A Literature Review:
Partnerships for Healthy Communities

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Summary

This review synthesises the available evidence from the literature, policy and strategic documents, surveys and from unpublished papers that provide insight or commentary on partnership work that has been undertaken to address health outcomes, specifically between area health services and local government where this literature is available. The review further aims to bring together the evidence that describes the critical elements of partnerships that aim to address broader health outcomes.

A wealth of evidence was gathered that provided valuable findings in relation to aspects of partnership work. This review focuses on the evidence about the rationale for partnerships as an intervention; the key characteristics of a best practice partnership; the partnership factors that are critical to addressing broad health outcomes; the NSW policy context; and a consideration of local government as an important setting for achievement of broader population health outcomes.

Introduction

The achievement of healthy populations challenges health services to seek partners in spheres that lie outside the realm of those who hold responsibility for the provision of health care.

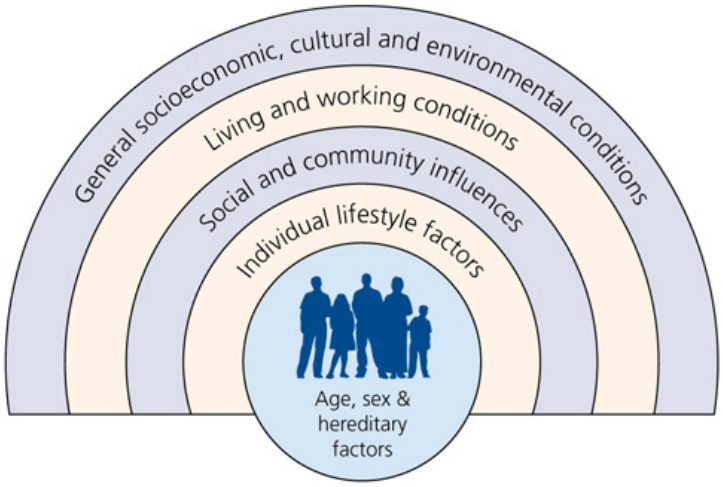
A wealth of literature exists that describes the extent of collaborative actions undertaken to achieve health outcomes with varying partner component arrangements. The purpose of this review is to examine recent literature that reports on partnership work with a particular focus on alliances between Health Services and Local Governments to improve the health of communities and on any specific collaborative efforts that aim to address the social determinants of health.

Background

The Ottawa Charter (Organisation 1986, WHO 1986) and its subsequent revisions in Jakarta (1997) and Bangkok (2005) have outlined clear directives that compel us to move beyond individual behaviour change initiatives to approaches that address the broader determinants of health, encompassing social, economic and environmental factors.

Partnerships as both a construct and a method have been repeatedly utilised in attempts to tackle social determinant issues (Gillies 1997) (El Ansari and Weiss 2006) (Roussos and Fawcett 2000). Implicit in Dahlgren and Whitehead's Rainbow (1991), where concentric circles represent the varying factors that impact on the health of individuals, and by implication, communities, is that a multitude of agencies have influence over health status and outcomes. Although "health" is a major component of the rainbow, it is evident that over and above individual factors - social, community, living and working environments all influence our health status and any attempts to address broad health issues must involve those who have influence over these aspects.

Health services are impelled to recognize the role that non-health organisations can play and to encourage alliances that specifically tackle these cross-cutting factors.



Dahlgren G. and Whitehead M. (1991)

The *Partnerships for Healthier Communities* initiative of Greater Southern Area Health Service (GSAHS), NSW and partner Local Government Areas (LGAs) was developed to build on existing ways of working with local government in the health protection area to address the broader determinants of health, often using council social plans as the mechanism to embed and implement these aims.

GSAHS identified the need to map the extent of partnership work between the Area Health Service (AHS) and the 39 local Councils in its region; to analyse the distinguishing aspects of these relationships and to examine whether any partnership work aims to address broad community health outcomes.

GSAHS, in an attempt to address social determinant factors, is further compelled to investigate partnership models that tackle a number of emerging issues in the current NSW policy context. The development of models that more readily match the needs of local councils could both enable councils to deal with the expectations placed on them by the current policy and local government strategic planning context in NSW and simultaneously address social determinant issues for any health service they partner with.

