet estimated how much it would take to fully fund their agenda, and another 10% report knowing how much money they would need, but did not yet have an explicit plan for how to gather those resources.

About half of responding partnerships (53%) have a financial plan with a relatively short time horizon (1-3 years); and one quarter (23%) have secured funding on a program-by-program basis. Even among the 12% of partnerships with the longest financial outlook (5 or more years), most have not yet developed a complete financial plan. They report with similar frequency that they either: know how to pay for some parts of their long-term strategy but not others; that they have financial plans only for each separate initiative or program; or that they only know how to pay for their short term activities.

Financing Structures

Sustainable financing requires a balanced portfolio of both short- and long-term activities linked to an appropriate mix of funding sources and structures. Absent these conditions, most partnerships struggle to gather dependable resources for their work. Based on their reported pattern of past financing experiences and future priorities, most groups do not appear to have stable financial footing, which in turn may undercut the full value that they are positioned to deliver over time.

Figure 6 presents a menu of possible financing structures, ordered by relative dependability. Of course, any financing arrangement could be more or less reliable in different contexts. The spectrum

shown here depicts general tendencies, not fixed properties of each option. Dependability is also closely related to how often a particular financing arrangement must be renewed or renegotiated. Financing structures that tend to remain in place for a longer length of time may generate varying amounts of revenue from year to year. But the actual structures remain intact and therefore can be a dependable element of a partnership's financial portfolio. Although there are noteworthy exceptions, grants and contracts typically require frequent renewal; whereas tax-based structures can remain in place for decades.

The most commonly used financing structures tend to be those that are least dependable. Three-quarters of respondents (74% overall) report relying on some form of grant or contract, usually from philanthropy (48%), government (45%), or health care organizations (34%). Respondents also rely heavily on in-kind support (41%); and almost one quarter (27%) have received funding from non-profit hospitals under their annual community benefit obligations (27%).[e]

"Transitioning from grant and donations support...we have to move beyond it; we've never considered—maybe some social entrepreneurship and generating revenue."

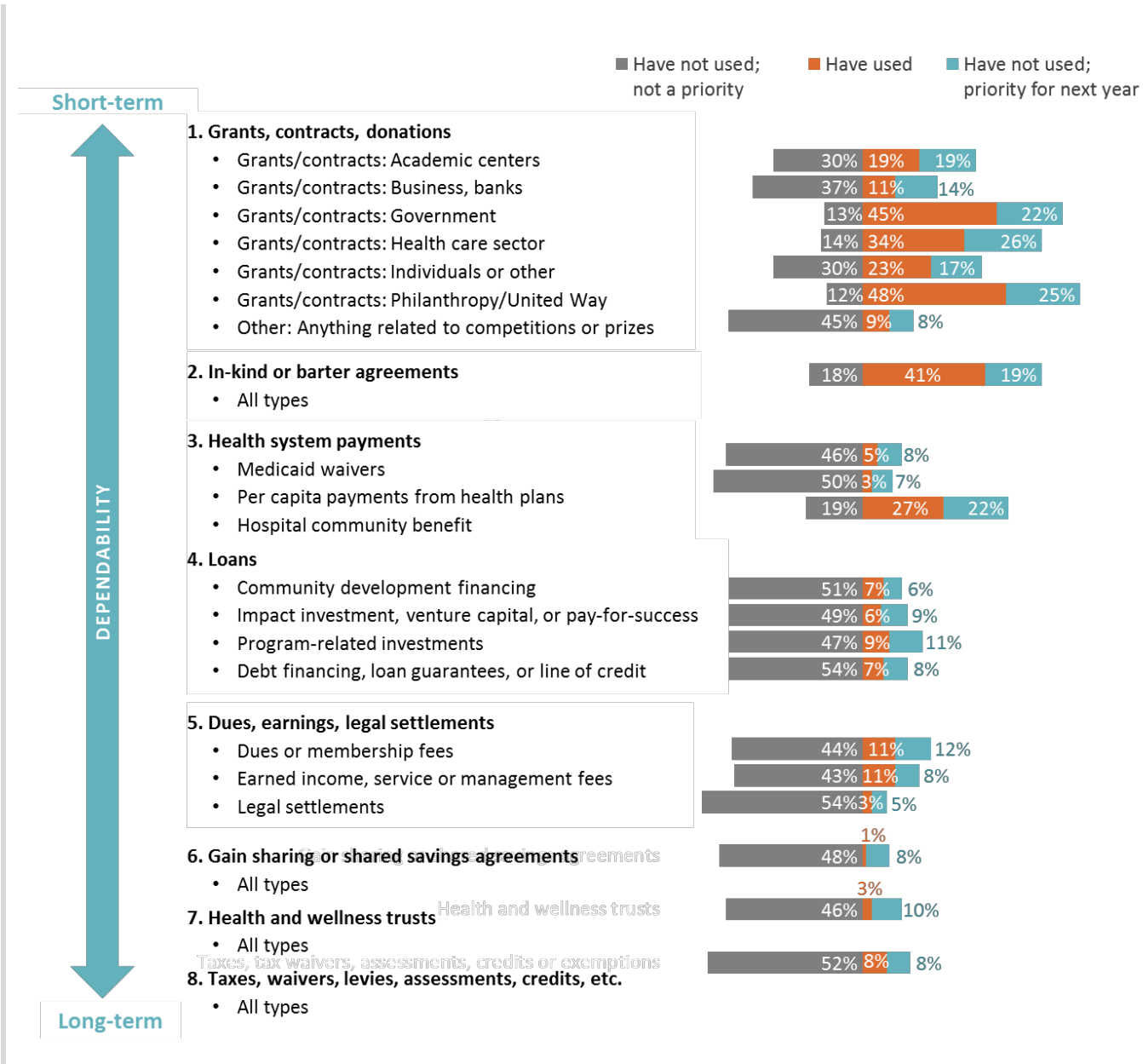
- Pulse Check respondent

By contrast, very few partnerships have experience using any other financing structure, many of which could bring greater dependability and more diversity to their portfolios. For instance, only 11% of partnerships report using dues or membership fees; and less than 10% have experience using any form of loan, gain sharing agreement, trust, or tax-based structure.

Even more striking are the reported priorities for next year. Close to half of the partnerships neither have any experience—nor any immediate interest—in using any of the other financing structures, such as dues or membership fees (44%), earned income (43%), payments from health care plans (50%), community development financing (51%), gain sharing agreements (48%), health and wellness trusts (46%), or taxes/tax credits (52%). Instead, most partnerships name the least dependable and least diversified financing structures as their top priorities for the coming year, including largely the same set of grants/contracts, in-kind support, and community benefit payments from non-profit hospitals (all ranging from 19%-26%).

