



## **NUTRITION EDUCATION AND OBESITY PREVENTION BRANCH**

*California Department of Public Health*

### **PARTNERSHIP DEVELOPMENT PLAN**

*Magnifying impact through common cause*

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## I. PREFACE

### Introduction

Creating environments that encourage and support healthy eating and physical activity to reduce and prevent obesity and chronic disease requires the collective effort of multiple sectors. Working collaboratively with like-minded partners is a dictate of the 2010 California Obesity Prevention Plan: A Vision for Tomorrow, Strategic Actions for Today which states, “The obesity epidemic is a multi-faceted issue that reflects changes in our social, economic, and built environments over many years. It is an issue that will require innovative actions, a shared vision and a collaborative approach to resolve.”

The benefits of partnering and working collaboratively are vast.

- **REACH:** Partnerships allow for expanded reach and connecting people and communities beyond what one entity has the capacity for.
- **INCREASED POWER AND IMPACT:** The whole is greater than the sum of individual parts. Partnerships can bring people and sectors together who do not normally work with each other. By working together organizations create a bigger, more respected entity with greater influence.
- **RESOURCES:** Partnerships allow for sharing and leveraging existing materials and resources and the ability to apply jointly for grants and other funding opportunities.
- **TIME EFFICIENCY:** Partnerships can extend staff time, allowing more work to get done with less manpower from each individual organization.
- **CONTINUITY:** Rather than work being done piecemeal, partnerships allow for greater continuity of effort.

The California Department of Public Health’s (CDPH) *Nutrition Education and Obesity Prevention* (NEOP) Branch has developed this internal partnership development plan to actively initiate, foster, pursue, and engage strategic partnerships across multiple sectors to address obesity, especially among low-income and ethnic communities. This plan is aimed at magnifying resources, influence, brainpower and impact. It addresses not only the identification and recruitment of partners from different sectors, but also recommends a framework, infrastructure and approach for engaging those partners in meaningful and sustainable activities that reshape environments where healthy choices and opportunities are the norm.

### Background

The NEOP Branch at CDPH is built on the evolution of highly successful public health social marketing campaigns to increase health outcomes in California.

- In 1988, the California Department of Health Services initiated the *California 5 a Day - for Better Health!* Campaign to encourage children and adults to eat the recommended five servings a day of fruit and vegetables. This innovative social marketing campaign raised public awareness,

increased fruit and vegetable consumption and created partnerships between public health and agribusiness.<sup>1</sup>

- In 1997, the *California Nutrition Network* was formed to build a partnership of community-based organizations to deliver the *5 a Day* message.
- In 2005, new dietary Guidelines for Americans from the United States Department of Agriculture (USDA) recommended a near doubling of fruit and vegetable consumption, effectively outdating the *5 a Day's* recommendation and message.
- Due to this change, the California Department of Health Services unveiled the *Network for a Healthy California* in 2007, integrating and strengthening the *5 a Day* and *Nutrition Network* roles and messages, and aligning with the new dietary guidelines. The *Network for a Healthy California* introduced a new era of health messaging encouraging children and adults to increase fruit and vegetable consumption, be physically active, reduce food insecurity, and help change conditions in their communities that contribute to obesity.

The original focus was educational with the goal of delivering nutrition education to low-income children and their families primarily through schools and community-based organizations. The funding came through the United States Department of Agriculture (USDA) Supplemental Nutrition Assistance Program – Education (SNAP-Ed) program and was based on a match formula. At the time, policy, systems and environmental change strategies to prevent obesity were not allowable activities with this funding stream.

In 2010, the passage of the Healthy, Hunger-Free Kids Act brought significant changes to SNAP-Ed programming and funding.

- The state-federal match<sup>2</sup> requirement was eliminated and replaced with a flexible grant program with a cap on future funding.
- A revised funding formula gave California an initial increase to about \$139 million, but with a gradual decline in funding between FFY 2014 – 2018, leveling to about \$80 million.
- By 2018, 50 percent of California's funding will be based on the state's share of the total number of SNAP participants nationally.
- Programmatically, the changes opened the door to public health approaches around policy, systems and environmental changes that were now allowed to extend the impact of nutrition education by broadening the focus to obesity prevention.

With these changes, CDPH adopted a more strategic, equitable and sustainable approach for expending the limited and declining SNAP-Ed funding in California. In 2014, the *Network for a Healthy California* became NEOP, allocating the majority of SNAP-Ed funds to local health departments to support their community level obesity prevention activities, based on the number of SNAP-Ed individuals in their jurisdiction. In addition, NEOP expanded to include more than just SNAP-Ed programming and funding. NEOP also receives approximately \$1.5 million from the Centers for Disease Control and Prevention (CDC) to augment and support other important projects around nutrition education and obesity prevention.

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<sup>1</sup> Foerster SB, Kizer KW, Disogra LK, Bal DG, Krieg BF, Bunch KL. *California's "5 a day--for better health!" campaign: an innovative population-based effort to effect large-scale dietary change.* Am J Prev Med. 1995 Mar-Apr;11 (2):124-31.

<sup>2</sup> Previously, California received one-third of SNAP-Ed funds nationally, despite having the lowest SNAP participation rate in the country, largely due to the substantial match funding generated at the local level. USDA expressed concern that this model was inequitable - directing needed resources to communities based on their ability to raise matching funds as opposed to their documented need.

## Moving Forward

This new, strong, statewide infrastructure is able to promote environmental improvements to increase access to and consumption of healthy food and beverages and increase opportunities for physical activity that will help prevent obesity and chronic disease, especially among underserved communities. NEOP's new expanded focus on obesity prevention provides an opportunity to pursue innovative and strategic new partnerships.

In order to move forward, NEOP conducted a series of internal staff and senior management meetings to provide an understanding of the present environment for the development of NEOP partnerships. In addition, the Branch contracted with Brown-Miller Communications to conduct a series of key informant interviews with influential leaders throughout the state about the value of partnerships, how a successful partnership operates and what it would take to sustain a collaborative partnership with NEOP. This partnership plan incorporates the findings and perspectives from these meetings and interviews, and provides actionable recommendations for NEOP to renew its commitment to the importance of partnerships and take steps to build strategic, purposeful and actionable partnerships to improve the health and wellness of Californians.

## II. BUILDING BLOCKS

NEOP understands that obesity and chronic disease prevention, particularly among low-income Californians, is a complex problem that requires comprehensive, coordinated and collaborative strategies with multi-sector, multi-level approaches to achieve change. This simply can't be done without people working together – actively, purposefully and strategically. NEOP is committed to nurturing partnerships as the cornerstone of its work to initiate, encourage and support policy, systems and environmental changes that will lead to decreasing and preventing obesity and chronic disease.

### Definition of Partnerships

A “partner”, or “partnership”, can mean different things to different people. For NEOP, a partnership is defined as **“working together in a mutually beneficial manner to accomplish joint goals, regardless of any contractual agreements.”** This definition reflects a change in philosophy by NEOP. Previously, the concept of partnership within NEOP included contractual agreements where one organization pays another. The change to a non-contractual, mutually beneficial partnership removes a power dynamic that can influence decisions and requires a heightened level of engagement, commitment and buy-in from all partners to work towards shared goals.

**Partnership:**  
*Working together in a mutually beneficial manner to accomplish joint goals, regardless of any contractual agreements.*

### Continuum of Partnerships

NEOP also recognizes that all partnerships are dynamic. Some partnerships exist for a limited time period to accomplish a single joint goal. Others are ongoing as long as the partnering organizations continue to see value in working synergistically to realize a series of shared goals and objectives. In interviews with potential partners, it was stressed that partnerships must be action-driven and not “paper partnerships.” Memorandums of Understanding (MOUs) and formal partnership documents are not only an impediment to dynamic partnerships but, for most of the key informants, they were an absolute non-starter. Instead, NEOP partnerships must be seen as informal opportunities for organizations to work together, with start and completion dates dictated by the activity or issue undertaken. Individual responsibilities will be jointly, but loosely established in partnership meetings.

