



IFDHE
AHA Institute for Diversity
and Health Equity

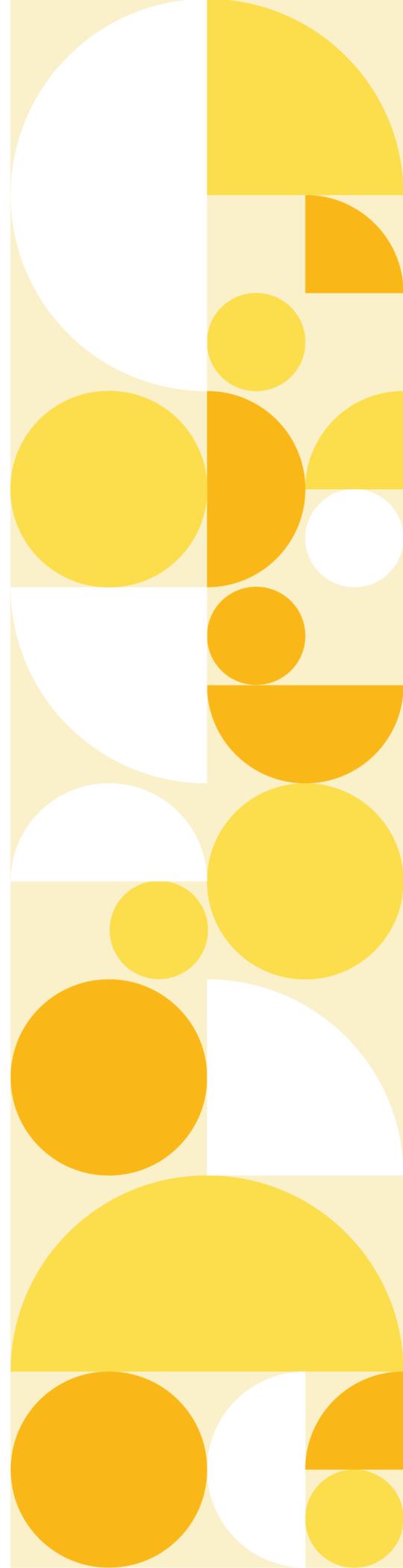
Health Equity Resource Series

Community Partnerships: Strategies to Accelerate Health Equity



**American Hospital
Association™**

Advancing Health in America



Executive Summary

The COVID-19 pandemic's disproportionate impact on people of color has accelerated the integration of health equity into health care strategy playbooks across the nation. Within health care settings, from urban to rural and from hospitals to ambulatory care sites and clinics, there is renewed focus on efforts to advance health equity. Furthermore, there is growing recognition that a commitment to promoting equitable practices is tied to the core work of improving quality and patient safety.

Background on IFDHE Toolkit Series

To support hospitals and health systems starting from different points on their journey to achieve health equity, the AHA's Institute for Diversity and Health Equity (IFDHE) has released a series of toolkits to share evidence-based practices to inform organizational next steps for the following topics:

- [Data collection, validation, stratification and application of patient information to address disparate outcomes](#)
- [Cultural humility and implicit bias training and education](#)
- [Diversity and inclusion in leadership and governance roles](#)
- Sustainable community partnerships focused on improving equity

Each toolkit is designed to be informative, regardless of whether organizations have already deployed health equity tactics and strategies or if they are in the early stages of implementation. Each helps lay the groundwork for an in-development equity roadmap to support hospitals' and health systems' efforts toward achieving high-quality, equitable care for all

This toolkit focuses on developing health care community partnership strategies that can help expand health care services, eliminate inequities and improve health equity.

Who should be involved in this work?

Interdisciplinary teams that are organized to coordinate efforts across departments to focus on health equity initiatives – reflecting the development of community partnerships – should use this toolkit and may refer to others in the series. Strong support from the senior leadership positions indicated below is essential to encourage and reinforce actions by teams involved in the ongoing work. Titles may vary by hospitals and health systems.

Examples of Senior Leadership

- Chief Executive Officer
- Chief Operating Officer
- Chief Finance Officer
- Chief Medical Officer
- Chief Nursing Officer
- Chief Health Equity Officer
- Chief Diversity and Inclusion Officer
- Chief Population Health Officer
- Chief Compliance Officer
- Patient and Family Advisory Council
- Chief Clinical Information Officer
- Chief Quality Officer
- Patient Experience Officer
- Patient Services Lead
- Chief Information Officer

How these toolkits can be used

Recognizing there is no predetermined starting point, these toolkits are designed to meet organizations where they currently stand. Initial processes may include:

- Establishing your organization's baseline experience;
- Focusing on one or two key areas to drive change; and
- Tracking progress over time.