[e] As important as these payments are, most analysts believe that community benefit allocations are far below the full value of the public tax exemption, therefore they argue that this ought to become an even more prominent financing structure in the future. For details, see: Rosenbaum S, Kindig DA, Bao J, Byrnes MK, O'Laughlin C. The Value Of The Nonprofit Hospital Tax Exemption Was $24.6 Billion In 2011. Health Aff (Millwood). 2015 Jul;34(7):1225-33.

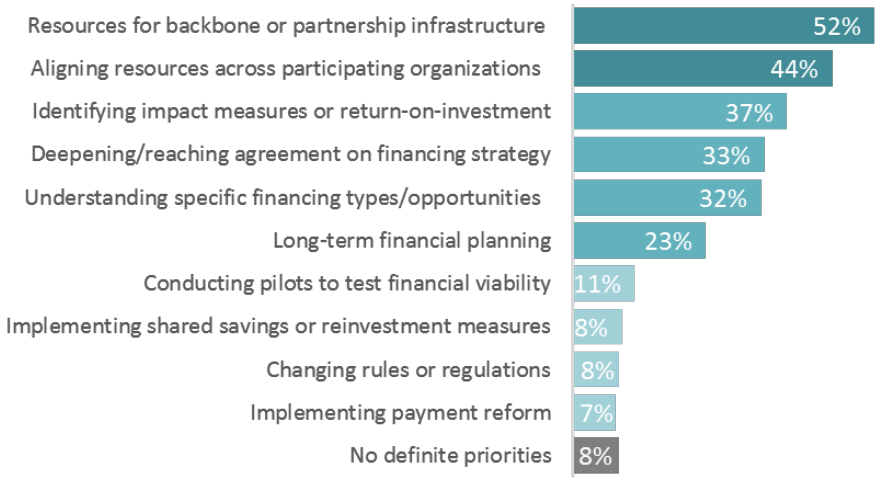
Figure 6. Use of funding structures to support partnerships' work (n=max 201)



Financing Activities

Looking beyond the particular mix of financing structures, we asked respondents to name their top priorities for more general financing activities in the coming year (Figure 7). Most indicate an interest in identifying resources for their "backbone" or partnership infrastructure (52%), followed by aligning resources across participating organizations to achieve common goals (44%). About one third say that it is a priority to identify impact measures (37%) or to reach greater agreement on a financing strategy (33%). Far fewer express a priority to implement shared savings or reinvestment (8%), change rules or regulations (8%), or implement payment reform (7%). Another 8% have no definite financing priorities whatsoever.

Figure 7. Financing activities anticipated in the next year (n=180)



Developmental Trends

Through field work and field-sensing research, ReThink Health has found that partnerships often face predictable challenges and can catalyze momentum in particularly powerful ways. The *Pulse Check* explored these barriers and drivers with a view toward understanding how partnerships may evolve along their journey. Findings suggest that partnerships may indeed exhibit distinct developmental phases, and they may experience distinctive patterns of pitfalls and momentum builders along the way.

An appreciation of these developmental phases could better inform virtually all aspects of their work, including how diverse actors work together to steer their common system (i.e., stewardship), how they set priorities to transform trends (i.e., strategy), and how they fund their investments over time (i.e., sustainable financing). In addition, this developmental perspective might help leaders anticipate obstacles that stand in the way and amplify actions that could propel greater progress.

Momentum Builders and Pitfalls

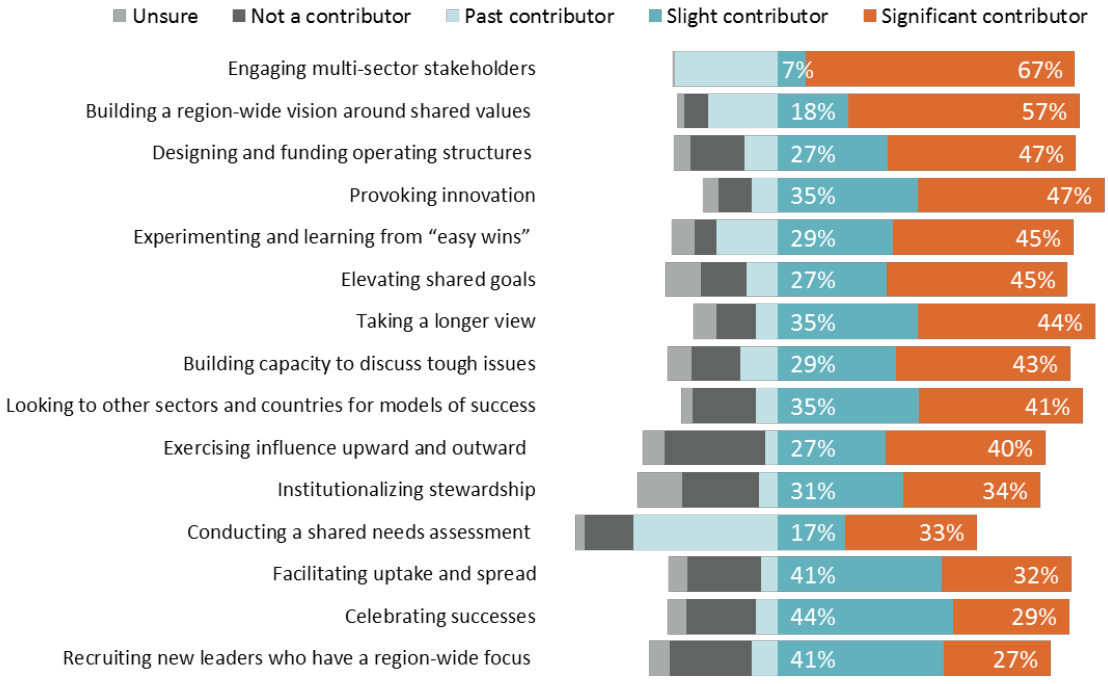
We asked open-ended questions to understand what partnerships are most proud of and challenged by in their work. Additionally, through close-ended questions we explored their experiences with a range of potential momentum builders and pitfalls related to how they steward their collaborative change efforts. Our intent was to surface patterns unique to the task of governing multi-sector partnerships for health, a concept we'll consider more fully in the *Pathway Progress* section.