An examination of both published and unpublished survey findings that specifically commented on collaborative work between area health services and local governments was conducted. A review of the international literature that describes health and local government partnership activity was undertaken to synthesise key findings from current research that could influence and inform the development of the GSAHS local government partnership approach.

Methods

The search for relevant literature published between 1995 and 2007 used the following databases: CINAHL, EMBASE, Ovid MEDLINE (R), PsycINFO, APAIS. The search terms included: partnerships or alliances or collaborations; local government or shire or municipal or authority; and community wellbeing, or healthy communities or social determinants.

Results
Combining search terms to determine whether articles existed in the literature that discussed the specific relationship between “partnerships” and “local government” and “social determinants” produced nil results using the above health related databases. Search strategies were then applied to the Oxford Journals Online and Sociological Abstracts databases. These searches resulted in 1 or 2 articles being identified dependent on the search combination used.

Excluding one term from the search combination (eg social determinants) did produce better results, but the majority of the papers did not bring to light findings in relation to the specific question being explored. I concluded that this was a genuine gap in the literature and provided a strong rationale for a study reporting on this specific partnership formation to address broader health outcomes.

In order to expand the sources under review, bibliographies of cited articles, unpublished papers, conference presentations, relevant policy documents and survey reports were also reviewed. Although the review does contain material from disciplines outside of the health arena, the majority of those cited focus on collaborative work to achieve health outcomes.

There was a wealth of literature on partnerships in general. This review concentrates on partnership aspects that increase understanding of the particular relationship issues between local governments and area health services. Papers that focus on community or higher level government strategic partnerships were excluded from the review. The evidence that is not included in this review relates to: the myriad of partnership formations that exist; findings that discuss the process versus outcome debate; success factors for partnerships that address outcomes in relation to single health issues, service delivery and systems level alliances; and the recommendations for how we can measure the impact of partnerships on social determinant aspects.

Emerging themes

In synthesizing the evidence from the available literature and with reference to the initial questioning framework, a number of key themes emerged in relation to partnership work:

- The rationale for partnerships as an intervention
- The key characteristics of a best practice partnership
- The partnership factors that are critical to addressing broad health outcomes
- Local government as an appropriate setting for healthy communities and/or social determinant work

- **Partnerships defined**

Partnership working is not new. A partnership in its simplest form is defined as collaboration between two groups to work towards a commonly defined aim. Partnership is a term that is frequently used to encourage integration between different spheres of society and different levels of government (Lewis 2004). In the public health arena, partnership approaches are often employed to improve outcomes related to the health and wellbeing of entire communities (Roussos and Fawcett 2000).

Partnerships that are formed in the health sphere are often voluntary agreements to work collaboratively on shared health outcomes, rather than focusing on a specific common health promotion goal (Gillies 1997). Lewis (2004) maintains that these

voluntary, bottom-up partnerships differ greatly from those that are mandated by government and implemented in a top-down way. Stern et al assert that it is often difficult to distinguish between partnerships and other forms of inter-organisational or collaborative work (Stern and Green 2005). The range of partnerships that exist in the health arena is diverse and can perhaps be viewed along a continuum (adapted from Walker's collaboration continuum (Walker 2000)) both from statutory to voluntary and also addressing a range of health issues from individual, behaviour change, through service delivery to the broader population health objectives. Some partnerships explicitly work towards addressing equity and social determinant outcomes and others do not specifically address these underlying constructs.

- **Why do we need partnerships?**

The basic framework for partnership work is implicit in the International, Federal and State policy environment in relation to the creation of healthier communities including: the Ottawa Charter (WHO 1986) and the Jakarta and Bangkok declarations; the NSW State Health Plan; the NSW State Plan: and the recent NSW Local Government Reform Program.

Healthy public policy supports the use of partnerships with various characteristics as a key means to implementing a range of strategic planning objectives for health improvement at national, regional and local levels. (Roussos and Fawcett 2000), (El Ansari and Weiss 2006), (Stern and Green 2005), (Gilmore 2001), (Alexander and al 2003), (O,Donnell 2002).

In a review of over 40 health promotion case studies from around the world, Gillies found that partnerships do work in achieving change at both an individual behaviour level and addressing broader outcomes (Gillies 1997). They are an increasingly prominent part of health promotion practice to improve the health of communities (Heenan 2004) (Stern and Green 2005) (Roussos and Fawcett 2000) as well as being an economically effective method for accelerating primary health care outcomes (Jinadu et al 1997).