Examples of leading practices from hospitals and health systems across the nation are used to inspire and motivate other organizations implementing similar initiatives that impact communities so that *all people can reach their highest potential for health — this is the AHA's vision for health equity*

Understanding the issue

The equitable advancement of individuals' and communities' health and well-being is a goal that is shared by health care delivery systems, community-based social service providers, faith-based organizations and community residents. A key strategy used by many of these entities is the development of formal community partnerships or alliances. **The goal of advancing health and health equity within communities is more than any one organization, institution or community can accomplish alone.** Multiple stakeholders and influencers need to work together, both within organizations and across sectors.

Hospitals are trusted organizations and economic anchors in their communities; this puts them in the position to be influential partners who can truly advance health equity for the patients they serve. To work effectively and sustainably together, partnerships should be established with a clear idea about the expected level of collaboration from each organization. To help guide hospitals' and their partners' strategies, the AHA designed its [Societal Factors that Influence Health Framework](#).

Getting Started

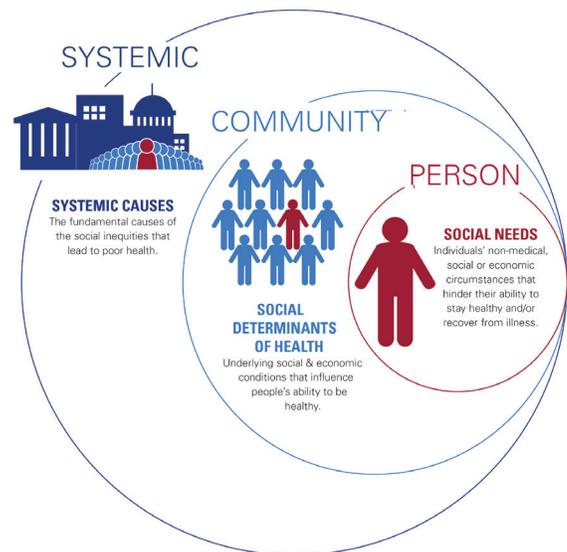
Following the framework, hospitals' strategies to address non-clinical health needs may focus at:

- **the person level**, referred to as "social needs" and including those social and economic circumstances that may limit an individual's ability to be as healthy as possible;
- **the community level**, referred to as social determinants of health, which include underlying social and economic conditions that impact people's ability to lead healthy lives; and
- **the systemic level**, addressing the fundamental causes of social inequities that contribute to poor health.

Community partnerships are likely to focus on these factors in a geographic area, such as a neighborhood, rural community or ZIP code where patterns of illness and health-related issues may be prevalent. One frequent way in which hospitals and health systems partner at the community level is through community health needs assessments conducted with local health departments, community-based organizations, neighborhood associations or other local agencies. This collaborative approach helps paint a clearer picture of the community's health needs and assets, from multiple perspectives. Assessment data also may reveal conditions magnifying the need for immediate assistance as well as identify current community assets that may help build capacity and advance progress toward health equity. Community and population health improvements often have their genesis in collaborative approaches among thoughtful partners working together.

Hospitals and health systems also can work to accelerate health equity by considering how to align their strategies to have an impact at structural levels. These are "anchor strategies," approaches that seek to leverage a hospital or health system's institutional strengths to foster structural change on communities' behalf. For example, the Healthcare Anchor Network convenes hospitals and health systems for peer-learning and support on issues around local hiring and procurement, as well as community investment.

Societal Factors that Influence Health Framework



For more information see aha.org/societalfactors.

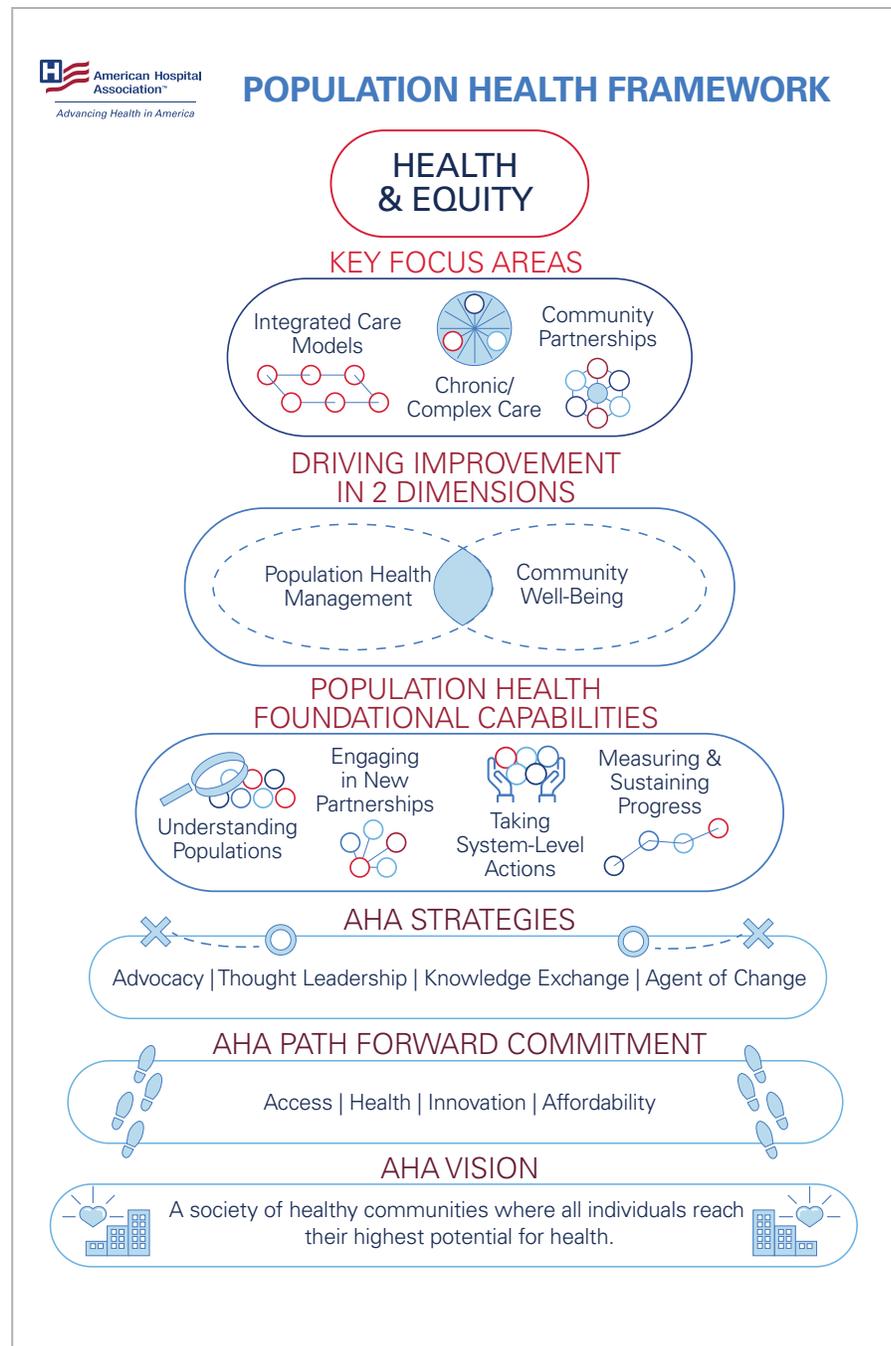
Regarding partnerships that are formed primarily to meet the individuals' needs, they may – and should – inform collaborative initiatives to address community-level societal factors that contribute to less-than-optimal health outcomes among a disproportionate share of individuals in a given population.

Likewise, anchor strategies can have impacts at both community and structural levels. For instance, investments in affordable housing can improve the conditions that contribute to health in a community, while also contributing to the broader community investment system. Such initiatives can contribute to changing structures that lead to disinvestment in certain communities, particularly those populated mostly by Black and brown people, as well as lower-income individuals and families. Optimally, efforts aimed at improving equity among these differing levels should be coordinated among community partners – improvements in clinical care settings can be gained by leveraging population health management in tandem with partner organizations' community health efforts.

Hospitals can work with community stakeholders and philanthropic partners to uncover creative solutions that can fund community health initiatives, as well as focus on efforts to engage with state and local policymakers to advocate for increased funding opportunities. This allows hospitals to budget accordingly to support these initiatives; they're also able to ensure future sustainability by creating programs that can endure even after grant-funding dries up.

Economic Factors of Community Partnerships

Some health systems dedicate a specific portion of their investment portfolio to focus on initiatives that can drive community vitality. By doing so, these health systems are able to work in tandem with community development stakeholders to address and mitigate one root cause of health inequities — historic disinvestment in certain communities from a complex array of factors, including policies stemming from structural racism, such as redlining.



Steps for Building Successful Community Partnerships

STEP 1: Setting Organizational Priorities to Determine Hospital Readiness for Community Partnerships

In effective and sustainable partnerships, each partner recognizes that their counterpart approaches the collaboration with their own perspectives, business strategies, types of expertise and missions. With this in mind, when beginning a new partnership, or pivoting to address a new initiative, experience shows that community partnerships benefit from level-setting conversations around:

- understanding the mutual benefit(s) of collaboration;
- establishing clear language and shared definitions;
- agreeing on a target population; and
- creating a shared vision of success.

While there is often an impulse to move quickly through these conversations, these are foundational and should be explored thoroughly to allow sufficient understanding of all perspectives.

For partnerships to succeed over the long term, staff need to see collaboration as a strategic priority. One important way to signal this is by starting these conversations with executive and board-level leadership. This ensures that the accountability begins at the top and cascades throughout the organization – creating the foundation for a shared accountability.

STEP 2: Aligning Organizational Priorities with Community Needs

Once the hospital/health system has solidified its community partnership priorities, it must then align those priorities with the needs of the communities it serves. It is important to capture different voices from various segments of the community and their insights to help design and inform health care delivery strategies, which will ultimately lead to improvements in health care quality. Hospitals and health systems should not simply assume what the needs of a community are, but rather set out in a collaborative fashion to co-design and develop solutions.

Hospital-community partnership structures can range from informal/loosely affiliated (for example, a task force of cross-sector experts to focus on a singular short-term issue) to more formalized arrangements, such as the creation of a new 501(c)(3) organization.

No two communities are the same. Each community is unique and represents diverse backgrounds and demographics requiring a flexible set of solutions. Creating a direct line of sight that links the priorities of hospitals and health systems with the most pressing needs within their surrounding communities can help determine what type of partnership structure is most optimal.

STEP 3: Operationalizing Hospital-Community Partnerships

In addition to level-setting conversations, an overall structure and decision-making process should be agreed upon. Operationally, clearly defined roles and responsibilities should be established, including for current and future partners. Formalizing a process through a charter or memorandum of understanding can be helpful for partners to understand their and others' responsibilities in a collective effort. Additionally, it is important to agree to pre-established mechanisms for resolving disagreements or differences of opinion. Some partnerships employ voting procedures or consensus-forming; what matters is having an agreed-upon process grounded in trust that enables alignment and facilitates the partnership to advance toward shared objectives.



Partnerships involving multiple stakeholders, or addressing particularly contentious or complex topics, benefit greatly from having a neutral convener or facilitator. This local person or group/team can play the crucial role of “interpreter” among different sectors. These sectors may use the same words or definitions but interpret their meanings differently, so having someone clarifying the dialogue can be particularly helpful during a partnership’s initial operations. In addition to assisting with cross-sector dialogue, a convener might serve as the logistical coordinator or host by setting up meetings, providing neutral meeting space and facilitating expense invoicing. While there is no best convener for every locality, options to consider include state or regional hospital associations, local public health associations or academic-affiliated organizations.

STEP 4: Innovating Hospital-Community Partnerships

As with all collaborative partnerships, there is significant opportunity for innovation.

Hospitals can work with external stakeholders to use human-design and place-based thinking approaches when developing innovative community partnerships. Human-centered design thinking is an approach that puts individuals and communities at the center of the solutions. Similarly, place-based thinking is an approach that defines an entire community and works to address issues specific to the local level, such as poor housing or limited economic opportunities in specific neighborhoods.



Both of these approaches allow organizations to craft solutions based upon the actual needs of the patients who live in their communities. Without this vital connection to the communities they serve, hospitals and health systems can quickly become out of touch with the patients they serve. These misaligned priorities can in turn lead to poor health outcomes.

Community partnerships that span sectors can improve the health equity of underserved communities by increasing access and availability of health resources. Hospitals ready to undertake a convener role should be empowered to engage with non-traditional partners and programs to deliver services for their communities. The key to engaging with non-traditional partners is to establish relationships with other local groups that may already be serving as informal conveners through their services, such as educational institutions. Non-traditional key partners could include religious institutions, arts and humanities organizations, local agencies on aging, and sports and recreation facilities. A strong partnership with non-traditional stakeholders may meet patients where they are at the local level, thereby expanding and scaling efforts via a robust network of community partners.

STEP 5: Measuring Success of Hospital-Community Partnerships

Measurements focusing on process, impact and outcomes may be simple, yet key to grading success levels of various hospital-community partnerships. These base measurements may contain more finite, qualitative metrics, such as patient and community satisfaction, community perceived health improvement and positive feedback from community stakeholders. Additionally, comparing the cost of building community partnerships and strengthening outreach versus the dollar amount of continued patient care that would need to be spent without such hospital-community partnerships, may also tell a story of success. Measurements of community partnership success rates may reflect both short and long-term impacts, but all should support greater community health outcomes in the future.

Key Terms

Social needs – Individuals’ non-medical, social or economic circumstances that hinder their ability to stay healthy and/or recover from illness. *(Societal Factors Framework)*

Social determinants of health – Underlying social and economic conditions that influence people’s ability to be healthy. *(Societal Factors Framework)*

Systemic causes – the fundamental causes of the social inequities that lead to poor health. *(Societal Factors Framework)*

Community investment – Investments intended to improve social, economic and environmental conditions in economically-challenged communities while producing some economic return for investors. Community investment (sometimes called impact investment) can be used to create the social and physical environments that support community health over the long term, including things like small businesses, affordable homes and grocery stores. *(Investing in Community Health: A Toolkit for Hospitals)*

Health Equity – Everyone has a fair and just opportunity to be as healthy as possible. This requires removing structural barriers to health such as poverty, and discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

Population health – The health outcomes of a group of individuals, including the distribution of such outcomes within the group. *(P2PH Framework)*

Population health management – The delivery of health care services toward the achievement of specific health care-related metrics and outcomes for a defined population. *(P2PH Framework)*

Community health – Refers to non-clinical approaches for improving health, preventing disease and reducing health disparities through addressing social, behavioral, environmental, economic and medical determinants of health in a geographically defined population. *(Pop Health Website)*

Community benefit – Refers to the programs or activities that provide treatment and/or promote health and healing as a response to identified community needs. Qualifying activities or programs must improve access to health care, enhance community health, advance medical or health knowledge or reduce the burden of public or government health efforts. *(Catholic Health Association)*

RESOURCES

A variety of resources to advance health equity through population and community health is available for:

For senior leaders, including C-suite and trustees, a series of six short videos and accompanying discussion guides provide high-level strategic information.

- [AHA Trustee's Guide to Population Health](#)

For front-line leaders whose work takes place both within and outside of the hospital walls, the **AHA Population Health Framework** and the multi-stakeholder-developed **Pathways to Population Health** can help take stock of how their current portfolio might already be using some of these approaches, as well as other suggestions for greater impact. **The Community Partnership Playbook** includes pragmatic tools for advancing equity through partnership.

- [AHA Population Health Framework](#)
- [Pathways to Population Health](#)
- [Community Partnership Playbook](#)
- [Community Health Assessment Toolkit](#)
- [Hospital-Community Partnerships to Build a Culture of Health: A Compendium of Case Studies](#)

Successful partnerships frequently share common elements, including both structures and processes developed and collaborative tactics employed. Some of these elements are presented in the resources below, which catalogue work from successful community health consortia and the AHA.

- [From Common Ground to Shared Action](#)
- [Partnership for Public Health crosswalk](#)
- [Partnership for Public Health case studies](#)
- [Ensuring Access in Vulnerable Communities](#)
- [The Hospital as a Convener in Rural Communities](#)

To address community-level factors that may impact one's health, health care leaders often partner with community-based organizational, local health department, outpatient clinical care providers and the business and philanthropic communities.

- [Hospital Community Collaborative resources](#)
- [Five Actions to Promote Housing Access During and Beyond the COVID-19 Pandemic](#)

The [#123forEquity pledge campaign](#), launched in 2015 by the AHA and its Institute for Diversity and Health Equity (IFDHE), continues building on the efforts of the National Call to Action to Eliminate Health Care Disparities – a joint effort of the AHA, American College of Healthcare Executives, Association of American Medical Colleges, Catholic Health Association of the United States and America's Essential Hospitals. Hospital and health system leaders are encouraged to begin taking action to accelerate progress on a multitude of areas, including improving and strengthening community partnerships, in order to advance health equity in their communities.

AHA Strategic Alliances

In 2017, AHA formed a strategic alliance with the National Urban League to improve diversity and inclusion in hospital/health system governance (i.e., [Trustee Match Program](#)). This strategic alliance advances health equity efforts through elevating the role of community health workers and collaborating on shared policy solutions as a member of the Urban Solutions Council through NUL's Washington Bureau. In 2018, AHA formed a strategic alliance with UnidosUS, which elevated the initial work of the Trustee Match Program and also advanced health equity efforts with a focus on youth violence and childhood trauma. Most recently, the AHA has worked with our strategic alliance partners to launch a [COVID-19 podcast series](#), which covers a number of topics facing communities of color, including leadership, workforce and small business considerations.