Diverse Factors Build Momentum

When asked in an open-ended question about the priorities they were most proud of enacting, respondents most often highlight the implementation of specific strategies or the progress they've made in developing their partnership. Partnerships are engaged a wide variety of implementation efforts, a finding corroborated by responses to closed-ended questions that highlight the diverse focus of their portfolios. For example, one respondent expressed pride in "enacting the first bicycle infrastructure changes through development of a signed inner city bike loop," while another noted that they had "used an equity lens for our health improvement planning process, implementation and evaluation."

In closed-ended questions, partnerships confirm that a variety of activities contribute to their current momentum (Figure 8). The two most commonly reported momentum builders are engaging multi-sector stakeholders (67%) and building a shared, region-wide vision (57%).

Figure 8: Current contributors to partnerships' momentum (n=173)



Notably, about one third of responding partnerships (36%) report that they had gained momentum from conducting a shared needs assessment in the past but no longer experienced the activity as a major contributor to current momentum. Another 50% note that shared needs assessments were at least a slight contributor to their progress. This suggests that conducting a shared needs assessment may be an important momentum-building activity early in a partnership's journey.

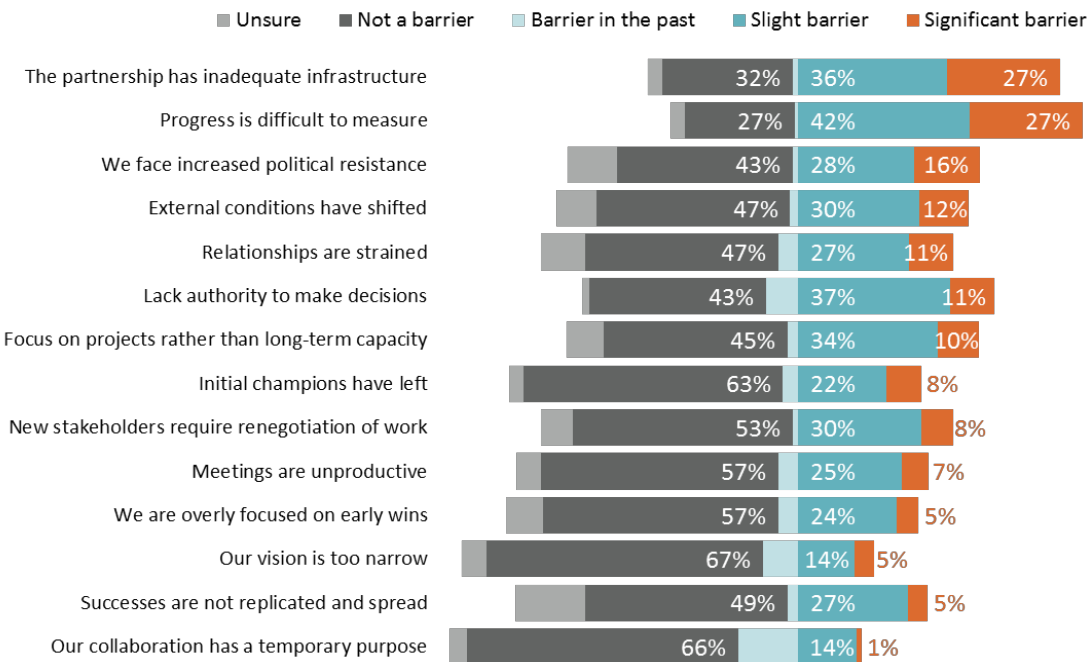
Financing, Data-sharing, and Infrastructure Pose Key Challenges

It is well known that challenges related to infrastructure, data-sharing, and sustainable financing are common for many multi-sector partnerships. These sticking points surfaced consistently in *Pulse Check* responses. It is not surprising that many contend with issues common to new ventures, given years. Overall, though, respondents reported a greater number of *slight* barriers to their progress than *significant* ones, suggesting that they are optimistic about their ability to that findings also indicate a large number of partnerships (over 65%) have formed in the past ten be successful.

When asked about barriers to advancing their work in open-ended questions, partnerships most often cite insufficient funding. For example, one respondent shares that "a lack of funding to expand services, scope, and resources" was their most significant challenge.

Lack of staff capacity and infrastructure challenges also surfaced as major obstacles in open-ended questions, a finding reinforced in responses to close-ended questions, where 64% of partnerships note that inadequate infrastructure is a major barrier. Challenges with data sharing and measurement were also themes in open-ended questions. In closed-ended questions, 69% of partnerships note that difficulties measuring their progress are impeding their success (Figure 9).

Figure 9: Barriers currently impeding success (n=168)



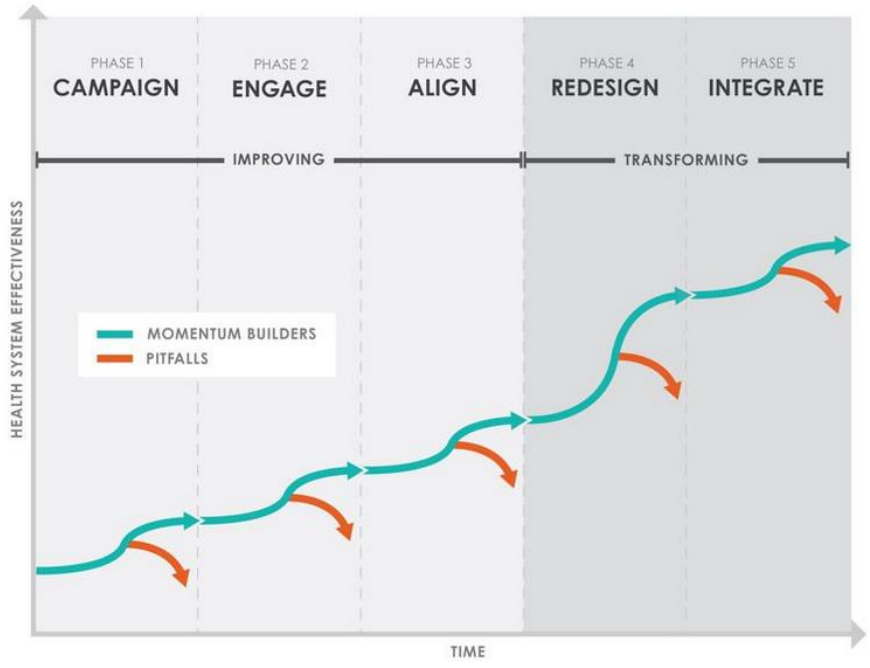
Pathway Progress

A core framework for ReThink Health is the *Pathway for Transforming Regional Health*, a developmental scheme built on insights from veteran changemakers and well-established principles of complex system change. It has been designed with input from thousands of practitioners and scholars to describe five phases of development through which partnerships may progress in their endeavor to transform regional health (Figure 10). The *Pathway* helps leaders assess where they are in that journey; anticipate common pitfalls; and consider which aspects of stewardship, strategy, and sustainable financing might build greater momentum.