Developing successful, sustainable partnerships takes concerted effort and the process evolves over time beginning with developing a professional relationship, discovering the common cause between organizations and then developing a working relationship that benefits all parties. The full continuum of partnerships includes multiple phases that are labeled and identified in many ways based on different sources. Arthur Himmelman defines a continuum of collaboration with examples that provides a clear picture of these phases<sup>3</sup>:

<sup>3</sup> Himmelman, Arthur T. Collaboration for Change: Definitions, Decision-making models, Roles, and Collaboration Process Guide (revised January 2002) [http://depts.washington.edu/ccph/pdf\\_files/4achange.pdf](http://depts.washington.edu/ccph/pdf_files/4achange.pdf).

1. Networking

Networking is focused primarily on getting together to learn about each other's organization and exchange information. For example: a local health department and neighborhood health center exchange information about how they promote healthy eating and physical activity.

2. Coordination

Coordination occurs when two or more organizations exchange information and alter activities for mutual benefit and to achieve a common purpose. For example: a local health department and neighborhood health center exchange information about how they promote healthy eating and physical activity, and find out they each have a health fair planned on the same date, they alter their schedules so don't overlap and can provide combined support in a more accessible way.

3. Cooperating

Cooperating continues to build towards collaboration by exchanging information, altering activities and sharing resources for a mutual benefit and to achieve a common purpose. For example: a local health department and neighborhood health center exchange information, alter schedules and decide to share resources and work together on one health fair in order to increase effectiveness and efficiency.

4. Collaboration

Partnership moves beyond networking, coordinating and cooperating when organizations enhance the capacity of another through shared risks, responsibilities and rewards. For example: a local health department and neighborhood health center exchange information, alter services, share resources and provide skill development training for each other's staff to enhance their capacity to promote healthy eating and physical activity.

## Essentials of Partnerships

Partnerships take significant time and hard work to initiate, establish and sustain. The following are key components that NEOP staff, key informants and the research literature identified as essential to forming any successful partnership.

- **SHARED VALUES:** Participating organizations have compatible core values, philosophies and common goals.
- **TRUST:** Without a high level of trust, respect and authenticity, no partnership can exist. Building this trust takes time, effort, attention to details and nurturing.
- **TRANSPARENT COMMUNICATION:** Consistent, ongoing, accurate, open communication is a requirement for partnerships to be successful and sustainable.
- **ACTION:** Meaningful accomplishments must result to sustain the partnership.
- **CLARITY OF PURPOSE:** Having agreement on a specific goal or reason for partnering at the onset is necessary for potential partners to justify time and resources.
- **ENGAGEMENT:** A strong level of engagement and commitment with decision-makers at the table is necessary from partnering organizations in order to succeed.

- **LEADERSHIP:** There needs to be agreement on leadership, with clear roles and responsibilities for everyone involved. Who will drive the partnership agenda forward?
- **BUY-IN FROM TOP MANAGEMENT:** Support from the highest levels of partnering organization's leadership is important.



### III. ANALYSIS

NEOP conducted an analysis of past and current partnership work, seeking input and guidance from internal staff and external potential and current partners. The information gathered provided insight on both the challenges and opportunities for NEOP.

**NEOP CHALLENGES:** The majority of key informants and NEOP staff acknowledged that government entities can provide needed manpower, funding, resources, technical assistance, research, and evaluation expertise. However, they also emphasized the unique challenges that can create barriers to partnering with any government entity. Understanding and addressing the following challenges, real and perceived, is critical to NEOP's ability to move forward in developing strategic partnerships.

- **BUREAUCRACY:** There is a perception that State bureaucracy moves too slowly and has limited scope and vision. New leadership tends to inevitably lead to a new direction with a sense of little respect for past commitments, decisions or partnerships.
- **INCONSISTENT COMMUNICATIONS:** Those who were familiar with the NEOP Branch say the lack of consistent communications is a major issue.
- **LACK OF ACTION:** Inability of government to advocate for important issues or actively support policy is a disadvantage mentioned by several of the key informant interviewees. There is also worry that government leadership does not always operate with conviction, consistency or agility.
- **STAFF ISSUES:** Considerable staff turnover makes it challenging to get consistent input and involvement. Other concerns include the perception that NEOP staff uncertain of their authority make for weak partners with little decision-making power. There is also a perception of a lack of staff experience working at the local level or directly with the target audience.

**NEOP OPPORTUNITIES:** In addition to identifying challenges, NEOP staff and key informants identified specific opportunities and highlighted the value that engaging in strategic partnerships can bring to NEOP.

- **EXPAND REACH:** Partnerships will allow NEOP to expand its impact, reaching target populations it couldn't otherwise touch due to funding or capacity limitations.
- **INFORM WORK:** Working with partners both locally and statewide can help inform multiple facets of NEOPs work, including the development of the state plan, pilot projects for testing interventions, leadership initiatives to support local health departments and statewide media campaigns.
- **IMPROVE COMMUNICATION:** Partnerships are an excellent vehicle for communication. Partners can assist and support NEOP with communication and messaging out to the field, as well as shepherding information to local health departments from other partners.
- **LISTEN TO THE PULSE:** Partners can help NEOP staff hear and understand the pulse of the communities at the local level. This is critical to NEOPs ability to provide support, guidance and direction based on the evolving needs and environments of the populations it serves.
- **SUPPORT ACTION:** NEOP greatly expands its opportunities to disseminate education materials and resources, and make connections and referrals, when working collaboratively with partners. NEOP works within constraints as a government entity and as a grantee of SNAP-Ed funding. Therefore it

is vital that NEOP lends its support and resources to those partners with more flexibility, agility and capacity to take action.

## Recommendations

Understanding and acknowledging the challenges and barriers that both internal staff and external partners face in working collectively with NEOP, whether real or perceived, is essential to developing and implementing changes to address those challenges and move NEOP forward. NEOP is entering a new era of its work. The opportunity is now to re-imagine this work – building on the extensive success of the past 16 years and employing the strength of a new model utilizing and supporting local health departments as leads in their jurisdictions.

Based on the collective input, feedback and response from the Key Informant Interviews and NEOP staff, following are some recommendations:

- Identify key sectors that impact obesity prevention efforts and seek to understand the audience and key stakeholders in each. Research and discuss the complexities, levers and influencers in each sector. Explore the best approaches for developing working relationships, work to understand and speak a common language.
- Facilitate discussions where potential partners share their goals, what they are working on, where their resources and investments are. Identify where there is intersection with NEOP, potential points of synergy and what can be achieved by working together.
- Think critically about the role NEOP can play in obesity prevention in California – understand when to take a leadership role and when to take a back seat. NEOP can play a vital role in bridging silos – bringing stakeholders together to foster and promote communication, understanding and partnering across sectors to achieve common goals for California.

These broad recommendations helped inform the next components of this plan that outline NEOP's approach to strategic partnerships. It includes identifying key sectors, finding common cause and steps that can be taken to identify and recruit potential partners. This plan also identifies a framework that NEOP can use to manage partnerships both internally and externally in order to foster effective communication, coordination and collaboration.

## IV. NEOP APPROACH TO PARTNERSHIPS

### Partnership Sectors

NEOP's diverse scope and staff expertise within key sectors provides invaluable opportunities for multiple partnerships at the state level to help the Branch meet its goals of improving health, especially of low-income Californians. To maximize common cause among partners, NEOP identified five key sectors or expertise areas in which staff will pursue and develop partnerships. These sectors represent important target audiences of large, influential stakeholders that have the greatest potential to help enact policy, systems and environmental changes that will mitigate today's high costs of obesity and its resulting chronic diseases. It is envisioned that each of the common cause strategies within each of these cross-cutting topic areas will work with locally elected officials, community leaders and others to address issues around access to and consumption of affordable healthy food and beverages, access to safe places for physical activities, and strategies for reducing food insecurity.

**Key NEOP Partnership sectors include** *(See appendix for full partnership analysis of each sector)*

- **Agricultural Industry**
- **Communities of Faith**
- **Health Care (Providers, Provider Groups, Insurers, Medical Associations)**
- **Education (Preschool, Childcare, K-12 Grade Schools, Higher Education, Adult Learning)**
- **Retail**

It is important to note that NEOP understands that these sectors and the multitude of issues they address are cross-cutting and interwoven throughout. The purpose of segmenting the sectors is to develop a strategic focus, or common cause, within each for NEOP to initiate and foster partnerships around. Topic areas such as physical activity, nutrition and food insecurity run through each of the sectors. And in particular, issues related to health equity will be a distinct focus of NEOP's work within each sector.

### Developing a Common Cause

Partnerships are forged upon the need to address a specific issue or challenge. The more clearly this is defined, the more powerful the call to partnership. While obesity prevention is certainly a rallying call, it is a broad and amorphous one. Successful partnerships will more logically crystalize around **a specific contributing factor, activity, policy or environmental condition**. These become the common cause for organizations to pool their resources and collaborate toward success. Breaking obesity prevention down into smaller, more targeted elements also surfaces more diverse and non-traditional partners, since the specific issue may blanket a broader constituency.

For this reason, it is essential that NEOP review existing and emerging issues surrounding the obesity epidemic and consider where it can best commit its resources to align with and leverage opportunities for the good of the state.

**COMMON CAUSE:** *Examples of issues/opportunities in which NEOP and a specific sector can logically pool their resources to mutually address or take advantage of the issue.*

<b>SECTOR</b>	<b>COMMON CAUSE</b> <i>(What benefits both entities while moving the needle on obesity)</i>	<b>PARTNERSHIP ACTIVITY</b> <i>(Joint activity in which both NEOP and Sector work together)</i>
<b>Preschool/Child Care</b>	Healthy food and beverages standards at sites	Promote implementation of AB 2084, the Healthy Beverages in Child Care Act through education and training, in all preschool/child care settings; advocate for preschools to sign up for the child and adult care food program (CACFP) to meet healthy standards and receive reimbursement for meals served.
<b>K-12 Grade Schools</b>	Healthy school meals (breakfast and lunch)	Advocate for low resource schools to serve breakfast and lunch, increasing the reimbursement rate to schools for the school lunch program. Develop youth engagement projects to implement Smarter Lunchroom Movements.
<b>Health Care Providers, Provider Groups and Medical Associations</b>	Improve health outcomes	Create a referral system for low resource patients to gain access to services (SNAP, WIC and other safety nets) and resources such as physical activity classes, nutrition education, community engagement and leadership opportunities.
<b>Health Care Insurers</b>	Make prevention a leading cost efficiency measure	Work in partnership with health care insurers to offer incentives to members and businesses that meet certain prevention criteria and implement healthy changes at their worksites.
<b>Communities of Faith</b>	Safeguard the health of the congregation and surrounding community	Create and implement organizational level policies for healthy food and beverage standards in churches. Create a health ministry that offers nutrition education and opportunities for physical activity in the surrounding community.
<b>Agricultural Industry</b>	Improve access and purchases of local farm produce	Advocate for increasing farmer's markets or farm stands at common sites in the community (elementary schools during pick up hours) that accept Electronic Benefit Transfer (EBT).

<b>Retail</b>	Increase access and purchase of healthy foods in underserved communities	Advocate for incentives (such as monies for refrigeration and shelving) to support healthy retail initiatives.
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In order to find the common cause, NEOP should consider what a partnership can accomplish that will not be as successful if NEOP or any of the potential partner organizations worked independently. (See *appendix for a Step-by-Step Guide for Partnership Development that begins with identifying a common cause.*)

## Statewide Framework

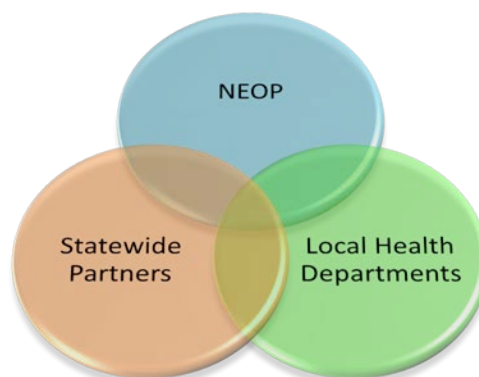
Understanding the unique role that NEOP can play in California's collective work to prevent obesity and chronic disease is an essential part of the partnership equation. As an entity of the California Department of Public Health, NEOP regularly works at the national, state, regional and local levels. Employing this statewide framework to maximize impact through partnerships will be essential to achieving change.

### Statewide Partners:

It is incumbent that NEOP work to cultivate and build strong relationships with key statewide organizations that impact obesity prevention efforts at the state and local level. NEOP, along with other statewide entities, has an obligation to work collaboratively at the state level to remove barriers that can impede efforts at the local level. Statewide partners can add power and influence, can coalesce people around a common cause, and can provide consistent and broad communication and messaging across the state.

### Local Health Departments:

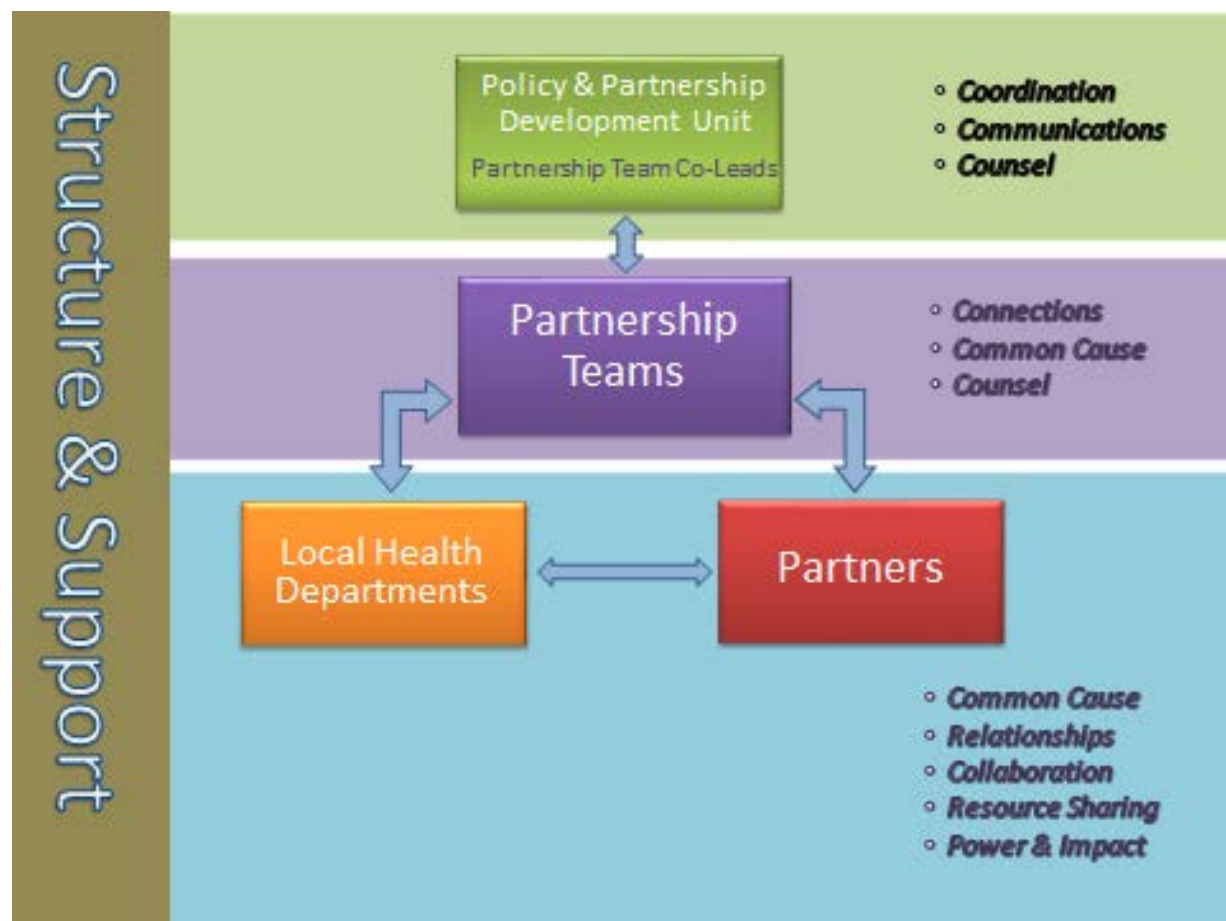
The power and influence of partnerships is equally important at the local level. Through its Local Health Department (LHD) grants, NEOP is ideally positioned to bring its statewide partners to the table to assist local organizations in their efforts. Similarly, LHDs may be able to provide introduction to regional partners that can pave the way for strong statewide NEOP partnerships.



To facilitate these efforts, NEOP is funding seven new Training and Resource Centers (TRCs) to coordinate and support local and regional partnership development with resources, trainings, technical assistance, ongoing counsel and coordination. These TRCs play a pivotal role in building, supporting and connecting partners and coalitions at the local level to help LHDs engage in policy, systems and environmental change strategies. With the constraints and limitations that come with USDA SNAP-Ed funding, LHDs must partner with others around shared goals to achieve the changes they are seeking.

## Structure and Support

This plan outlines essential elements, considerations and steps for the development of strategic partnerships across five identified sectors within a statewide framework. However that is only half of the equation for success. NEOP must develop, implement and maintain an infrastructure that supports the ongoing work both internally and externally. Strategic partnership work is dynamic and fluid – structures, capacity and support are central to ensuring partnerships evolve, adapt and change over time. To this end, the work of the NEOP Policy and Partnership Development Unit staff should be conducted through a structure that utilizes Partnership Sector Teams as the focal point, connector and driver of the work.



### Partnership Teams:

The overall purpose of each NEOP Partnership Team is to develop and implement a strategy within each sector to actively foster, pursue and engage key state level partners to work collaboratively to address obesity prevention. The Partnership Teams serve a critical internal function as well by facilitating coordination and communication across units and sections within the Branch. This specifically works to ensure that staff are not duplicating efforts in reaching out and working with potential partners and are maximizing opportunities to collaborate. The Partnership Teams should consist of staff from across

units and sections of the Branch. At least one of the Co-Leads of each Partnership Team should be from the Policy & Partnership Unit, with significant competencies in:

- Facilitating collective and collaborative teams
- Cultivating a broad network of relationships with people inside and outside of NEOP
- Conflict resolution
- Constructive persuasion and negotiation
- Soliciting consultation and input from diverse stakeholders
- Active listening
- Coalition building

#### Branch Leadership:

An essential piece to building successful partnerships for NEOP is the ability of staff to leave the office and meet in-person with potential and current partners. Relationships, which lead to powerful partnerships, are best built not by email or phone in an office, but by meeting in-person. Branch leadership must work to empower staff to be champions of change both internally and externally by not just allowing, but encouraging and supporting them to reach out and build relationships with potential partners away from their desks and out of the office.

Using the structure outlined above, NEOP Policy and Partnership Development Unit staff should be responsible for:

#### Statewide Partnership Building

Throughout its evolution, NEOP and the *Network* before it has developed working relationships with numerous other statewide public and private organizations in the areas of health, education, agriculture, food security and health care. There are opportunities to continue and build on these connections and working relationships, but also to think critically and constructively about ensuring partnerships are purposeful, actionable and strategic.

- Establish and provide leadership, coordination and support for sector Partnership Teams within NEOP.
- Provide training/assistance and ongoing counsel to internal staff on initiating, developing, building and maintaining partnerships/alliances.
- Provide leadership in initiating external partnerships/alliances for the NEOP Branch.
- Connect external partners with the appropriate NEOP staff to further develop, build and maintain partnerships/alliances.
- Track NEOP partnerships in an interactive partnership database; provide ongoing training and assistance to staff to utilize the database.
- Provide coordination and communication across NEOP Branch sections to improve and support integration, alignment and synergy.
- Work with Research and Evaluation staff to develop appropriate and realistic assessment tools that evaluate NEOP partnerships in alignment with NEOP objectives.
- Provide regular updates to the SNAP-Ed Program Advisory (SPA) Team and/or solicit participation of SPA Team members on Partnership Teams as appropriate.



- Keep Branch leadership briefed on key strategic partnerships within each sector and facilitate involvement/presence as necessary.

#### LHD Partnership Capacity Building

NEOP will lend its full support to Local Health Departments (LHDs) in their pursuit of partnerships, providing technical assistance and training on a regular basis and partnership facilitation and planning on an as-requested basis. Additionally, NEOP will work with all identified partnership sectors to explore opportunities for LHDs to connect with existing and emerging statewide partners. In many cases, statewide partners may have staff or branches in the county that can work with the LHD and help extend their impact. In other instances, emerging issues or opportunities may make it attractive for a statewide partner to work directly with a county. Ideally, LHDs could also open doors to potential statewide partners for NEOP, providing introductions and input on how best to work with those partners.

- Provide support, training and capacity building to LHDs to engage and build purposeful partnerships/alliances at the local level.
- Work with SPA Team to provide input, feedback, perspective to NEOP to improve capacity building support to LHDs around partnerships.
- Work closely across sections – Local Agency Training and Support, Information and Communications, Research and Evaluation, Policy, Partnerships and Program Development – to understand the needs of LHDs and the barriers and opportunities to partner engagement.
- Develop and/or revise existing resources and tools geared toward LHDs to support initiating, developing, building and maintaining partners/alliances.

#### Regional Partnership Engagement and Support

Regional partnerships are a critical piece for impacting and sustaining efforts at both the local and state levels. NEOP's Training and Resource Centers (TRCs) are the current vehicle through which NEOP can foster and connect with partnership development regionally. Therefore, staff managing the TRC contracts should be housed in, or work intimately with, the Policy and Partnership Development Unit where the work can be developed and managed in close alignment with the Partnership Teams and the technical assistance and support for policy, systems and environmental change strategies.

- Manage and support TRC contracts.
- Provide support, training and capacity building to TRCs to engage, build and connect LHDs with purposeful partnerships/alliances at the local level.
- Align Partnership Teams with TRCs and/or other regional collaboratives to increase coordination, collaboration, relationship building and resource sharing.
- Connect and coordinate with other regional collaboratives, coalitions, partnerships to support LHDs.

#### Communications Capacity Building for LHDs, TRCs, NEOP staff and Partners:

Clear, consistent, regular and transparent communications is essential to building relationships and engaging partners. This is the foundation through which trust is built – and no partnership can be successful without trust.

- Articulate the rationale for moving to the new LHD funded model.



- Be open and clear about the limitations and constraints of NEOP as a government entity and a grantee of SNAP-Ed.
- Be clear about what NEOP can offer and what NEOP needs.
- Provide support and communications and message training to NEOP staff, LHDs and TRCs to expand their capacity to develop and promote partnerships with key stakeholders.
- Establish communications vehicles to share best practices and successes of national, statewide, regional and LHD partnerships.
- Connect LHDs working on similar issues.
- Train and support local spokespersons to provide passionate testimony for policy, systems and environmental change.

### **Action Steps for NEOP Partnership Development**

Active and successful partnerships don't come together miraculously. While the evolution of partnerships are fluid and dynamic, initiating and developing them strategically requires a logical, organized, well-thought-out approach. Here is a step-by-step guide to partnership development that will work at both the statewide and local level.

#### **❑ Step one: Getting Grounded**

As part of the extensive partnership planning process, NEOP identified eight, and later condensed to five, specific sectors with the potential for developing the strongest partnerships to positively address the obesity epidemic. The process for developing strategic partnerships for each sector is similar. Internal Partnership Teams will be identified and convened for each sector. Each sector Partnership Team needs to meet, research potential partners and find common cause(s) that may form the basis for partnership. This research and strategy phase is very important before any outreach is started. Each Partnership Team needs to discuss and answer the following items for their sector:

#### **Identify potential common cause(s) -**

- Evaluate the opportunities and needs for obesity prevention efforts within the sector - consider short and long term strategies and activities that are currently occurring within the sector that are working to move the dial in obesity prevention.
- Analyze and assess NEOPs past and current work within the sector – Where are we now? Where do we want to be? What is and isn't working?
- Identify at least one common cause NEOP might have with potential partners in this sector.
- How would working in partnership on this common cause benefit NEOP's vision, mission and goals?

#### **Identify potential joint activities –**

- What specific activities can be done in partnership that could show positive results in addressing each identified common cause?
- What assets does NEOP have that will support this joint activity?
- What are NEOP's liabilities, limitations and constraints and how can these be mitigated?

- What will NEOP need to stay engaged for the next 12 to 24 months?

#### Identify potential partners –

- Is any other group of organizations doing similar work? If so, is there a way to plug in with the existing partnership or collaborative?
- Is there already commitment from potential or current partners to do this work collaboratively with NEOP?
- Are there internal or external resources to support this work?
- Are there clearly defined goals that only this partnership can achieve?
- Identify potential partners who share a common cause with NEOP and offer the most promise for partnerships.

**\*\*** It is important to note that every year NEOP should revisit each of the sectors and common cause(s) to evaluate the environment and progress, identified strategies and partners to make sure that the work is still current and effective.

#### ❑ Step two: Getting Started

Start the process. Partnerships must be carefully developed and nurtured.

- For each identified potential partner, identify the person(s) who has the most authority and interest in partnership and who from NEOP should initiate – Who at NEOP already has existing and positive relationships with this organization?
- Arrange one or more informal meetings to get to know each other – Make sure to check assumptions at the door and meet with a curious and open mind. Seek to understand their values and concerns, attitudes and beliefs.
- Learn about each other's organizations - Is there a shared vision and set of goals to address the common cause?
- What is their experience in working collaboratively with other like-minded organizations?
- What assets does each potential partner have that will support any partnership work?
- What challenges does each potential partner have that might prevent them from working in partnership with NEOP on this issue?
- What are the potential partners' needs related to its ability to address this issue and what will they need to stay engaged for the next 12 to 36 months?
- What other organizations does the potential partner think should be involved? What non-traditional partners should be involved?

#### ❑ Step three: Gaining Ground

Once initial activation of potential partners occurs, the ongoing development, management and evolution of them will be fluid and dynamic. Each will develop a different nature and trajectory. It will be critically important for NEOP to have internal structures and support to ensure the partnerships are regularly assessed and that staff have the capacity to drive them forward. Some considerations for the ongoing management of NEOP partnerships:

- Keep a relentless focus on the identified common cause. Be firm with the outcomes the partnership is trying to achieve, but flexible with the activities and strategies to collectively get there.

- Ensure that all partners are clear about the reasons, objectives and benefits of working together – Be aware of the potential need to revisit and adjust this for NEOP and each partner as the work moves forward.
- Regularly assess the skills and competencies that are needed by NEOP and the partners to manage and support the partnership work.
- Develop a formal or informal communications strategy or plan for NEOP and partners. Regularly communicate the partnership's successes.

#### ❑ Step four: Assessing and evaluating progress

Identifying where the partnership wants to go and how to get there is the basis for working collectively on common cause. However, it is also critical to identify how the partnership will know when it gets there – having a sense of both process and outcome measures will help NEOP and its partners assess progress, and regroup and rethink strategies if necessary.

- Discuss how the partnership's collaborative efforts will be evaluated and what success will look like.
- Evaluate the activity.
- Plan the next steps and start the cycle over.

## Summary of Key Informant Interviews

### Partnership Development for the Nutrition Education Obesity Prevention Branch

May, 2013

#### Introduction

The California Department of Public Health's Nutrition Education Obesity Prevention (NEOP) Branch contracted with Brown-Miller Communications to conduct a series of interviews with influential leaders in the areas of school, health department, retail, ethnic, faith, foundations, healthcare, advocacy, city planning and built environment, and parks and recreation. The purpose of the interviews was to provide insight into the opportunities, benefits and challenges of working in partnership with other stakeholders to interrupt the causes of poor nutrition and physical inactivity in California's low-income families.

Telephone interviews ranging from 30 minutes to an hour were conducted during April and May based on a script of questions. The following individuals were suggested by the NEOP Branch and interviewed:

- **Jane Adams, Executive Director, California Park and Recreation Society, Sacramento**  
*The California Park and Recreation Society is a nonprofit, professional and public interest organization with 3,100 members that provides professional development, resources and advocacy to promote California parks.*
- **Peggy E. Agron, National Director, Healthy Schools, HealthWorks & Product Innovation and Community Benefit, Kaiser Permanente, Oakland**  
*For the past 60 years Kaiser Permanente has worked locally, regionally and nationally to improve the health of the community as well as the health of its members. Divided into three completely separate entities, the Kaiser Permanente health plan, medical groups and hospitals, Kaiser serves nearly nine million members in California, Hawaii, Colorado, Georgia, Ohio, the Northwest and Mid-Atlantic states.*
- **Carmela Castellano-Garcia, President/CEO, California Primary Care Association (CPCA), Sacramento**  
*CPCA represents 900 nonprofit, licensed community health clinics throughout California that serve five million low-income Californians.*
- **Gloria Crowell, Director of Development, Allen Temple Baptist Church, Oakland**

*Allen Temple Baptist Church has between 3,000 and 4,000 members, but 58 percent of the services they provide go to community residents who are not church members.*

- **Susan Harrington, MS, RD, County Health Executives Associate of California (CHEAC) Executive Committee, Public Health Director Riverside County Department of Public Health, Riverside**  
*The County Health Executives Association of California (CHEAC) is a statewide organization of county and city health department and agency directors. Members represent a variety of administrative and health professional disciplines. As an organization, CHEAC focuses on program implementation and policy work.*
- **Gayle Hoxter, MPH, RD, Public Health Program Chief, Nutrition and Health Promotion, Riverside County Department of Public Health, Riverside**  
*Riverside County Department of Public Health's Nutrition Services Branch serves more than 100,000 people each month through 10 programs, each designed to promote good nutrition and physical activity.*
- **Allison S. Joe, AICP (American Institute of Certified Planners), Deputy Director, California Strategic Growth Council, Sacramento**  
*The Strategic Growth Council is a cabinet-level committee tasked with coordinating the activities of state agencies to: improve air and water quality, protect natural resources and agricultural lands, increase availability of affordable housing, promote public health, improve transportation, revitalize community and urban centers, encourage greater infill and compact development, and assist state and local entities in the planning of sustainable communities to meet AB 32 goals.*
- **Carissa Mace, President, Fresh Produce and Floral Council, Las Mirada**  
*This trade association for companies doing business in California in the fresh produce and floral industries was founded in 1965. Today there are 380 member companies. Their focus is on providing business-to-business networking opportunities and education to members but not in the area of policy, systems or environmental changes.*
- **Lisa Murdock, State Director of Government Affairs, American Diabetes Association, Sacramento**  
*The American Diabetes Association fights to increase funding to prevent, treat and cure diabetes, improve access to health care and eliminate discrimination against people with diabetes at school, work and elsewhere in their lives. Lisa works with American Diabetes Association affiliates in Arizona, California, Colorado, Nevada and Utah on legislative issues.*
- **Brooke Peterson, President, California Chapter America Planning Association (CCAPA), San Diego**  
*CCAPA is a statewide organization that provides education and professional support to practicing planners and professionals entering the planning field.*
- **Frank Pisi, Director, California After School Network (CAN), School of Education, University of California, Davis**  
*CAN is a statewide organization that provides 3,700 out-of-school time practitioners, advocates and community members with the resources and tools necessary to build high quality out-of-school time programs throughout California.*

- **Sherry Skelly Griffith, Interim Assistant Executive Director in charge of governmental relations for the Association of California School Administrators (ACSA), Sacramento**  
*ACSA is a nonprofit, nonpartisan, member-driven organization with a diverse membership of 14,500 educators, including school district superintendents, principals, school business officials, administrators of a wide-range of categorical programs, including nutrition and special education.*
- **Marion Standish, Senior Advisor to the President, The California Endowment (TCE), Oakland**  
*The California Endowment is a private, statewide health foundation with a mission to build a stronger state by expanding access to affordable, quality health care to underserved communities and improving the overall health of all Californians.*

## Key Findings

All of the leaders interviewed stated that they are involved in a number of partnership collaborations and find value in working together, although they delineated a number of significant challenges. One statewide organization reported that they are currently surveying their members to identify innovative public arena partnerships on the local level.

It is important to clarify that “partnerships” mean different things to different people. For the purposes of these interviews, partnership is defined as working together in a mutually beneficial manner to accomplish joint goals and not contractual agreements where one organization pays another organization to accomplish to specific scope of work. As one funder put it, “A successful partnership is not about our giving them money.”

Following were common themes and impressions expressed by at least a majority of the interviewees:

- There is widespread recognition and agreement that no single organization can tackle complex issues by themselves and that each organization has a specific role to play.
- For any partnership to be successful, it is necessary that all organizations have compatible core values, philosophies and common goals.
- Because it is important for partners to be in agreement on their individual legislative platforms, considerable thought must be put into who is invited to participate in any partnership working group.
- Occasionally an organization will decide that it is more important to be at the table than be left out, at least until they understand what the group’s agenda is.
- The strongest partnerships are not one-shot deals but instead are ongoing relationships built over time. Every person interviewed specified that this takes work and requires the highest level of trust, respect and honesty.
- Without trust, no partnership can be successful or be sustained.
- Consistent communications and transparency are key to developing trust. Strong partnerships require that all partners are candid about their needs, limitations and concerns, specifically what

they can do and what they cannot do. Partners must feel that they are listened to and respected.

- Successful partnerships are far more than merely opportunities to network. That is why most interviewees mentioned that it is helpful to have a specific goal or reason for partnering at the beginning rather than just getting together.
- Successful partnerships require a strong level of engagement and must have meaningful accomplishments so all of the partners agree that collaborating is a good use of their time and resources.
- Even when interests converge and there is agreement on goals, philosophies and values, building consensus – getting to “yes” – can be difficult.
- It is essential that each partner have support for entering into a partnership from the highest levels of their organization’s leadership. In the case of the *Network for a Healthy California*, several people mentioned that support for partnering needs to be endorsed by Ron Chapman or Diana Dooley.
- Partnerships take a lot of work to maintain and ensure success. There are times when you have to let go of them. Most interviewees mentioned the need to regularly gauge the value of participating. If the effort is not productive, it may be time to leave.
- Informal partnerships are the norm. Most of the existing partnerships cited by the people interviewed are informal.

## Summary of Specific Findings

### Examples of successful partnerships and what makes them work:

#### ❑ The California Endowment (TCE) and Kaiser Permanente

At the onset of their partnership over 10 years ago, both The California Endowment and Kaiser Permanente were organizations with a common goal to do something comprehensive about addressing the runaway obesity rates. In the beginning, TCE spent time working with Kaiser, walking them through the issues, providing technical assistance, sharing lessons learned and discussing what the evaluation would be like, according to Marion Standish. Now they collaborate at every level on projects all around the country.

*“We have a long history of openness and trust and similar values. We now regularly check in with each other as we take on new things or learn about new opportunities and, we are able to make decisions together because our interests are so aligned,” says Standish.*

#### ❑ Education Coalition

The Education Coalition is a powerful partnership of labor organizations and management groups working in the field of education that includes eight to ten powerful organizations

representing parents, teachers, classified staff and the Association of California School Administrators (ACSA). What makes the Education Coalition a powerful and respected organization is that although all of the partners have diverse agendas, they all unanimously agree on one specific goal: funding quality public education.

*“We don’t take on issues where we have differences that we know we can’t overcome,” says Sherry Skelly Griffith. “We only focus on the financial aspects of funding public schools. All of the partners speak with one voice, making this coalition a powerful group. When the Education Coalition speaks, the legislature listens.”*

#### ❑ **Diabetes Coalition of California**

The American Diabetes Association has been actively involved in the Diabetes Coalition of California since the partnership began in the early 1990s. What makes this coalition so pivotal is the single focus of the diverse group of stakeholders. Like the other successful partnerships discussed here, there are numerous tangible accomplishments. Partners share their expertise with legislation, marketing, education, and have been able to develop standards of care for diabetes.

*“We don’t have competing interests. It would be much more difficult if we were part of a larger coalition that represented many diseases,” says Lisa Murdock.*

### **BENEFITS OF PARTNERSHIPS:**

No one hesitated to rattle off the enormous benefits of partnerships. In general, working in collaboration with other like-minded organizations allows for synergy that isn’t possible working alone. Together organizations are able to leverage personal and financial resources and achieve greater outcomes. Here are some of the specific benefits that were mentioned:

- **GREATER REACH:** Working in partnership allows organizations to reach a broader base and bring people together who do not normally work with each other.
- **CLOUT:** By working together, organizations create a bigger, more respected entity that allows for stronger outcomes, greater impact with organizations and institutions, and broader reach and influence.
- **RESOURCES:** Partnerships allow for leveraging of resources by applying jointly for grants and sharing existing materials and other resources.
- **TIME EFFICIENCY:** Partnerships can extend staff time, allowing more work to get done with less manpower from each organization.
- **PERSPECTIVE:** Nearly everyone mentioned the benefit of broadening the conversations to address issues by understanding different perspectives, learning something new from each other and gaining the ability to look at things more holistically and comprehensively.
- **CONTINUITY:** Rather than work being done piecemeal, partnerships allow for greater continuity of effort and offers the added benefit of enhanced connectivity.
- **COVER:** Successful partnerships can give individual organizations cover.



## CHALLENGES OF PARTNERSHIPS:

Everyone understands that while the benefits of partnering are great, there are significant challenges that must be overcome in order to achieve a successful partnership.

- **BUILDING TRUST:** The biggest challenges are issues of trust, turf and turnover. Building and maintaining the highest level of trust requires candor, open communications and a proven track record. Trust doesn't miraculously happen. Building trust takes time, effort and close attention to details. When there are partner or staff changes, the process of building trust often has to start all over.
- **TURF:** Individual partners can be very protective over their own organizations, which can prevent collaborative partnerships from taking action and makes it difficult to reach consensus.
- **AUTONOMY:** There is less autonomy in decision-making.
- **COMMUNICATIONS:** Clear, concise, consistent communications present a huge challenge. Partnerships dissolve when the individual partners feel that they don't know what is happening, when they hear things from unexpected sources or when the communications change on a whim. Regular open communications must be shared with all partnership members. No one wants to find out after the fact that decisions were made in a vacuum.
- **TEAM BUILDING:** Getting the right stakeholders at the table is essential. Without them, partnerships can easily fail.
- **EVALUATING SUCCESS:** Evaluation is an ongoing challenge too. "At what point do you measure the success of your partnerships and how do you quantitatively track how the partnerships are doing," is a question asked by some several interviewees.
- **RESOURCES:** Lack of financial resources present myriad challenges. Organizations often partner when one or more of them have grant money but it is often hard to maintain these partnerships when the funding is lost. Another interviewee explained it this way: "We never have enough resources to effectively accomplish our goals."

## CHALLENGES OF PARTNERING WITH GOVERNMENTAL ENTITIES:

There is consensus that governmental entities can be good partners by providing manpower, funding, resources, technical assistance, research and evaluation expertise. Several interviewees mentioned that governmental entities can help solve problems. Those who represent city planners, land use and the built environment say that governmental entities also lend political support.

When it comes to the challenges of partnering with governmental entities, the list of issues is considerably longer and the interviewees were very candid. Most of their concerns focus on the problems of working with bureaucracies. They enumerated the following specific problems:

- Bureaucracy moves too slowly and has limited scope and vision
- There is a closed legislative process and an inability of government to advocate for important issues

- Bureaucratic inertia, lack of response, incompetence, and internal miscommunications and lack of clarity are common in large government structures
- Governmental leadership doesn't always operate with conviction, consistency or agility
- Every time there is a new director, the direction of the governmental branch or department can change
- State staff limitations:
  - Considerable staff turnover makes it challenging to get consistent input
  - Risk aversion because staff are uncertain how far they can go, what they can say and what authority they have
  - A third of the interviewees said that state staff often need a reality check because they have little or no experience or knowledge about what it takes to work at the local level or directly with the target audience
  - When state staff leave, partners complain that they often weren't informed about who was hired as a replacement or even if the position is filled
  - Lack of big thinkers at the staff level because they are bogged down with administrative issues and restrictions
- It takes too long to establish a partnership with a governmental entity
- Local governments haven't been a big fan of the state since redevelopment funds were cut
- Competition for state and local resources
- Slow reimbursement

## HOW ORGANIZATIONS SUPPORT THEIR PARTNERSHIPS:

Each of the leaders interviewed say that they support their partnerships with resources, contacts, credibility, clout and expertise, especially in the area of legislation. Many of the organizations employ lobbyists who follow all applicable legislation and keep their partners informed with objective pros and cons to help formulate communications. Most of the partnerships described by the interviewees operate on a policy, rather than exclusively programmatic, level.

Many of the people interviewed volunteered that they play the role of convener, bringing partners together and, in some cases, taking on an administrative role responsible for meetings, agendas, staffing committees, taking care of logistics and making sure that there are not separate and competing agendas. They also provide facilitation.

Each of the people interviewed have their own networks and say that they can tap into the expertise of dozens of other partners and can mobilize thousands of people and organizations. Frank Pisi of the California After School Network summed this concept up, "We have the ability to go into the field and collect surveys, conduct webinars and get a pulse to see where there are issues. We can also identify gaps in service and create new resources."

## HOW ORGANIZATIONS FIND PARTNERSHIPS?

Most of the people interviewed say that potential partners seek them out. The leaders or executive committees of a few of the organizations interviewed do regular targeted outreach for agencies and other organizations with whom they partner. A few others admit that they do not actively seek new partnerships.

## PARTNERING WITH THE *NETWORK FOR A HEALTHY CALIFORNIA*

Ten of the 12 people interviewed were familiar with the *Network for a Healthy California*, although the majority have not partnered with the *Network*. Those who have worked with the *Network* expressed some frustrations.

- The *Network* is equated to a “secret society.” One person explained that “it is very difficult to penetrate their world and understand what they do and how they do it. They are probably working on their state plan right now. It could have enormous influence throughout California but no one has asked for any input.”
- Poor communications is a major issue. Several people say that they have received letters that say one thing and then received another communication that was contradictory. In some cases the problem is lack of communications. Several people said that, for example, they still do not know if there will be *Network* Regions next year and, if yes, what the funding will be. Another said that there used to be an Executive Committee to guide the *Network*, but no one knows if it even exists anymore.
- Even in areas where support is needed, the perception is that the *Network* only reaches out to the people it funds although unfunded people and organizations could be more influential.
- Time, or lack of it, is a major deterrent to partnering with the *Network*. “We have limited resources and time is our biggest challenge. If we partnered with the *Network*, we would need them to respond quickly and decisively as we work in a fast-moving field.”
- Several people mentioned that the *Network* sought a lot of input from a wide range of partners and considerable planning went into developing NEOP, but people have not seen enough action.

## Recommendations

Following are key recommendations that the interviewees suggested would assist NEOP in successfully building and sustaining active partnerships:

- The *Network* needs to be more transparent in the work they do and be clear about what they can and cannot do.
- Clear, consistent communications is essential to building successful partnerships and curbing the high level of paranoia and fear people have about working with NEOP.
- There is an opportunity for Dr. John Talarico to reach out and develop meaningful collaborations with the main obesity prevention organizations, including The California Endowment, California Food Policy Advocates, Kaiser Permanente and the California Center for Public Health Advocacy, but it should be soon, sincere and collaborative.

- A first step would be to start a series of discussions where each potential partner shares their goals, what they are working on, where their resources and investments are, and identifies potential points of synergy and what can be achieved by working together
- Several people expressed concern that California has lost its leadership role in obesity work and that risks need to be taken to elevate the state back into a national leadership position.

# Partnership Development for the NEOP Branch with Health Care Providers

## Addendum to the Summary of Key Informant Interviews

July 2013

### Background

This past spring, the California Department of Public Health's Nutrition Education Obesity Prevention (NEOP) Branch contracted with Brown-Miller Communications (BMC) to conduct a series of interviews with key influential leaders to explore the opportunities, benefits and challenges of working in partnership to improve the health of underserved, low-income California families. Interviews were held with 13 leaders representing the areas of school, health department, retail ethnic, faith, foundations, advocacy, city planning, built environment, and parks and recreation.

In light of the Healthy Hunger-Free Kids Act of 2010 and the new Affordable Care Act (ACA) which will go into effect in 2014, Dr. John Talarico, chief of the NEOP Branch, asked BMC to expand the key informant interviews to include several influential medical and health care industry leaders. The purpose of the additional interviews was to provide insight into the opportunities, benefits and challenges of forging new non-traditional partnerships between the NEOP Branch and the health care sector. The results of those interviews are summarized in this addendum.

Telephone interviews were conducted during June and July. The following individuals were interviewed:

- **Kris Calvin, Chief Executive Officer, American Academy of Pediatrics (AAP), California Chapter**  
*The mission of AAP is to promote and ensure the health and well-being of California children. The California Chapter represents 3,500 board-certified pediatricians and provides a single voice to issues that affect children. Calvin has a very small staff comprised of herself, a part-time assistant and several interns.*
- **Dustin Corcoran, Chief Executive Officer, California Medical Association (CMA)**  
*The California Medical Association is an advocacy organization that represents 37,000 physicians in California. CMA provides a comprehensive program of legislative, legal, regulatory, economic and social advocacy to members.*
- **Scott Clark, Associate Director, Medical and Regulatory Policy, California Medical Association (CMA)**  
*Scott works primarily on public health and pharmaceutical issues for the CMA.*
- **Neal Kohatsu, Medical Director, California Department of Health Care Services (DHCS)**  
*DHCS works closely with health care professionals, county governments and health plans to provide a health care safety net for California's low-income families and persons with disabilities. DHCS finances and administers a number of individual health care service delivery programs, including the*

*California Medical Assistance Program (Medi-Cal), California Children's Services Program, Child Health and Disability Prevention Program and Genetically Handicapped Persons Program. DHCS also helps maintain the financial viability of critical specialized care services, such as burn centers, trauma centers and children's specialty hospitals, and helps fund hospitals and clinics located in underserved areas and those serving underserved populations. Dr. Kohatsu's role is to work across all programs and provide counsel on improving health outcomes and reducing health care costs.*

- **Robert Moore, MD, Chief Medical Officer of the Partnership Health Plans of California**  
*Partnership Health Plan of California (PHC) is a non-profit managed care organization that contracts with the state of California to ensure that Med-Cal recipients in Solano, Yolo, Napa, Sonoma, Marin and Mendocino counties have access to quality medical care. Currently PHC has 220,000 members. Dr. Moore predicts that they will grow to 330,000 members within a year.*
- **Arthur Southam, MD, MBA, MPH, Executive Vice President, Health Plan Operations, Kaiser Permanente**  
*Kaiser Permanente is the largest managed care organization in the United States, serving nearly 9 million members. For the past 60 years Kaiser Permanente has worked locally, regionally and nationally to improve the health of the community as well as the health of its members. Divided into three completely separate entities, the Kaiser Permanente health plan, medical groups and hospitals, Kaiser serves nearly nine million members in California, Hawaii, Colorado, Georgia, Ohio, the Northwest and Mid-Atlantic states.*

## Key Findings

The medical and health care organization leaders interviewed all say that their organizations are involved in a number of partnerships and coalitions. There is unanimous agreement that hospitals, clinics and medical care alone can not improve health. Everyone says it takes broad-based efforts of communities, state and local government, nonprofit organizations, families and schools, as well as the health care industry, to affect the social, behavioral, environmental and economical determinants of health in order to realize meaningful improvements in public health outcomes. Creating healthier communities can help keep medical costs in line, which is a priority for all health care industry executives. That is why they are open to exploring the possibility of establishing new partnerships.

Here are some of the areas on which they all agree:

- **HEALTH CARE COSTS.** Future health care costs are a major concern for everyone. There is uncertainty about how the ACA will be implemented and what the challenges and costs will be to provide health care coverage for the first time to millions of new people, many from underserved communities. Leaders are open to exploring innovative approaches that will encourage healthy eating and active living as ways to improve health outcomes and save medical and health care costs.
- **SUPPORT LEGISLATION.** Most of the leaders interviewed said that one of the biggest reasons their organization partners with other influential organizations is to sponsor or support legislation. The power of working together and combining resources, clout, information and

expertise can help get the legislation passed. “One well-passed policy will save billions of dollars and have a major impact on public health,” explained one respondent.

- **COMPATIBLE GOALS.** Although it isn’t essential for all partnering organizations to have the same goals, their goals must be complementary. There also needs to be consensus or near consensus on the desired outcome.
- **VIEW OF GOVERNMENT.** Medical and health care organization leaders believe that governmental agencies such as the California Department of Public Health have important information and resources that will benefit their members. Providing up-to-date quality member education is a top priority for the California Medical Association and the American Academy of Pediatrics as well as for the various health plans. Medical and healthcare leaders say that it is important to maintain good relationships with governmental entities in order for them to do their work and sustain their organizations.
- **TIME CONSTRAINTS.** Lack of time is a major issue with everyone who was interviewed. Even scheduling the interviews was a challenge. Everyone said that one of the biggest challenges is how much time it takes for partnerships to show a meaningful accomplishment. Few will participate actively if they do not believe that there is something that their organization will gain from the effort. One said that if there is not “crossover” (meaning that there are dollars to be saved or an improved intervention related to primary care), collaborations or partnerships are not a good use of his time. “If they want to meet simply to talk, I am not interested.”
- **RELATIONSHIP BUILDING.** Most expressed the opinion that successful partnerships are long-standing relationships. They suggest that the best way to initiate and deepen a relationship is to first work together on small projects.

## BENEFITS FOR MEDICAL AND HEALTHCARE ORGANIZATIONS TO DEVELOP PARTNERSHIPS

When asked why they develop partnerships and work collaboratively with other organizations, leaders of medical and health care organizations are in agreement with the leaders who were previously interviewed.

- **SHARING RESOURCES:** Appreciating the finite amount of resources, most interviewees volunteered that “it’s best to adopt rather than recreate” proven programs, tools and other resources. “We don’t have to brand all of our programs. Sometimes it is best to keep a lower profile.” This is an opportunity for NEOP to share their educational materials and other resources.
- **INCREASED ACCOMPLISHMENTS:** Working together they can accomplish more than they can working alone. Several interviewees mentioned a successful immunization program as an example of a partnership that worked. The American Pediatrics Association partnered with the Department of Public Health immunization branch and the University of California at Berkeley to research what pediatricians thought their immunization rates were and then audited their medical charts to see if they were correct. This information helped inform a successful intervention.

- **COORDINATED POLITICAL ADVOCACY:** Creating coalitions and broadening the number of people who are working for change increases the odds of success. All of the leaders interviewed have the capacity to mobilize large numbers of influential people. Working together they can increase their reach and power.

## CHALLENGES FOR MEDICAL AND HEALTH CARE ORGANIZATIONS TO DEVELOP PARTNERSHIPS

Medical and health care organization leaders mentioned many of the same challenges as the key influential leaders originally interviewed, namely:

- **TIME:** It takes time to develop partnerships and time to nurture and sustain them.
- **PERSONALITIES:** There is acknowledgment among the physicians interviewed that big egos can get in the way. One person succinctly put it, “Partners can be a pain in the ass.” Another said, “If no one cares who gets credit, more progress can be made.”
- **APPROVAL PROCESS:** This is a challenge if everything needs to be approved by all of the partners. This demands considerably more time and limits the value of the partnership.
- **COMMUNICATIONS:** Clear, consistent, ongoing communications are essential. One person said that the key is returning phone calls and emails. “A partner who doesn’t communicate is not a good partner.”

## OPPORTUNITIES FOR NEOP AND MEDICAL AND HEALTHCARE ORGANIZATIONS TO WORK TOGETHER

There are numerous opportunities for medical and healthcare organizations and the NEOP Branch to work together. Some of them are:

- **INCREASED CREDIBILITY:** Patients pay attention to doctors and nurse practitioners because they believe that they are credible. NEOP will benefit by working with physicians and physician groups to carry their health messages.
- **EXPAND THE REACH:** Medical associations and health care organizations reach tens of thousands of physicians across the state, making them an excellent channel for NEOP to use to disseminate educational information about nutrition, physical activity and healthy communities.
- **GOVERNMENT RESOURCES:** There is widespread acknowledgment by medical and health care leaders that government has resources and vital information that could benefit physicians and medical staff in working with patients and improving health outcomes.
- **FILL AN IMPORTANT NEED:** Doctors and nurses struggle with how to overcome the shortcomings of 10-minute medical appointments. Rather than merely telling patients to lead healthier lifestyles, they acknowledge that it is important to provide patients with the basic resources that they need to be healthy and to connect them to those resources whenever possible. An East Coast nonprofit called Health Leads (<http://healthleadsusa.org/what-we-do/solutions/>) was cited as a successful example of how this can work. The NEOP Branch and their local health department grantees often have their pulse on the community and may be able to provide educational materials and even referrals to community-based food and physical activity resources that would enhance a doctor’s work with their patients.



- **SUPPORT:** Universally all respondents say that they support their partners with in-kind expertise, endorsements, and sharing of ideas and solutions. Influential, well-placed partners, such as the leaders of the health care organizations interviewed, offered that they can make the case that the California Department of Public Health needs more funding.

## CHALLENGES FOR NEOP TO DEVELOPING PARTNERSHIPS WITH HEALTH CARE ORGANIZATIONS:

In addition to the opportunities of working in partnership with NEOP or other governmental entities, there are challenges, such as:

- **ACTION:** Advocacy organizations such as medical and healthcare associations believe that they are more adroit and move faster than government entities. Slow progress is one of the biggest challenges they face when trying to partner with governmental entities. Inaction is a challenge that NEOP will need to counter. One leader used a dance metaphor. “Getting large organizations to move together can be unbelievably challenging if one tries to choreograph the dance too closely. As with the tango, you have to be in step with your partner. There are issues with how fast each respective organization can move.”
- **TIME:** As mentioned previously, time constraints are a big issue for all of the people interviewed. Some of the challenges of time can be overcome with leadership, but the fact remains that no one wants to partner with any organization that is not responsive.
- **LEADERSHIP:** Leaders want to partner with other leaders. When asked how they choose who to partner with, most said that they know the major players in their fields. It will be imperative for NEOP to demonstrate leadership and to build these relationships, too, in order to establish sustainable working partnerships.
- **COST EQUATION:** As mentioned previously, cost is the overriding issue with everyone who was interviewed. They regularly pose this question when making decisions: How much good can you get for the cost? Providing the most cost-effective services and increasing efficiency to keep costs down are strategies that underline their decisions. Unfortunately, there is a common perception conveyed that public health is not as concerned about cost. Public health needs to prove that prevention is cost effective.
- **SILO EFFECT:** One of the leaders said that it is important to try to overcome the silo effect. He explains, “One of the limiting factors to forming partnerships is that so much of the funding received by the CDPH is categorical. An example is the separate funding for diabetes, asthma, heart disease and arthritis programs when they may all be related.” He said that there needs to be much less of a silo approach and that the Branch would benefit by bridging these silos and communicating a better understanding of what everyone is doing and where there are overlaps and opportunities for partnerships.

## Recommendations

Based on the collective responses of the respondents, following are some recommendations for building and sustaining active partnerships with the medical and health care sector:

- **RESEARCH THE TARGET AUDIENCE:** Before trying to establish partnerships with medical providers, associations and health care plans, it is first essential to understand the audience. NEOP should research the complexities of the ACA, how health care is delivered in different counties, physician needs, assets, limitations, how to get information in the right hands and the best approaches for developing working relationships. That way everyone will be speaking the same language. With this understanding, when forging new relationships, it will be easier to be more strategic.
- **COMMUNICATE CLEARLY:** Be clear about what NEOP can offer and what the branch needs. The importance of transparent communications came up in these interviews as well as the original ones.
- **BUILD RELATIONSHIPS.** As with the recommendations from the original interviews, an initial step would be to start a series of discussions about each potential partner's needs, resources and priorities, and where there is intersection with what the NEOP Branch can offer. Dr. Talarico is highly regarded and has the opportunity to begin the partnership discussions at the highest level, and then the activities can move down through the respective organizations.