

**MAXIMIZING THE POWER OF PARTNERSHIPS:
A TEAM-BASED WORKSHOP**

Introductory Presentation by Roz D. Lasker, M.D.
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To address complex health and health system goals, government agencies and private foundations have increasingly been investing in partnerships. There is good reason for these funders to do so. As the literature of a recent federal health initiative states: “Partnering is powerful because it holds the potential for making things happen that could not have happened with one agency acting on its own or would not have happened as efficiently or successfully if partners had not joined together.” This power of collaboration was documented in a study we conducted four years ago of over 400 medicine and public health partnerships around the country. The study, which was funded by the Robert Wood Johnson Foundation, revealed a variety of ways that people and organizations in medicine, public health, and the broader community were combining their complementary strengths and capabilities to achieve health objectives that they could not accomplish alone. For those of you who are interested, the report of that study – *Medicine & Public Health: The Power of Collaboration* – is available in pdf format on our Center website (www.cacsh.org).

Recently, our Center has become even more actively involved in research on partnerships and collaboration. The reason for our continued interest in this area is straightforward. Although partnerships hold great potential for achieving challenging health-related objectives – like improving access to medical care, reducing risk behaviors, and training culturally competent health professionals – realizing that potential is extremely difficult. As evidenced by the articles in the latest CCPH Partnership Perspectives magazine, running a successful collaboration is easier said than done. For one, partnerships need to recruit and retain a heterogeneous group of partners over whom they have little or no authority. As you can see from this cartoon, some of these needed partners may not want to “play.” In addition, partnerships need to run a collaborative process that enables partners to accomplish more together than they can on their own. This kind of process is so different from the usual way of working that some people have described collaboration as “an unnatural act involving unconsenting adults.” Another challenge in realizing the full potential of collaboration has to do with sustaining partnership activities over

time. A major concern of funders and people involved in partnerships is that the actions that result from many partnerships are time-limited. Collaborative actions often cease when external funding ends.

Because these challenges are so critical to the success of partnerships, I would like to begin this workshop by sharing some of the practical knowledge that is coming out of our research. So, instead of focusing on specific health or health system objectives, I will discuss how partnerships can use collaboration to achieve these objectives. In addition, I will introduce you to an easy-to-use, yet methodologically rigorous web-based tool that will be available in June to help partnerships determine how well their collaborative process is working and what they can do to make it work better. The tool, and my comments today, are based on the National Study of Partnership Functioning, which Dr. Elisa Weiss in our Center conducted in the summer and fall of 2000. This partnership-level research study obtained information from 815 respondents in 63 health partnerships around the country. For those of you who want more detailed information than we can provide today, the conceptual framework for the study was published in *The Milbank Quarterly* last June.¹ The results of the study will be published later this year in *Health Education & Behavior*.² My remarks will also draw on our Center's work with nine broad-based community partnerships that have been involved in the Turning Point initiative. We are very grateful to the W. K. Kellogg Foundation for its generous support of our work.

The term "partnership" means different things to different people, so when I talk about partnerships today, I will use a particular frame of reference, which formed the basis for a recent RFP from the National Heart, Lung, and Blood Institute. This RFP, which calls for the formation of partnerships, states: "The involvement of the targeted population in all phases of the project is critical as the community stakeholders' involvement will lend credibility and provide synergy for sustainability of the project." As you can see, this initiative calls for partnerships that include not only researchers, clinicians, and public health professionals, but also community members directly affected by health problems. It calls for partnerships that involve these participants in all phases of the work. And it highlights synergy as the reason this broad and active involvement is critical. Our research provides strong justification for these assertions.

¹ Partnership synergy: A practical framework for studying and strengthening the collaborative advantage. *The Milbank Quarterly* 79:179-204 (2001)

² Making the most of collaboration: Exploring the relationship between partnership synergy and partnership functioning. *Health Education & Behavior* (in press, 2002)

SYNERGY: THE UNIQUE ADVANTAGE OF COLLABORATION

Let me start by talking about synergy. Synergy is the distinguishing feature of collaboration that gives partnerships an advantage over single agents. It is a key indicator of a successful collaborative process because it reflects the extent to which a partnership can do more than any of its individual partners – or, put another way, the extent to which a partnership is greater than the sum of its parts.

A partnership creates synergy by combining the complementary knowledge, skills, and resources of its different partners. When a partnership achieves a high level of synergy, the group, as a whole, is able to think in new and better ways about the issues it is trying to address, take more comprehensive actions to address those issues, and develop a stronger, and more supportive, relationship with the broader community.

In our work with numerous health partnerships over the last five years, it is becoming increasingly apparent that most of them are *far* from realizing the full potential of collaboration to create synergy. Their limited capacity to create synergy seems to be related to three factors:

- who is involved in the partnership
- how they are involved
- how well the leadership and management of the partnership supports the partners' interactions.

Who is involved in the partnership. Partners are the building blocks of synergy. They bring different kinds of knowledge, skills, and resources to a partnership, and it is by combining these resources in various ways that the partners, as a group, are able to accomplish more than any of them can on their own. Our research shows that the ability of a partnership to achieve a high level of synergy depends on the contribution of sufficient non-financial resources from its partners. *Who* is involved in the partnership is important here because partnerships with many different kinds of partners – such as researchers in different disciplines, various kinds of service providers, people who use services, and residents who are directly affected by health problems – have a greater variety of knowledge, skills, and resources with which to create synergy than partnerships with a few homogeneous partners.

When a partnership brings together people with different kinds of knowledge, a partnership can greatly enhance its ability to understand the problem it is trying to address and to plan an effective and feasible course of action. To appreciate how synergy can strengthen thinking, consider this. Alone, we are all limited in our ability to think about problems because we have imperfect or incomplete information. We see only part of a problem, consider an issue from only one perspective, and often make assumptions about what other people think. But when we engage in ongoing discourse with people who have different kinds of knowledge, the group as a whole can overcome these individual limitations. Together, a broad array of partners can:

- obtain more accurate information (e.g., about the concerns and priorities of people in the community)
- see the “big picture” (e.g., appreciate how different services, programs, and policies in the community relate to each other and to the problems the partnership is trying to address)
- break new ground (e.g., combine statistical and qualitative information to get a better understanding of the root causes of problems and discover innovative approaches to solving problems)
- appreciate the values, politics, assets, and history of the local environment and use this information to identify strategies that are most likely to work in that environment.

A diverse group of partners can also strengthen the actions that a partnership can take. For example, by building on the changes in thinking I just described and by combining the complementary skills, services, and resources of different partners, a partnership is able to take actions that:

- build on community assets
- are tailored to local conditions
- connect multiple services, programs, policies, and sectors
- attack a problem from multiple vantage points simultaneously

How partners are involved. Clearly, the diversity of partners plays a key role in determining the amount of synergy that a partnership can create. But if partners are not involved in a way that

makes it *possible* for them to contribute their knowledge, resources, and skills, even a diverse partnership will not create much synergy. For this reason, partnerships need to focus as much attention on *how* partners are involved as on who is involved. To illustrate this point, let me discuss the synergy that can be achieved in two types of partnerships: those that are established to help a lead agency carry out its predetermined program and those in which a broad array of partners work together in all phases of the partnership's work.

The first type of partnership is very common in the health arena, but unfortunately, partnerships that are established to help a lead agency carry out a predetermined program have a very limited capacity to create synergy, regardless of how diverse the partners are. The reason these partnerships can't create much synergy is that most of the thinking and planning is done by the lead agency, which is usually a medical center, a health department, or a community-based organization. Typically, the lead agency diagnoses the health problem in the community and develops a science-based intervention to address the problem. While community residents and other community stakeholders may provide the lead agency with some feedback and input about its plans – for example, advice about how to tailor a program to a particular neighborhood or group – their primary role is to help the lead agency obtain community “buy-in” and to provide the additional skills and resources that are needed to carry out the program. So, for example, they are often engaged to provide the lead agency with access to a target audience it currently does not reach, greater credibility for its message and program, and cosponsorship of programs and events.

Now, contrast this type of partnership with one in which a broad array of partners work together in all phases of the partnership's work: understanding the problem, developing plans, taking collective action, and refining the partnership's actions over time. This type of partnership has a much greater potential to create synergy because partners have an opportunity to influence the thinking and plans of the partnership as well as its actions. As a result, a broad array of partners can create new ideas and strategies together, and the way they ultimately understand health issues and the actions they take to address issues are usually very different from the way any single partner started out.

Let me give you two examples to show how the synergy these partnerships create can lead to breakthroughs in thinking and more comprehensive and feasible actions. My first example relates to a partnership that was stunned by the number of young people who sought confidential testing for HIV after a sexual predator had been active in the community. The immediate reaction of the partners was to focus on health education. But this approach didn't really make

sense since the community had some of the best health education programs in the country, with high levels of knowledge retention among students. So the partnership did an amazing thing; it turned to the youth, themselves, to better understand what was happening. In addition to involving youth directly as partners, it brought in cultural anthropologists from outside the community to interview young people about their risk behaviors — these interviews took place in places where youth “hang out,” such as safe houses, jails, and pizza parlors. To get more information, the partnership also hosted a youth summit, school-based surveys, and youth speak-outs. Contradicting conventional wisdom, the partnership learned that the kids who were engaging in risky behaviors came from all school districts and socioeconomic groups and were taking these risks at much younger ages than anyone had thought. They also found out that the youth engaging in risky behaviors didn’t feel invincible, as some partners had originally suspected, but rather felt depressed, angry, and disconnected because of problems relating to grown-ups and to peers. This knowledge led to a radically different approach for dealing with adolescent risk behaviors: empowering youth by giving them more say over factors that affect their lives, and building stronger and more supportive relationships among youth and between youth and adults.

My second example is about a partnership that took a narrow government-funded initiative to improve access to care and turned it in to something that is having a major impact on the community. The health department in this state offered funding to counties to support a telephone call-in program to help the elderly find out about medical services. The partnership, which involves all of the health and human services providers in a 12-town region (as well as people who use these services) expanded the program to the 12-town region (which is a natural service delivery area encompassing parts of three counties), extended the program to all residents in the region (i.e., not just the elderly), and added community outreach workers to help people get connected to services they learn about on the phone. The partnership developed cross-agency teams to coordinate services for individual clients and reduce the duplication of services across agencies. Because the region has limited public transportation, the partnership also worked with the faith community to develop a volunteer, neighbor-to-neighbor ride service to help residents get to appointments.

Now, in addition to developing interventions that have the potential to be more effective, synergistic partnerships that involve a broad array of partners in all phases of the partnership’s work also have the potential to develop interventions that are more likely to be *sustained*. As I hope my two examples demonstrated, in a partnership that achieves a high level of synergy, the partners develop and “own” an intervention that makes sense to them. Consequently, they are

heavily invested in what they are doing together and have a strong incentive to contribute their tangible and intangible resources to continue the effort after external funding runs out. In the second example I gave, the comprehensive access initiative has become a new way of doing business for service providers and other community-based organizations in the 12-town region; moreover, it is being supported almost entirely by the in-kind resources of the partners! There are very few examples of this kind of ownership and investment in partnerships in which partners help a lead agency carry its own program out.

Leadership and management. As I said earlier, the capacity of partnerships to achieve a high level of synergy, and thus, realize the full potential of collaboration, depends on three factors: who is involved in the partnership; how they are involved; and how well the leadership and management of the partnership supports the partners' interactions. Our recent research has shown that partnerships need special kinds of leadership and management to achieve a high level of synergy. The kinds of leadership and management capacities that synergistic partnerships require go beyond those involved in coordinating services or running a program or organization. Consequently, these capacities differ from the leadership and management that most people have been exposed to or have been trained to provide. Of note, partnerships that have the greatest potential for creating synergy – those with a very diverse group of partners who are involved in all phases of the partnership's work – face the greatest leadership and management challenges. Without the right kind of leadership and management, it is not possible for people from very different backgrounds, who have rarely worked together before and are often skeptical of each others' motivations, to combine their resources and create something new and valuable together.

Let me focus on leadership first. Synergistic partnerships often involve a number of people in the provision of leadership, in both formal and informal capacities. The people who seem to be the most successful in these roles are not traditional leaders, who tend to have a narrow range of expertise, speak in a language that is generally only understood by their peers, are used to being in control, and relate to people they work with as subordinates rather than partners. Instead, synergistic partnerships need boundary-spanning leaders who have backgrounds and experience in multiple fields, understand and appreciate different perspectives, can bridge diverse cultures, and are comfortable sharing ideas, resources, and power.

What do the leaders of a partnership need to do to enable partners to create synergy, and thus, make the most of their collaborative efforts? For one, the leaders need to *reach out to, and recruit, diverse people and organizations*, providing the partnership with the perspectives, skills, and resources that it needs. They need to *inspire and motivate* partners by articulating what they

can accomplish together and how their joint work will benefit not only the community, but also each of them individually. They need to *empower partners*, by giving them real influence in the way the partnership addresses problems that affect their lives. They need to run a collaborative process that *builds relationships and promotes meaningful discourse among different kinds of participants*. To make this happen, the leaders need to foster respect, trust, inclusiveness, and openness in the partnership. They need to help partners develop a commonly understood, jargon-free language. They need to create an environment in which differences of opinion can be voiced. Going beyond giving people voice, the leaders of synergistic partnerships need to *help partners create something new and valuable together* by stimulating them to challenge conventional wisdom and look at things differently, by relating and synthesizing their different ideas, and by finding effective ways to combine their complementary skills and resources.

Now let's look at management. The management of a partnership is the "glue" that makes it possible for diverse people and organizations to combine their knowledge, skills, and resources so they can understand health issues and develop and carry out innovative and comprehensive interventions to address these issues. Consequently, to be effective, partnerships need to find approaches to management that can support a synergistic group process as well as oversee the implementation of the projects and programs that come out of that process. The set of management capacities that are important in this regard include the ability to *orient new partners* as they join the partnership; to *minimize barriers* that can prevent certain partners from participating in the partnership's meetings and activities (for example, by providing transportation, child care, and translation services and by holding meetings at convenient places and times); to *make good use of partners' financial and in-kind resources and time*; to *facilitate timely communication* (not only among a broad array of partners, but also with people and organizations outside the partnership); to *coordinate* meetings, projects, and other partnership activities; and to provide the partnership with *analytic support* (for example, by preparing documents that inform partners and help them make timely decisions and by evaluating the progress and impact of the partnership).

THE ROLE AND VALUE OF SYNERGISTIC PARTNERSHIPS

Although people in medicine and public health are constantly searching for "magic bullets," it is important to point out that collaboration is *not* a magic bullet and partnerships are not the best way to develop or carry out all actions to improve health. In fact, in situations where a problem is simple and the answer is known, it is probably best to fund a lead agency to develop the program and for the lead agency to contract with other community members to help it carry the

program out. Nonetheless, synergistic partnerships have an important role to play in addressing goals such as improving access to care, reducing risky behaviors, and training culturally competent health professionals, because the underlying problems in these areas are complex and even experts in these areas don't have all the answers. Synergistic partnerships are helpful in this regard because they can strengthen the ability of communities to understand the root causes of problems, and develop and carry out more innovative, comprehensive, and feasible actions to address these problems.

Interestingly, there is also reason to believe that a synergistic collaborative process can promote health, in and of itself. As I mentioned earlier, a synergistic process empowers people. It creates relationships that enable people in a community to provide each other with various kinds of support. In addition, it gives people a sense of belonging in the community. There is a growing body of literature relating empowerment and social ties to physical and mental health outcomes. The most likely pathway for this effect is the reduction of stressors that have a negative impact on health.

THE PARTNERSHIP SELF-ASSESSMENT TOOL

Currently, thousands of partnerships around the country are struggling to make the most of their collaborative potential. Yet, other than assessing whether or not they achieve their ultimate goals, most partnerships lack a reliable way to determine how well their collaborative process is working or what they can do to make it work better. For this reason, our Center is developing a web-based Partnership Self-Assessment Tool to give partnerships an easy and reliable way to find out how well their collaborative process is working.

The Tool, which should be on-line by the end of June 2002 (www.PartnershipTool.net), is methodologically rigorous, building on the instruments and findings of our research study. It is also easy to use. Partners fill out a brief (15 minute) questionnaire anonymously on-line. The data are analyzed automatically, and, if at least 65% of the partners complete the questionnaire within a one-month time frame, the partnership receives a tailored, action-oriented report.

The Tool measures the partnership's level of synergy – a key indicator of the success of its collaborative process. It identifies the partnership's strengths and weaknesses in areas that are known to be related to synergy. These areas include leadership, efficiency, administration and management, and the sufficiency of the partnership's resources. The Tool also measures partners' perspectives about the partnership's decisionmaking process, the benefits and

drawbacks they experience as a result of participating in the partnership, and their overall satisfaction with the partnership. Acting on this information can help partnerships be more successful in recruiting and retaining a broad array of partners.

The partnerships we have worked with see a variety of uses for the Tool. Your partnership might consider using the Tool if it wants to:

- see how well its collaborative process is working
- learn how it can make its collaborative process work better – when it still has time to take corrective action
- document the hidden strengths of its collaborative process to partners, funders, and the community
- make the partnership more responsive to its partners and the broader community
- get partners more involved in the leadership and management of the partnership.

Thank you.