Inherent in the *Pathway* are insights about what it takes to move through these five phases, from a focus on short-term projects and targeted campaigns in Phase 1 to system-wide integration and institutionalization in Phase 5. Importantly, through work with partnerships across the country, ReThink Health has observed a stark distinction between those that concentrate on *improving* results within their existing system versus those that focus on *transforming* the structure of the health ecosystem itself as a way to generate profoundly better results.

To further investigate the foundations of this developmental perspective, the *Pulse Check* asked respondents to identify their partnership's phase on the *Pathway*. These data provide yet another opportunity to assess the extent to which reported experiences across the field are consistent with this general developmental framework.

Figure 10: Pathway for Transforming Regional health



Below is a brief summary of the defining characteristics at each phase in the Pathway. The first three phases (Campaign, Engage, and Align) tend to focus predominantly on *improving* results within the existing system; whereas the last two phases (Redesign and Integrate) focus on *transforming* system structure as a way to generate a step-change in performance.

- **Phase 1: Campaign** *Multiple organizations find common ground around a narrowly-focused campaign and create a short-term alliance to achieve a tangible health-related goal.*

- **Phase 2: Engage** *Building on existing relationships, stakeholders appeal to diverse allies, identify connections, and engage in an ongoing forum to address broader dimensions of health and/or health care.*

- **Phase 3: Align** *A formal network of stakeholders aligns around clear common objectives, and commits resources to coordinated efforts to achieve them.*

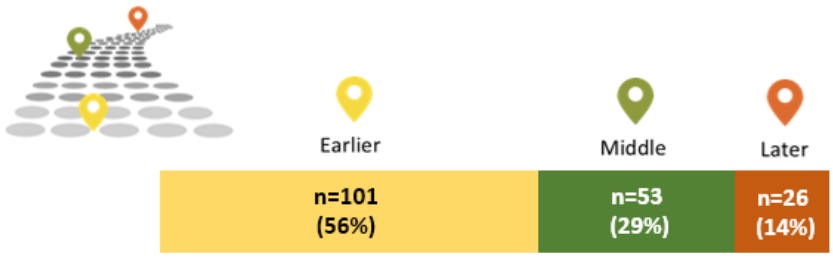
- **Phase 4: Redesign** *Stakeholders introduce profound innovation – altering current business models, redesigning core practices and policies, reallocating resources, and forming new partnerships – to transform the system that shapes health.*

- **Phase 5: Integrate** *Stakeholders institutionalize successful innovations into an integrated health ecosystem that is designed, led, and financed to foster healthy people and thriving communities.*

Differences by Phase

To better discern patterns across the spectrum from *improvement* through *transformation*, and due to a small number of responses in a few phases, we collapsed the *Pathway* into three broad categories—Earlier, Middle, and Later-phase efforts.[f] Respondents divide across these three phases as shown in Figure 11.

Figure 11: Proportions across three developmental stages (n=180)



[f] See the Appendix for details on the classification procedure.

By definition, the *Pathway* concentrates on efforts to transform regional health in pursuit of greater health system effectiveness. It begins when leaders step outside of their organizational boundaries to accomplish a purpose that no single institution can achieve alone. While a number of respondents indicated that organizations in their region had not yet worked together across sectors, they nevertheless had taken initial steps toward collaboration and formed an aspiration to improve population health together. For the purposes of this study, we grouped these pre-Pathway respondents in the Earlier phase, along with partnerships that were classified in the Campaign (1) and Engage (2) phases. The majority of *Pulse Check* respondents were in this Earlier phase (56%).

The *Pathway* begins when leaders step outside of their organizational boundaries to accomplish a purpose that no single institution can achieve alone

Those in the Middle group, which corresponds directly to the Align (3) phase, are distinct, in part, because there was a relatively large number of them (29%) and because they sit at the interface between *improvement* and *transform*ation.

Finally, the Later group included the remaining partnerships (14%) that were placed in the Redesign (4) and Integrate (5) phases because their efforts primarily emphasize system transformation.

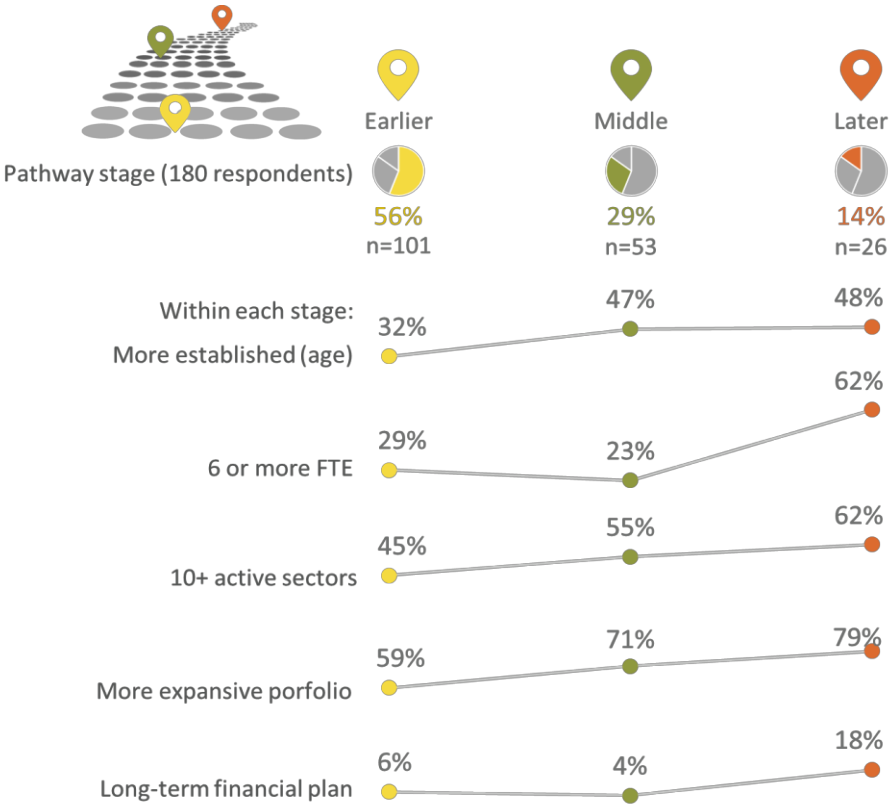
Thus, those in the Earlier and Middle phases fall on the *improvement* side of the *Pathway* and Later-phase groups fall on the *transforming* side. When compared across these two broad categories, the proportions become quite stark, with 85% of partnerships in the *Improving* category and 14% in the *Transforming* category.

In the next section, we explore whether there are systematic differences in the characteristics or experiences of partnerships across the Earlier, Middle, and Later phases. Importantly, it was beyond the scope of this survey to assess health system performance, therefore we are not able to examine the relationship between developmental phase and trends in population health over time. Instead, we focus on variation in partnership characteristics, as well as their reported experiences with momentum builders and pitfalls.

Partnerships Have Distinct Dharacteristics by Phase

Pulse Check findings indicate that certain partnership characteristics do indeed show progressive differences across developmental phases (Figure 12). For instance, when compared to respondents in the Earlier and Middle phases, those in the Later phase tend to have partnerships that are more established, with larger staffs, a larger number active sectors, more expansive action portfolios, and longer-term financial plans.

Figure 12: Key characteristics of developmental phases (n=180)

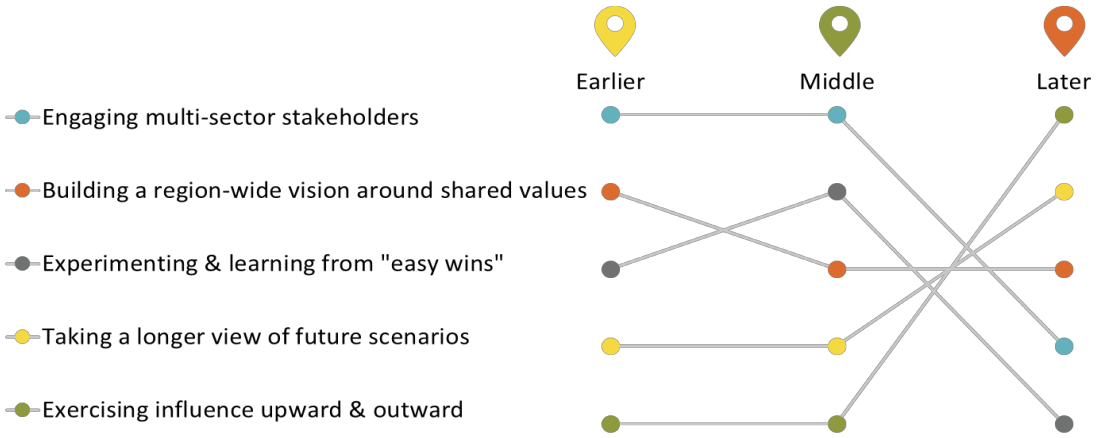


Momentum Builders and Pitfalls Change as Partnerships Develop

The data also show a changing pattern of experiences with certain momentum-builders and pitfalls, depending on whether the partnerships are in the Earlier, Middle, or Later phase (Figures 13 and 14).

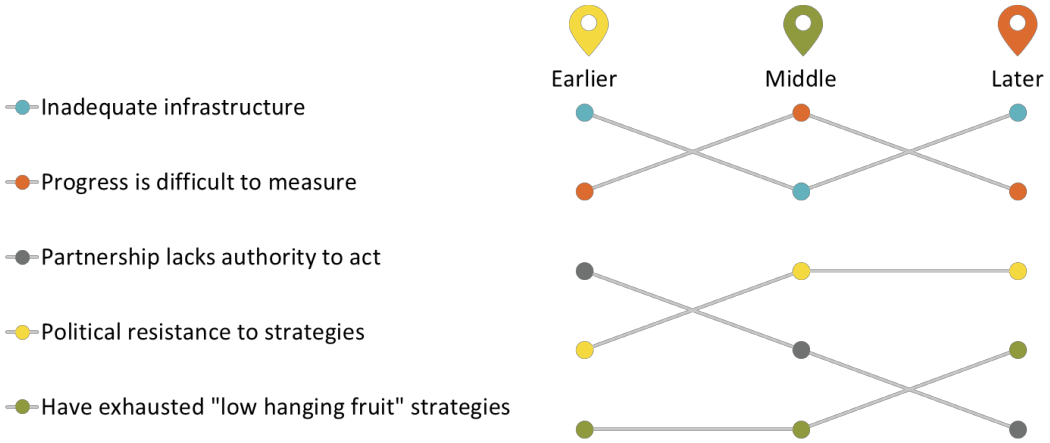
For example, “engaging multi-sector stakeholders” is reported as the highest contributor to momentum through the Middle phase, but its contribution to current momentum drops considerably among partnerships in the Later phase. Likewise, the importance of “experimenting and learning from easy wins” declines sharply among those in the Later phase. By contrast, partnerships in the Later phase say that they gain significantly greater momentum by “exercising influence upward and outward,” and by “taking a longer view of future scenarios.” “Building a region-wide vision around shared values” appears to be most significant among Earlier phase groups, and remains moderately important among those in both the Middle and Later phases.

Figure 13: Contributors to current momentum shift by phase (n=173)



As noted earlier, inadequate infrastructure and difficulty measuring successes are reported to be the most significant barriers for partnerships across all developmental phases. However, several other barriers seem to shift in importance across the phases. For example, lack of authority is reported to be a more significant barrier in the Earlier phase and decreases in significance at each subsequent phase (Figure 14).

Figure 14: Barriers to current momentum shift by phase (n=168)



There are also two phenomena that appear unique to the Middle phase. Compared to those at either the Earlier or Later phases, partnerships in the Middle phase are somewhat less likely to name inadequate infrastructure as an impediment to their progress. This suggests that there may be special challenges when first embarking on a multi-sector venture, and then again much later when that endeavor begins to confront the constraints of the existing system. Those working in the Middle phase, however, may be better able to use the infrastructure they have created to coordinate a suite of initiatives, even if those efforts are somewhat less likely to demand new structures or dramatic breaks from business as usual.

Second, partnerships in the Middle phase are more likely to note that their progress is difficult to measure. This suggests that it may be somewhat easier to chart progress when efforts are just beginning or when they have developed an explicit agenda for system change. But, for those in the Middle phase, it may be comparatively more difficult to define and demonstrate the value of their work.

"[We struggle with] legislators and business leaders who do not understand healthcare economics and the perverse incentives in healthcare."

-Pulse Check respondent

Implications and Recommendations

As the movement for health presses beyond the scope of what any individual organization can accomplish alone, the *Pulse Check* findings illustrate that multi-sector partnerships may be playing an increasingly important role. It is clear that these formal collaborations are rapidly on the rise, and it is likely that there are countless more leaders across the country who view cross-boundary coordination as vital to achieve their visions for population health, equity, and prosperity. The breadth and diversity of these efforts are impressive, as are their bold visions and deep engagement from a broad range of constituencies.

While some partnerships have existed for decades, many more are just beginning. Given that the majority of these groups appear to be relatively new, it is not surprising that they contend with challenges common to nascent ventures. Many grapple with strained infrastructure and fragile financing. But they have high confidence, an ambitious appetite for greater progress, and an equally strong desire for practical solutions that so far have seemed elusive.

It is common sense that any collaborative effort will encounter challenges and will work to generate momentum for sustained progress. The *Pulse Check* data suggest that there may be a predictable pattern of momentum-builders and pitfalls that partnerships could consider to advance their own development. In addition, there seem to be systematic differences in the characteristics of partnerships in different phases, suggesting that the groups themselves may evolve in particular ways over time.

Veteran practitioners understand that partnerships will develop and change over time. Indeed, we have long had a developmental perspective at the center of our work at ReThink Health. However, these results deepen our collective understanding about the distinct phases that partnerships may experience. These data reveal clear patterns about what tends to impede progress, what drives momentum, and when certain obstacles and opportunities most often surface along the way.

The rapidly growing number of multi-sector partnerships also affirms the importance of continuing to explore how these groups develop over time. We are witnessing the growth of a new organizational layer across the U.S. health landscape, marked by the persistence of many long-standing partnerships as well as a proliferation of new groups working primarily at the county level. As this trend unfolds, there will be many opportunities to further advance the value of these partnerships, especially if those involved—both leaders and allies—appreciate the profound developmental nature of this work.

We are witnessing the growth of a new organizational layer across the U.S. health landscape

The considerations below may inform partnerships at each phase in their journey, as well as the many organizations that support their efforts. These suggestions are not only consistent with the *Pulse Check* data, they also reflect insights from our field work over the last decade, as well as lessons from research across several disciplines.

Considerations for Partnerships: *All Phases*

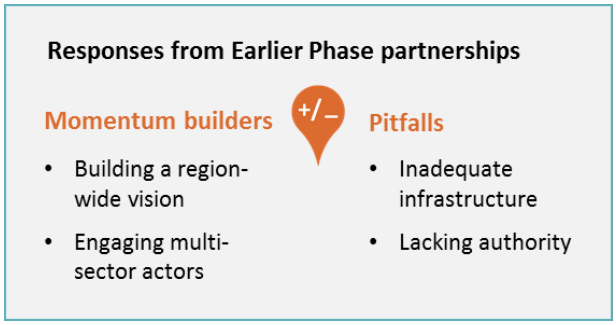
While certain momentum-builders and pitfalls may be especially salient in the Earlier, Middle, and Later-phases, the *Pulse Check* findings point to two activities that will likely encourage progress for groups at any phase of development. The first is to ensure that all actors have an "ecosystem view" of their region; and the second is to devise an explicit regional strategy with an appropriate organizational structure. These complementary practices could help all players better harness their resources, and enact priorities that deliver intended results over time while avoiding pitfalls.

- ***Ensure an ecosystem view.*** Many respondents said that building a region-wide vision and taking a longer view of their collaborative work are essential contributors to their momentum. When diverse actors come together across sectors and backgrounds, it can be difficult to see connections across such a vast ecosystem, and it can be even harder to think through how changes in one area may play out to affect others over time. With a wider ecosystem view—often one that extends beyond the articulated boundaries of a partnership—leaders may spot many places to act, and also consider how they connect. Understanding and mapping the dynamics of a changing ecosystem could equip leaders to advance change in their communities at an unprecedented level of effectiveness, regardless of how broadly or narrowly they focus their unique work.

- ***Devise a region-wide strategy and structure.*** Population health and well-being in a region are produced by a wide range of drivers—such as healthy environments, safe neighborhoods, stable housing, effective education, an inclusive economy, and high-value healthcare, among many others. To truly transform results, investments in these vital conditions and services must be aligned and sustained over a long period of time. In many regions, this might require extensive coordination among a variety of different partnerships and institutions. In other places, it may be preferable to consolidate activities within a single comprehensive partnership. There is no universal best approach. Instead, the chosen structure may vary depending on the region's size and context. Either way, partnerships may need to look beyond their typical three- to five-year planning cycles and broaden the scope of actors that they engage along the way.

Considerations for Partnerships: *Earlier Phase*

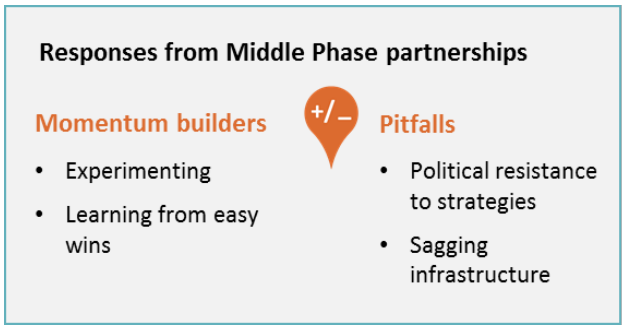
Groups in the Earlier phase may have special opportunities to position themselves for long-term success and sustainability. With careful attention to their desired trajectory and by learning along the way, Earlier-phase efforts may quickly surpass sticking points and better harness opportunities compared to partnerships that are farther along—precisely because they can plan for such experiences from the beginning. Based on our findings, here are some suggestions to consider that may be especially helpful when laying a solid foundation for future progress:



- ***Start with the end in mind.*** Findings indicate that building a region-wide vision based on shared values is one of the more impactful activities in which Earlier-phase partnerships can engage. Moreover, this was the case regardless of whether a group had a dominant, mixed, or comprehensive set of priorities. Along these lines, data also suggest that conducting a collaborative needs assessment can help to generate momentum, particularly in the earlier phase of a group's development.
- ***Build authority and engagement.*** Many Earlier-phase partnerships reported that a lack of authority was a major impediment. This is not surprising, as establishing credibility and legitimacy are key activities for any new endeavor. But it is especially relevant for multi-sector partnerships, given that they often need to enact change at multiple levels, which in turn requires genuine ownership by numerous actors, including residents. It may be especially helpful for those partnerships just starting out to be recognized as a trusted source of information and act as a neutral convener. Intentionally building relationships early on with state and local policy makers, health insurers, business leaders, and other organizational actors can also help to avoid or mitigate political resistance down the road.
- ***Emphasize the importance of infrastructure.*** Struggling with strained infrastructure is a common barrier for all partnerships, and a particularly pronounced challenge for those in the Earlier phase. Being attentive early on to building staff capacity, establishing essential

operational—or "backbone"—functions, and thinking about data sharing and measurement capabilities could help to set a partnership up for sustained success down the road. Of course, resource constraints are often a real constraint. Incorporating membership fees or eliciting in-kind contributions from participating organizations can be helpful in this regard while also establishing an ethic of shared contribution and mutual self-reliance.

Considerations for Partnerships: *Middle Phase*



Groups in the Middle phase occupy distinct territory because they sit at the interface between *improving* and *transforming* their health ecosystem. In this phase, collaborative relationships among an array of stakeholders are well established, and the partnership has logged experience with multiple cooperative projects that often have impressive accomplishments. Transitioning from the Middle to Later phase may turn on whether groups can take on more difficult negotiations and accept that there may be tougher choices, with winners and losers moving forward (at least in the short-term). Because of this, activities in the Middle phase must foster trusting relationships and greater transparency, anchored in genuinely shared values to enable the next leap forward. Here are some suggestions based on our findings for partnerships seeking to advance their work in beyond the Middle phase:

- ***Develop a compelling picture of your unique value.*** Most partnerships have a vision and a set of goals to guide their collective efforts. However, these may not fully capture—or effectively dramatize—the benefits of a transformed system in a way that drives greater alignment and support across a critical mass of constituents. Given that groups in the Middle phase report gaining momentum from engaging stakeholders and taking the long view, articulating a compelling value proposition for long-term change could be a transformative activity. If possible, that value proposition ought to convey both the cost of inaction (or of no further action) as well as the unique role the partnership plays in generating greater value over time.
- ***Leverage the economic prospects of your unique value.*** Importantly, when a partnership develops a more comprehensive understanding of their unique value, they may also discover new ways to be paid for that value. Developing a business model for the partnership's backbone function can leverage their value-add to create much-needed infrastructure and to sustain progress moving forward. Harnessing the potential to be paid for services or functions that others value does not require foregoing one's mission, just recognizing that it may have monetary value.
- ***Focus on influencing and implementing.*** *Pulse Check* data demonstrate that exercising influence upward and outward is a significant momentum-builder at this phase. Findings also show that partnerships in the Middle and Later phases experience increased political resistance to their strategies. This likely is due to their agendas becoming increasingly ambitious. Engaging and influencing local and state policymakers, as well as other key

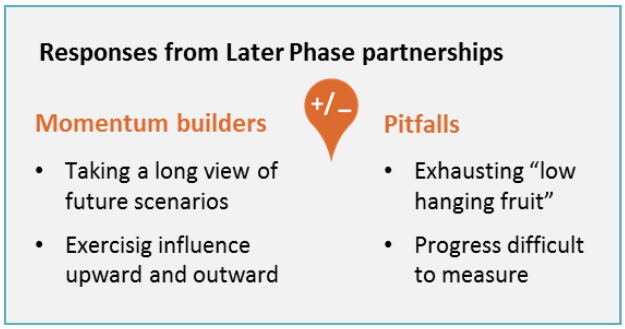
constituents, could be a powerful strategy to amplify the impact of a partnership's programmatic portfolio.

- ***Adopt a mindset for sustainable financing.*** Partnerships know that maintaining progress requires adequate funding, so it is not surprising that challenges with sustainable financing surfaced as a leading barrier. Developing a different mindset about financing is essential if groups are to succeed in financing a truly transformative endeavor. Engaging a mindset for sustainable financing entails a shift in focus from assembling resources to aligning and creating new funding flows, a capability that inherently is grounded in shared values and a solid understanding of how the regional economy is—or could be—structured.

  A mindset focused on restructuring how resources flow is especially relevant for Middle phase partnerships, whose program portfolios and long-term ambitions are often comprehensive and complex, and cannot be adequately funded by grants alone. Moreover, the prevailing tendency to rely on short-term grants may actually constrain what partnerships even attempt to do—it shortens their time horizons, encourages a passive response to funding opportunities rather than fiscal acumen or agency, and reinforces an internal infrastructure organized around grant acquisition rather than rewarding external efforts to redirect resource allocation across the wider health economy. As partnerships develop over time, grant funding is best understood as a component of a "balanced portfolio" that includes a purposefully selected mix of short- and long-term funding structures.

Considerations for Partnerships: *Later Phase*

Success in the Later phase is distinct from prior phases insofar as the primary focus is on transforming the overall structure of the health ecosystem, rather than pursuing partial efforts to improve results in separate areas. This requires leaders to alter current business models, change core practices and cultures, and design reward systems that provide incentives for new allocations or new behavior—a qualitative shift from prior activities for all participants, and in the system itself. Efforts in this phase should support greater interdependence and institutionalize new ways of doing business, together. Here are some suggestions for partnerships in the Later phase:



- ***Confront competing interests.*** Findings indicate that Later-phase groups are attempting to move beyond situations where everyone agrees, and may face resistance when there is the specter of clear winners and losers. They also risk significant backsliding, if only because of how much they have already accomplished. To ensure forward momentum, partnerships must prepare to engage constructively around controversial matters, especially those where conventional organizational practices stand in the way of generating profoundly better results for the system overall. Navigating high-stakes, contested conversations requires an

equally serious practice of integrative negotiation, based on empathy and practical understanding of the threats to organizational identity or vitality that members of the partnership may cite as reasons to resist change.

- ***Employ a learning practice.*** The task of measuring progress can be a special barrier for Later-phase partnerships. Despite its notorious difficulties, embracing this as a challenge can bring great rewards because a partnership's legitimacy and power derive, in part, from articulating and demonstrating their unique value. Gathering credible, transparent data and tracking critical trends over time could help to establish a realistic understanding about where the region is headed and what it might take to change direction. In addition, for champions of system transformation, measurement is not only about delivering evidence of results; it must also be tied to continuous learning, adaptation, and renewal. Instituting some form of reflective practice that spans the entire enterprise—not just individual programs or projects—can be a pivotal competency that enables diverse stakeholders to celebrate successes, name setbacks, and convey a compelling story of their common endeavor as it evolves over time.
- ***Ensure greater alignment with state and federal policy.*** Success in the Later phase can depend largely on instituting changes in payment or regulatory systems. This notion is supported by findings that demonstrate the important role that exercising influence upward and outward plays in catalyzing momentum for Later-phase partnerships. Partnerships in this phase may be in a position to shape local and state policies or to prioritize payment reform given their multiple sources of authority and the diverse sectors that lead their efforts.
- ***Devise new forms of distributed leadership.*** The next level for Later-phase partnerships may demand new forms of multi-sector coordination given their need to negotiate strategic priorities for the region as a whole, and to foster greater operational and economic interdependence among diverse constituencies. Some groups may decide to expand the scope and membership of their partnership. Others may find it more fitting to align their partnership with others focused in different areas, for example by creating a formal "table of tables." In either approach, the intent is to ensure that there is some form of inclusive, flexible, and reliable forum where leaders work together as stewards of their common health ecosystem.

Considerations for Funders, Policymakers, and Other Allies

As the number of multi-sector partnerships grows, so too do the various organizations and initiatives that are committed to bolster their efforts. Those who form this wider ecology of support around multi-sector groups—including philanthropy, those that provide capacity-building support, federal and state government, and beyond—can be even more impactful by considering how the developmental nature of this work might alter their own thinking about the conditions that propel progress.

- ***Consider developmental phases when crafting and delivering initiatives.*** Which phase (or phase transitions), if any, is your initiative best designed to support? Is your offering structured to address the likely challenges and momentum-builders that partnerships will face in their journey? Do you have a practical way to assess developmental priorities and progress? How will you meet each partnership where they are? Considering these and other dimensions of your relationship to partnerships in development could help to refine, if not wholly refresh the focus of supportive programs, funding opportunities, and other services.
- ***Engage in learning to understand developmental trends.*** The data demonstrate significant opportunities for funders and other catalysts to more deeply explore the conditions and characteristics of partnerships at every phase of development. The more we learn about the conditions that enable partnerships to thrive, and what stands in their way, the better equipped we will be to draw a roadmap that can help multi-sector partnerships go farther, faster.
- ***Support long-term strategic planning.*** Most partnerships have grand aspirations that may take many years to realize fully. But the plans they develop typically have short, three- to five-year time horizons. Real change requires planning for the long term—extending over decades or even across generations—so that there is a strategy in place that will persist through inevitable leadership transitions and changes in wider contexts. *Pulse Check* findings suggest that policymakers and funders should consider supporting work that can help regional efforts sustain a long view and anticipate how external conditions may shift, like scenario planning.
- ***Consider how grant funding can be a bridge to other financial structures.*** Grants can be especially useful as early-round seed money, to finance riskier activities such as pilot projects, and to leverage other sources of funding—but they are not a sustainable form of long-term financing unto themselves. Grant funders might consider how their funding can be positioned in a way that builds bridges to more dependable financing. Policymakers must also acknowledge that each separate partnership cannot bear the full responsibility to secure sustainable resources for this work. Where would communities be, for example, if financing for affordable housing or for community development were solely reliant on grants? Instead, these fields have established state and federal policies, as well as public-private partnerships, that channel resources through routine financial sources and structures to regions across the country.
- ***Remember that infrastructure is essential to a partnership's long-term success.*** Resources dedicated to support a partnership's core infrastructure are often a decisive factor in their development over time. Organizations providing financial support to partnerships—including government, philanthropy, academic, and corporate allies—can greatly impact the long-term strength of a partnership by intentionally and substantially supporting their infrastructure, not just direct program work.

Conclusion

Many forces now strongly encourage cross-sector collaboration, such as collaborative health needs assessments; data sharing across sectors; campaigns to improve healthcare quality; new payment models; co-investment between public health and community development; population-based Accountable Care Organizations; and even more inclusive Accountable Communities for Health, among others.

Such trends will likely continue to propel progress in the Earlier and Middle phases of partnership development. But they may not adequately address the structural limits and active resistance that often emerge when attempting to truly transform regional health and well-being. After low-hanging fruit is harvested from early forms of cross-sector collaboration, win-wins may no longer be possible, and enthusiasm may wane in the absence of sustained investment. These are some of the most pressing developmental challenges that we must overcome to unlock even greater levels of health, equity, and economic prosperity across the U.S. All signs point to this as an area of great vulnerability—and enormous untapped potential.

Taken together, the insights from this Pulse Check point to an enduring truth that veteran changemakers have long understood: the systems that shape our lives may seem largely beyond our control, until we recognize that it is we who largely create, and recreate, those systems ourselves.[31-33]

Considering the developmental differences that surfaced among partnerships in this survey, it may be that some groups have chosen to concentrate on improving results within particular parts of the health system, in part, because they regard the full ecosystem as given or beyond their purview; whereas others strive to transform the basic structure of the health ecosystem itself, knowing that it has been designed and can be further redesigned to generate profoundly better and more equitable results.

Any partnership may add considerable value, yet their contributions may be less sustainable and/or less impactful without at some point redesigning and transforming the systemic structures that drive long-term trends in population health, care, cost, equity, and productivity. The shift in orientation from improvement to transformation can be difficult and far-reaching, insofar as it expands both the dynamic and democratic dimensions of the work to be done.[34] But there are solid reasons to believe that it is both necessary and practical.

Designing for Development: *ReThink Health Ventures*

Knowing that partnerships evolve over time, we at ReThink Health have begun to design all of our engagements with development in mind. For instance, we recently co-designed a project with colleagues at the Robert Wood Johnson Foundation around the explicit goal of accelerating the shift from the Middle to the Later phase of multi-sector system change. The project is called ReThink Health Ventures because it challenges all participants to rework the mindsets and actions that define their own ventures as change agents in a common health ecosystem.

Unless we do a better job designing for development, leaders may eventually encounter a bottleneck that makes it hard for them to move beyond the limits of alignment and cross-sector collaboration (in the Earlier and Middle phases), without harnessing the full potential to do business differently in pursuit of a healthier, more equitable, and more prosperous future.

One of our commitments at ReThink Health is to work in solidarity with well-positioned leaders who are willing to break from business as usual as they reimagine and transform health. Data from this *Pulse Check* are a welcome reminder that we must work differently in different places, and at different times, as partnerships progress through their own developmental journeys.

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For the Appendix, visit www.rethinkhealthorg/pulsecheck