Working in partnership is a critical task for government and other agencies to undertake to tackle the difficult policy and operational challenges inherent in addressing health determinant objectives (Audit Commission, 1998). Charlesworth proposes that there is a clear need for an effective mechanism to influence outcomes that address cross cutting social determinant health factors (Charlesworth 2001) and partnerships are a suitable model for this purpose. Partnership working is clearly needed to tackle health inequalities and social exclusion issues and have been identified as a way forward in a series of policy initiatives (Gilmore 2001). Lewis (2004) concurs with this in stating that although partnerships are often not an easy, quick solution to addressing health inequities, they are a necessary component in tackling these.

Glendinning et al (Jackson et al in reviewing the effectiveness of the Ottawa Charter strategies to address current health challenges, conclude that some of the strategies that are weakly referred to in the Charter should be given more prominence given the evidence of their effectiveness, namely inter-sectoral and inter-organisational partnerships at all levels. (Jackson et al 2005). No strategy stands on its own but they argue that cross-cutting actions such as partnership working and creating healthy settings (including municipalities) are central to the effectiveness of achieving the health promotion strategies outlined in the Ottawa Charter.

- **Partnership characteristics**

Although it is often difficult to distinguish between different types of partnerships there is an agreed set of components that comprise such relationships. An essential list for a basic partnership would include: agreement on a common goal and commitment to achieving that goal; the existence of trust; equal ownership and sharing of power and responsibilities; sustainability; addressing resource aspects; and understanding of agency differences. (Charlesworth 2001) (Stern and Green 2005) (Walker and Adam 2001) (Alexander et al 2003) (Dowling 2004).

Successful partnerships require agreement about the purpose and need for the alliance. (Dowling, 2004). In the work that Shaw and others (2006) conducted they found that establishment of a common vision was central in providing a focus around which a partnership can revolve, although the mechanisms to establish a common vision and goals were varied and at different stages of development. Although the local government and health partners in a primary care partnership did not share the same public health view, they nevertheless viewed the diversity of partner skills and viewpoints as an asset to the relationship. (Shaw et al 2006).

Building trust between partners is a critical factor for the success of the relationship (Walker 2000) (Charlesworth 2001) (Walker et al 2002) and can be difficult to achieve if there is a history of mistrust or conflict between agencies (Audit Commission 1998). Adam and Walker (2001), in their study on trust in primary care relationships, conclude that the issue of trust must be addressed in collaborative efforts. Although different forms of trust exist, their findings indicate that confidence in others is necessary for working together and that positive outcomes of trust were reported. They advise that focusing on the aspects that can be modified in a relationship with others is crucial in building trust. Trust is fostered by the mechanisms that shape a partnership: identifying shared outcomes; agreeing partner contributions and commitments; determining the power and decision making sharing; coming to grips with the differing agency cultures and agendas.

Contrary to the weight of evidence that implies that a common goal and the development of trust are critical success factors, Plamping et al advocate that for a partnership to flourish it is important to select the type of partnership that works and concentrate on the actions that are needed to work together (Plamping et al 2000). They assert that a shared goal is not always needed, and that the self-interest of partners can drive the need for collaboration and that trust is often an outcome of joint working, rather than a requirement for establishment of the partnership. They assert that the critical aspect seems to be to develop a shared currency that can facilitate exchange by determining what matters to partners so that each can bring something of importance to the other to the negotiating table.

Alexander et al (2003) emphasize that sustainability is a key requirement for partnership success – particularly for voluntary alliances. They assert that as the structural “glue” normally present in formal organisations is lacking in most voluntary partnerships, significant partnership efforts have to be directed to shoring up the mechanisms for sustainability rather than focusing on achieving the goals of the partnership. Gillies (1997) concurs with this in stating that durable structures that facilitate equity in decision making, such as committees, are key for successful partnerships in achieving health outcomes, particularly at the local level. Charlesworth (2001) adds further weight to the issue of sustainability when she states that long-lasting alliances require more than just

occasional multi-agency meetings: a substantial degree of commitment and trust must exist.

Charlesworth (2001) argues that partnership arrangements are interwoven with their local contexts – that they have a critical influence on how the partnership operates. Stern confirms this (2005) in saying that the features of a partnership are embedded in participants' expectations. Plamping et al (2000) emphasize that it is important to understand that there are different sorts of partnerships and to determine what kind of partnership works for different circumstances. Rather than focus on one size fits all, they assert that it is more important when considering partnership success to concentrate on the type of partnership that works for you.

- **Characteristics of partnerships that address broader health outcomes**

There is a multitude of approaches to the promotion of health through partnership initiatives and those that are explicitly targeting population health outcomes have a further set of key ingredients for achieving success. These additional aspects include: presence of more than two partners that come from a variety of sectors; consideration of local context; leadership; relationships; mechanisms for community involvement at all levels; enduring mechanisms for decision making and planning; policy development element; diverse approaches to health promotion; a framework that enshrines social capital; and sustainability focus that copes with change in a shifting policy context. (Gillies 1997, Alexander J.A. et al, 2003, Small et al 2004, Charlesworth 2001, Evans and Killoran, 2000, Glendinning 2001, Dowling 2004).)

The local context that a partnership is operating in is an important influence on the form of partnership work (Charlesworth 2001). Although government policy does shape partnership factors, local contexts and partnership histories are crucial for success and must be considered. In addition to the importance placed on local context, community representation and participation is also critical for success. Effective partnerships require the participation of more than two partners and that a variety of sectors outside of health are represented as well as a mix of public, private and non-government agencies (Zahner 2005, Gillies 1997). Irrespective of partnership makeup, the impact and outcomes achieved are directly in relation to the level of representation and involvement in key activities by community members (Gillies 1997). Gillies found that a characteristic of a best practice partnership is one that includes a variety of sectors and those that maximise the level of community involvement have an added ingredient for success. Community involvement should be equal and thus involve a sharing of power and control. Mechanisms for community involvement increase capacity, sustainability and success. (Small et al 2004).

Evans and Killoran (2000) in an evaluation of demonstration projects of partnership models that tackle health inequalities found six key enabling factors to support partnership working in addressing health inequalities. They were shared strategic vision; leadership and management; relationships and local ownership; accountability; organisational readiness; and responsiveness to a changing environment. A long-term history and shared vision aids surviving a changing political and policy context; having champions with strong leadership skills were important ingredients for achieving project implementation; the quality of local relationships ensured commitment to project outcomes; the relationship between ownership, participation levels (including local community) and accountability is key to success; organisational readiness and learning are important factors for project success; and organisational partners that can respond to changing policy agendas bodes well for sustainable outcomes.

Partnership strengths are furthered bolstered when a policy development element is included as a key activity and outcome of success, again particularly at the local level (Gillies 1997). Policies for health promotion activity in both settings and for populations are crucial for sustainability. Implementation of policy must be carried out consistently across formal and informal networks and at different levels of society.

Gillies (1997) review indicates that alliance or partnership initiatives to promote health across sectors and agencies do work in tackling the broader determinants of health and wellbeing in populations in a sustainable manner. She adds that the level of impact is in proportion to the level of community involvement in setting agendas for action. Durable structures that provide a framework for the involvement of partners and sharing of decision making such as committees are critical. The key findings in Gillies (1997) review in relation to broader outcomes point to both the importance of the involvement of community in any partnership work and the significance of social capital constructs in addressing broader outcomes.

- **Local Government as a setting**

Local governments traditionally have a long standing association with public health and a great deal to do with the broader health of the communities in their geographical region (DHS Victoria, 2001). The World Health Organisation's Healthy Cities/communities movement was established in 1986 to provide a framework for implementation of the priority action areas of the Ottawa Charter in local municipal settings.

Local government has a key role to play in addressing cross cutting issues in having influence on initiatives that promote the social, environmental and economic wellbeing of their communities (Charlesworth 2001) (DOH, UK, 1998). In a paper presented to the WHO Global Conference in Health Promotion in Bangkok in 2005, Jackson et al described the effectiveness of the Ottawa Charter strategies and made suggestions for future emphasis when implementing these. Central to the effectiveness of any intervention, was a focus on key cross-cutting actions. The actions that have relevance to this review point to local government as a key setting for intersectoral work. Local municipalities are a crucial setting where comprehensive strategies that involve multiple action and partnerships can occur at various levels.

Local governments have a significant lead public health role in the Primary Care Partnerships established in Victoria to deliver the objectives of Municipal Public Health Plans. Councils provide and fund a range of primary care services and play an important role in local public health planning, advocacy, community development and delivery. (DHS, Victoria, undated).

The results of the Local Government Shires Assocation (LGSA)/NSW Health Survey (2004) demonstrate that Local Government in NSW plays an important role in public health. This study researched and documented the extent of existing local government activity in public health protection, promotion and partnerships with Area Health Services. Survey results indicated that councils have a good level of awareness of public health issues which are incorporated into major planning processes. This survey found that rural councils have less of a focus on health promotion activity due to lack of resources to address priorities. 44% of councils stated that partnership opportunities were important to building capacity. Partnerships with AHS were common across all

councils, though less so with rural councils, and were generally focused more on health protection than health promotion activity.

In 2006, South West Sydney Area Health Service (SWSAHS) undertook a survey to determine directions and actions for building successful partnerships with local government and to add to the evidence base for local government as a setting for health improvement. The consultations highlighted that local government has a genuine willingness to work with health in a meaningful way.

- **The changing policy context in NSW**

It is worthwhile to summarise the key aspects of the changing policy context in NSW that have an influence on questions being explored in this review in relation to partnerships between Local Government and Area Health Services. In September 2002 the NSW State Government announced its Local Government Reform Program (LGRP), which aims to ensure "healthy and sustainable" local councils that are accountable and responsive to their communities. The government continued this reform process and in recognition that capacity for strategic planning is critical to sustainability, developed the Integrated Planning and Reporting Project.

In 2005 the Department of Local Government (DLG 2005) issued a discussion paper "Fitting the Pieces Together" which gathered responses from local councils, government agencies and industry bodies on issues related to integrated planning and reporting . The DLG also reviewed submissions, legislation, other research findings, and sample local government projects and strategic plans - the results of which were issued in an options paper in 2006. This paper put forward a selection of integrated planning models for reviewers to assess and to nominate preferred options. The model ultimately adopted will form part of the LGRP and is expected to be implemented from 2008.

The findings of the above research indicated a number of factors in relation to achieving strategic planning objectives that are pertinent to consider in the implementation of partnership initiatives between local government and area health services. Namely, the lack of resources, expertise and capacity within some local governments; the lack of sufficient supporting information, some of which was a result of limited community consultation; and difficulties in consulting with and/or participating in state regional planning processes.

- **Difficulties with partnerships**

Partnerships are not easy. They do produce benefits but the process of forming and maintaining partnerships is invariably problematic and can pose challenges. They take time and resources (Lewis 2004) and require hurdles to be straddled in the agreement of the common goal (Pampling et al 2000); in the development of trust (Audit Commission 1998); in managing agency differences (Pampling et al 2000) (Charlesworth 2001); and maintaining stability in a constantly changing policy and political climate (Evans and Killoran 2000) (Charlesworth 2001) and in counteracting partnership fatigue (Pampling et al 2000). There is ample evidence in the literature that indicates that partnerships between local governments and health services are particularly fraught with difficulty (Glendinning 2001). Local government level partnerships in the UK provide an example of the challenges created in meeting government funding and policy requirements that are constrained by community capacity to participate effectively within timeframes (Lewis 2004). Partnerships do

promise much in providing a platform from which to tackle broader health issues but the difficulties they have to overcome are considerable (Lewis 2004).

Discussion

In summarising the findings in this literature review we can conclude that partnerships have both a policy and a practical mandate to address a range of outcomes in the health arena, and are particularly suited to tackling social determinant issues due to their ability to involve stakeholders across the sectors, including communities themselves. Local government is clearly an appropriate setting from which to launch this approach.

In considering key characteristics of good partnerships, it is apparent that no one partnership formation or process fits all. Although there is an indication that there are core aspects that are commonly agreed upon, each of these characteristics may be removed and considered independently. Agreement of a common goal and the development of trust are examples according to Plamping et al (2000). In the work that Shaw and others (2006) conducted they identified that the mechanisms to establish common goals were varied and at different stages of development. There is an implication that this is at odds with effectiveness but this could be explained differently within a rural context that is constantly buffeted by a changing political and policy climate as a practical and necessary approach. This indistinctness between various formations of partnership is clearly evident when working with Local Government in the GSAHS region as different types of relationships with varying objectives do seem to exist.

Stern suggests (2005) that the features of a partnership are embedded in participants' expectations. I would add that these characteristics are further determined by the needs and reality of the local context and concur with Charlesworth (2001) when she argues that partnership arrangements are interwoven with their local contexts and that they have a critical influence on how the partnership operates. The fact that we have a variety of partnerships at different stages and with varied make-up within the GSAHS region is perhaps reflective of both the evidence and the changing needs and diverse local contexts within which they operate. This adjustable approach that seems to be evident in rural circumstances could in fact be a positive factor in the progress of such relationships.

The key findings in Gillies (1997) review in relation to broader outcomes point to both the importance of the involvement of community in any partnership work and the significance of social capital constructs in addressing broader outcomes. This is clearly a limitation of the research that will be undertaken in GSAHS as this focuses solely on partnerships between an area health service and local governments, many of which do not expressly include community participation or the building of social capital in their approach. Although the make-up of the partnerships that are currently operating in GSAHS do not appear to fit the composition that is implied by the evidence, it is clearly worth investigating these types of partnerships.

Gillies (1997) stresses that there are no simple solutions or single approaches in the use of partnerships as a strategy to achieve health changes. There is ample evidence that highlights the difficulties in harnessing trust, time, resources, commitment, sustainability, and in resolving relationship difficulties to form effective partnerships. Charlesworth (2001) contends that what is noticeable in her research findings is that the

same problems and mistakes continue to occur in partnership working. I would argue that these are perhaps not mistakes but an inherent and critical part of the process and agree with Pampling et al (2000) who argue that the partnership process itself is a strategy for future work and builds trust, clarifies differences, refines common goals and so on.

Given that there are numerous examples to show that difficulties exist in forming and maintaining partnerships, it must be asked why agencies continue to use this approach to progress their objectives? I would argue that it is important to have evidence that demonstrates satisfactory results for the local context to justify these challenges. Within the context of this study, it is anticipated that outcomes should be satisfactory to both partners, Area Health Services and Local Government Areas.

Although this review of the literature has not touched on the issue of whether partnerships actually work, it is important to state that any research into partnership work must at some point address the challenges in measuring partnership efficacy. El Ansari and Weiss (2006) stress that despite their popularity and potential, there is limited evidence of effectiveness of partnerships. If we are to attribute any changes in population health to partnership work, we must improve our ability to effectively measure partnership processes and outcomes. It is evident that we need better measurement tools and approaches to embrace the perspectives of all stakeholders and the complexity of partnership work.

Conclusions

In looking for answers to questions about the nature and extent of partnerships between area health services and local governments that address broader health outcomes, the search strategies for the literature review did not uncover any studies that comment specifically on such partnerships within the Australian, rural context. The majority of the literature reviewed reports on studies involving relationships mandated by policy or funding requirements and none involved voluntary partnership arrangements between rural health services and their counterpart councils. There is clearly a gap in the literature in relation to these specific, rural, voluntary partnership formations.

As partnership arrangements can be shaped in a number of ways, it is valuable to gather evidence about how rural partnerships are configured, and whether they have the critical components evidenced in the literature for addressing broader health outcomes, or whether they have a different set of characteristics. It is not only theory that is needed but more appropriate ways of exploring the pluses and minuses of partnership work (Lewis 2004).This could inform the development of a partnership model that is flexible enough to fit the changing policy and political context for rural councils and health services.

There is a further gap in the evidence about whether this type of partnership can have any influence in the long-term on the health of rural communities. Given that local context is key to the success of partnerships that address community level outcomes, there is clearly a gap in the evidence that can inform such partnership work in the Australian rural context. It would be pertinent to examine existing partnership work that is specifically focused on social determinant and healthy community objectives.

Although the intended study cannot address the critical issues in relation to the level of measurement as posed by El Ansari and Weiss (2006), it is a first step in this direction

of determining whether partnerships between Local Government and Area Health Services really work and if they hold the potential to change outcomes at a community level. It is not possible in this baseline study to devise appropriate indicators and tools for measuring the effect of these partnerships, but rather it is intended to define what aspects of the partnership work undertaken in GSAHS with Local Government contain the seeds from which will germinate future research questions. It is critical to develop measures that have meaning and relevance to the partners and this baseline study will gather the key data to inform future research that aims to measure partnership efficacy.

Recommendations

Area health services and local governments alike have committed time and resources to building relationships with each other although they may not faithfully reflect "best practice" partnerships. Does this imply that these relationships are inconsequential and therefore fruitless to pursue in current economically constrained circumstances? Does it make it more difficult to measure any success? GSAHS initiatives are attempting to evaluate joint working between a rural Area Health Service and the Local Governments in its region and expect to contribute to the evidence base by being informed of the particular challenges and benefits of this type of alliance. It is uncertain whether these relationships are doomed to fail or are perhaps a pragmatic approach for wielding outcomes within changing policy, political and economic environments. It is imperative that we find this out.

1. Undertake research to examine partnership arrangements

Research needs to be undertaken that examines the types of partnerships that currently exist between a rural Area Health Service and the local councils in its region and to determine if any specifically focus on broader health outcomes.

This study is a **beneficial second stage** to both the NSW Survey and the SWSAHS consultations to document the specific activity being undertaken in GSAHS and **to contribute to the knowledge gap** in relation to partnerships between a rural Area Health Service and the local councils in its region.

2. Develop appropriate models for partnership work to address healthy community outcomes

Many Area Health Services, including GSAHS, have provided data, information and planning expertise in their collaborative work to address social determinant factors with local governments in their region. This sharing of expertise admittedly has been sporadic and inconsistent but there is clearly an opportunity for area health services to be more deliberate and cooperative in working with our local government partners to achieve healthy and sustainable communities.

The development of appropriate models that are evidenced from research that is conducted with local councils could establish the basis from which to plan regionally to address broader, upstream determinants of health.

References:

Adam J., Walker R., (2001), *Trust in Relationships between Primary Health Care Organisations,* Australian Journal of Primary Health, Vol 7,No.1.

Alexander J.A. et al, (2003) *Sustainability of Collaborative Capacity in Community Health Partnerships*, Medical Care Research and Review, Vol 60 No 4 131S-160S

Audit Commission, (1998), *Management Paper, a fruitful partnership- effective partnership working*, London, UK.

Bagley P., Lin V., Sainsbury P., Wise M., Keating T., and Roger K., *In what ways does the mandatory nature of Victoria's municipal public health planning framework impact on the planning process and outcomes?*, Australia and New Zealand Health Policy 2007 4:4.

Charlesworth, J. (2001) *Negotiating and managing partnerships in primary care*, Blackwell Science Ltd, Health and Social Care in the community 9(5), 279-285.

Department of Health (1998), *Partnership in Action (New Opportunities for Joint Working between Health and Social Services),* The Stationery Office, London.

Department of Human Services (2001), State Government Victoria, *Environments for Health, Promoting Health and Wellbeing through Built, Social, Economic and Natural Environments,* Municipal Public Health Planning Framework, 9.

Department of Local Government, (2005), *Fitting the Pieces Together: Integrated Planning and Reporting in NSW Local Councils,* NSW Government, Sydney.

Dowling B., Powell M., Glendinning, C., (2004), *Conceptualising successful partnerships,* Health and Social Care in the Community 12(4), 309-317, Blackwell Publishing Ltd, London.

El Ansari W. and Weiss E.S., (2006) *Quality of research on community partnerships: developing the evidence base*, HEALTH EDUCATION RESEARCH, Vol 21 no 2 2006, 175-180.

Evans D. and Killoran A., (2000), *Tackling health inequalities through partnerships working: learning from a realistic evaluation*, Critical Public Health, Vol 10, No.2.

Germann K. and Wilson D., (2006) *Organizational capacity for community development in regional health authorities: a conceptual model*, HEALTH PROMOTION INTERNATIONAL Vol 19 No 3.

Giles-Corti B., Wood L, Donovan R, Rosenberg M, Saunders J and Mills C, (2004) *Opportunities and challenges for promoting health in a changing world*, Health Promotion Journal of Australia 2004: 15(1).

Gillies, P.A. (1997) *The Effectiveness of Alliances or Partnerships for Health Promotion*, HEALTH PROMOTION INTERNATIONAL, Vol. 13. No. 2, 99-120.

Gilmore A.B., (2001) *Joint working, reality or rhetoric?*, Faculty of Public Health Medicine, