Implementing a Public–Private Community Health Partnership

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A Special Thanks
to
Community Partners

Fit Time for Women
Frankfort Regional Medical Center
Franklin County Health Department
Kentucky Cancer Program
Kentucky Department for Public Health
Purchase Area Health Education Center
The Child Care Council of Kentucky
The Right Touch
White, Kenner, & Scott, PSC
Women's Care of the Bluegrass

Photo: Darleen & Wendall Blocker, Shipshewana, Indiana

In celebration of the birth
of

Eve and Ethan Blackburn
March 7, 2002

Executive Summary

The public and private sectors are increasingly recognizing the importance and value of combining strengths to form mutually beneficial partnerships that address public health problems. Because the complexity of health problems, the sky rocketing costs of medical care and the expanded roles of public health agencies, it has become necessary to utilize health care resources in wise and economic ways. One novel and growing approach to a solution for the aforementioned situation, is public-private partnerships. These are the joint efforts of a public profit or non-profit organization working with private hospitals, clinics or individual providers. The literature sites many examples of public-private partnerships at national, state, and local levels. Groups such as the World Health Organization, Centers for Disease Control and Prevention, Human Resources and Services Administration promote and demonstrate successful examples of partnerships between the public and private sectors. States and local communities have demonstrated a need for and success in implementing such health partnerships.

The Change Master Project, *Implementation of a Public Private Community Health Partnership*, elected to develop a public-private partnership that focused on low birth weight babies and prenatal health issues. Risk Factors such as smoking during pregnancy, low maternal weight gain, and low pre-pregnancy weight contribute to approximately two thirds of all low birth weight infants.

The success of national and state partnerships provided an impetus to develop and implement the following four objectives:

1) The establishment of a public-private partnership that would identify a health concern;
2) The development of an intervention to address prenatal health education through a partnership and community health efforts;
3) The conduct of a collaborative program that provides expectant mothers with free educational opportunities; and
4) The linking of expectant mothers with needed community, family, health and social services.

The partnership between the Franklin County Health Department and private obstetric providers began by surveying patients' interests and was followed by the development of a series of prenatal health education classes. The physician practices provided access to their patients, conducted the survey and encouraged pregnant women to participate. The local health department coordinated the curricula and facilitators. Community interest in the project led to an expansion of the partnership and the commitment of time and resources from additional organizations and businesses.

In addition to meeting the objectives of the project, the criteria for a successful partnership as identified by public health experts were met. This Change Master Project demonstrated that public-private partnerships can be a model for public health initiatives.

Implementing a Public–Private Community Health Partnership

Introduction

For years the public health field has had both public and private sector providers and practitioners. Until recently, however, little emphasis has been placed on combining the strengths of these two sectors by forming mutually beneficial partnerships. Indeed, building partnerships to develop and implement health care initiatives is the foundation of *Healthy Kentuckians 2010*, the state's commitment to the national prevention initiative *Healthy People 2010*. These so-called public–private partnerships are intended to apply the resources and skills of the public and private sectors to public health problems. Through coordinated efforts, the strengths of the two sectors can complement each other.

Private, for-profit organizations have come to realize the importance of public health not only for their immediate and long-term goals, but also as part of a broader corporate view toward greater social responsibility. Thus, public-private partnerships should become the dominant mode of tackling large, complicated, and costly health problems. But before they can work together, the following issues must be addressed:

- How do organizations with similar values, interests, and regional views work together to address and resolve critical health issues?
- How can differences in values, objectives, and cultures be overcome in pursuit of shared objectives?
- How are relationships of trust fostered and sustained to address the conflicts, uncertainties, and risks of partnerships?

If such a partnership is to be successful, those concerned with public health will be challenged to address these issues. At a minimum, the public and the private sectors will need to consolidate and deploy their resources to ensure the appropriate use of health care services; address oversupply, undersupply and distribution of health care resources; increase the participation of patients and communities in their care; and reduce the underlying causes of illness, injury, and disability.

As a part of this effort, common goals and objectives need to be established for a system-wide measurement and reporting mechanism on collaborative success. This initiative would involve individuals that have a familiarity with and expertise in these key areas:

- Consumer/patient needs, including the needs of vulnerable populations
- Clinical and community research and technology
- Education and training of health care professionals
- Public and private health care delivery system(s)
- Sound business practices.

Effective and efficient use of resources may lead not just to better quality services for patients, but also lower costs for the payer. Where possible, full use should be made of public-private partnerships because they can yield improved health outcomes and a more efficient use of resources.

Literature Review

Partnerships can range from simple to complex, from local to global. The World Health Organization (WHO), an organization with a global mandate, recommends using partnerships to solve problems that otherwise would be intractable. The aim of the WHO is improved health for all, regardless of an individual's citizenry, income, or location. The WHO advocates that private providers and organizations work with public agencies to provide people with access to essential medications and services, and to prevent mortality, morbidity, and disability. The organization argues that such partnerships will "achieve a health-creating goal on the basis of a mutually agreed and explicitly defined division of labor."[1] To this end, the WHO is involved in alliances with a variety of private sector partners.

The partnership between the Cooperative for Assistance and Relief Everywhere (CARE) and the Centers for Disease Control and Prevention (CDC) provides another example. This international partnership "seeks to provide better solutions to problems that pose a threat to both the health and the livelihood security of people in poor communities in developing countries."[2] By combining the disease surveillance ability and public health expertise of CDC with the community development skills of CARE, this partnership achieves effective and lasting results in global health.

An example of a national partnership program is "Models that Work," a campaign of the Human Resources and Services Administration (HRSA). HRSA is "leading a partnership of 36 national foundations, associations and nonprofit organizations… to increase access to primary and preventive health care for under-served and vulnerable populations."[3] One such model from this partnership is the CURE/Heart, Body and Soul program in Baltimore. This program assesses and identifies high-risk individuals who may have health problems from chronic diseases. The program's volunteers "complement traditional systems of primary care by providing preventive screening, health education, referral, follow-up, advocacy and community organization."[3]

Another national example is the "Turning Point" program of the Robert Wood Johnson and W. K. Kellogg Foundations. This program awards grants to communities to improve their public health infrastructure, and is facilitated through the National Association of County and City Health Officials (NACCHO). According to a program director with NACCHO, "people living in participating communities will work… to analyze needed systemic changes concerning the roles of and relationships among institutions, agencies and the public."[4]

Although global and national partnerships tend to get more publicity because of their scope and scale, local partnerships are the focus of this change master project. The Otsego Public Health Partnership is one such program that has successfully tackled complex health problems. This partnership combines the resources of the New York State Health Department with those of Bassett Hospital, one of three hospitals that together with 13 clinics comprise the Bassett Healthcare Network. This project provides core preventive services (as mandated by New York legislation) in dental health, child health, reproductive health, prenatal care, nutrition, injury prevention. "A needs assessment for each of these

areas leads to health education efforts, formation of coalitions, grant writing, and participation in various community events in the county."[5]

Perhaps one of the most successful public-private partnerships in Kentucky is the Kentucky Cancer Program (KCP). Affiliated with the University of Kentucky and the University of Louisville, KCP uses the resources of both to bring a comprehensive cancer control infrastructure to the state. The collaborative partnerships with and between local, regional and state organizations can be attributed to KCP's efforts in cancer control. An example of a public–private partnership is the Governor's Task Force on Breast Cancer. With a goal to reduce the incidence, morbidity and mortality of breast cancer, the task force operates thorough a partnership with major cancer control agencies in Kentucky, organizations representing physicians, nurses, social workers, health educators, insurance groups, hospitals, hospice, and, most importantly, patients and their families. Other successful cancer control partnerships that KCP has formed are the state's community cancer coalitions, district cancer councils, and smoking-cessation programs, all of which are designed to lower the burden of cancer in Kentucky.

In reviewing the literature on public-private partnerships and examining Kentucky's public health concerns, the change master team identified low birth weight infants and prenatal health as issues to address. Shiono and Behram, [6] reported that three risk factors — smoking during pregnancy, low maternal weight gain, and low pre-pregnancy weight — account for about two-thirds of all low birth weight infants.[7] Several national commissions have determined that appropriate prenatal care may prevent or reduce such risk factors. These studies have identified medical care, education, social and nutritional services as components of comprehensive prenatal care. [8,9,10]

The Colorado Governor's Task Force on Prenatal, Labor and Delivery Care has, for example, developed a partnership program in which nurse midwives from the health department are supervised by private providers to deliver care to indigent women. This program has "sought to increase access, reduce unnecessary invasive delivery procedures, and improve birth outcomes."[11]

Another example, the Shared Beginnings program in Denver, Colorado, a partnership of medical providers, social services, business, philanthropists, and community, attempted to increase birth weight and gestational age, lower prenatal risk, improve health care for pregnant women and infants, and improve family functioning. In addition to paid staff, volunteers were used to keep in contact with the women, their families and the medical center. A resident from the medical center "volunteered to be the physician liaison to provide necessary information to family medicine resident physicians."[12] Although the cost of the program is supported by philanthropy, volunteers deliver the core of its services.

The success of these partnerships in improving the health of expectant mothers and their babies provided the rationale and impetus for forming a similar partnership in Kentucky.

Objectives

This Change Master Project addressed the following objectives which are based on *Essential Public Health Standards (EPHS), Healthy People 2010 (HP 2010), and Healthy Kentuckians (HK 2010)* objectives referenced in Appendix 2:

1. To establish a public–private partnership that would identify a health concern.
2. To work with partners to plan an intervention to address prenatal health education through community health efforts.
3. To conduct a collaborative program that provides expectant mothers with free educational opportunities.
4. To link expectant mothers with needed community, family, health, and social services.

Project Description

The change master project team, from the Kentucky Public Health Leadership Institute (KPHLI), established a partnership to reduce the number of low birth weight babies by providing prenatal health education to expectant mothers. Both the public and private health sectors in Kentucky share a common goal of increasing the health and well being of Kentuckians. Furthermore, the two sectors also provide many of the same services. Thus, by forming a partnership, this project provided opportunities to improve both the efficiency and effectiveness of health care delivery.

The team met with local OB/GYN providers and the director of the local health department in Franklin County, Kentucky, to explain the project's goals and to establish interest and commitment. Both parties agreed to participate in the project and identified contact person(s) within their respective organizations.

Nurses and health educators from each of the partner organizations and several team members met to discuss project details and to establish the roles of participants. We decided to target broad prenatal health education issues, not just tobacco cessation issues as originally planned. Prenatal health education issues, as identified by the practice providers, were discussed. Those issues felt to be of importance for patient education were included in the project. With nearly 70 deliveries a month in Franklin County, a sufficient number of project participants could access.

The prenatal classes were divided into three groups based on the extent of pregnancy — first, second or third trimester. The local health department provided health educators, as well as childcare for each session. The project later involved the community's other obstetrical practice. The senior physician partner from this practice was contacted and once he indicated an interest, patients from this practice also participated in the project.

The physicians from the two practices suggested surveying patients to assess their interest in the project. A survey was designed and submitted to partners for comments, corrections and approval. Surveys were distributed for two weeks. Responses were favorable, with 62 of 80 patients indicating an interest in the project. In order of popularity, the areas of interest to patients were breast-feeding, managing personal stress, and nutrition. Tuesday evenings were the days chosen for educational sessions, so the project was titled the *Tuesday Club*.

Based on the survey results, a flyer publicizing the *Tuesday Club* sessions was developed and distributed throughout Franklin County — in the partner physicians' offices, in the local health department, and in several community businesses.

- The first class was held February 5 at Dr. White's office. The speaker, a local fitness instructor, was also an expectant mother who teaches exercise and fitness to prepare expectant mothers for labor and delivery. The local media attended and published an article about the project and future classes.

- The second class was held on February 12 at the local hospital. A representative from Child Care Council of Kentucky spoke on available childcare resources and referrals. Part of this session included a car-seat safety check by staff from the local health department. Three car seats were donated as give-away prizes. The hospital provided refreshments and publicity.

- The third class was held on February 19 at the hospital. Taught by an obstetrical nurse from one of the partner practices, this class focused on signs and symptoms of labor.

- The corresponding March sessions focused on breastfeeding, tobacco use cessation, and stress relief, including the use of exercise and yoga. The corresponding April sessions are scheduled to include information on smoking cessation, nutrition, parent relationships, and the expectant mother's return to work after the birth of her child.

Results

In addition to meeting the objectives of the Change Master Project, criteria established by Poole and VanHook[3] for successful public–private health care partnerships were also met. People at risk were identified; community members were involved in the design and delivery of services; coordinated services in central locations were provided; community members were recognized as owning the problems and their solutions; and educational programs were developed to help professionals deliver holistic care.

Preliminary results indicated acceptance by the partners and participation by the targeted population Time limitations have prohibited the collection of long-term evaluation data that may enhance future community health partnerships. However, it is anticipated that this feasibility study of a public-private partnership will be examined further and recommendations made to the partners for project continuation.

Conclusions

Public-private partnerships are an effective and efficient method for improving health care delivery because they save time and make better use of limited resources. They provide needed information to patients and can improve health outcomes. Public-private partnerships can be a model not just for public health initiatives but also for other issues concerning the public. In principle these partnerships

can be between any community group — faith-based, civic, and educational — provided they have compatible goals.

Rowitz[13] points out that public health leaders must develop public–private partnerships to create an integrated system of care, promote healthy lifestyles, and improve the community's public health system. Public-private partnerships are possible but leadership is needed to initiate collaboration. As we discovered, private providers are willing to make their patients available, share their office space, and assist with appropriate scheduling of activities. But leadership in forming such partnerships is also extremely important.

The *Kentucky Public Health Leadership Institute* is a program that works successfully and should continue to train public health leaders in the state to initiate and sustain future public–private community health partnerships. As exhibited by this CMP, public–private partnerships can be coordinated between organizations and institutes that do not, on their own, have the legitimacy, power, and authority to work collaboratively on important issues.[14] We must continue to train public health leaders as change agents and empower them to start important discussions to resolve common concerns.

Leadership Development Opportunities

As well as demonstrating the ability of public–private partnerships to pool resources and use them more efficiently, the project also afforded an opportunity to examine leadership development opportunities in collaborative efforts. The project helped the team look at the problems of an overburdened health care system to seek a solution through a public-private community partnership; increased the team's awareness that public-private partnerships can and should maximize efficient delivery of health care delivery services with applicability to many community concerns; afforded the team an opportunity to work with experienced and diverse statewide public health professionals; and reminded us to keep our goals clear, our objectives focused, and to be receptive to new ideas.

Appendix 1

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Appendix 2

Essential Public Health Standards (EPHS)
Healthy People 2010 Objectives (HP 2010)
Healthy Kentuckians 2010 Objectives (KHP 2010)

Change Master Project Objective 1:

EPHS4: Mobilize community partnerships and action to identify and solve health problems.

HP 2010 7-9: Health care organization sponsorship of community health promotion activities.

HP 2010 7-10: Community health promotion programs.

KHP 2010 4: Educational and community-based program.

Change Master Project Objective 2:

EPHS 5: Develop policies and plans that support community health efforts.

KHP 2010 4: Educational and community-based programs**.**

KHP 2010 12: Maternal, Infant, and Child Health**.**

Change Master Project Objective 3:

EPHS 3: Inform, educate and empower people about health issues.

HP 2010 1-3: Counseling about health behaviors.

HP 2010 3-10: Provider counseling about cancer prevention.

HP 2010 5-8: Gestational diabetes.

HP 2010 7-7: Patient and family education.

HP 2010 7-8: Satisfaction with patient education.

HP 2010 15-20: Child Restraints

HP 2010 19: Nutrition and overweight

HP 2010 22.4-5: Physical Fitness and Activity.

HP 2010 26: Substance Abuse

HP 2010 27: Tobacco Use

KHP 2010 1: Physical Activity and Fitness.

KHP 2010 2: Nutrition

KHP 2010 3: Tobacco Use

KHP 2010 7.14: Increase use of child restraints

KHP 2010 12: Maternal, Infant and Child Health

KHP 2010 15: Health Communication

KHP 2010 18: Diabetes

Change Master Project Objective 4:

EPHS 7: Link people to needed personal health services and assure the provision of health care when otherwise unavailable.

HP 2010 11-6: Satisfaction with health care providers' communication skills.

HP 2010 15-34: Physical assault by intimate partners.

HP 2010 16, 1-23: Maternal, Infant, and Child Health Objectives

KHP 2010 3: Tobacco Use

KHP 2010 7: Injury/violence prevention.

KHP 2010 10: Access to quality health services.

KHP 2010 26: Substance Abuse

KHP 2010 23: Mental Health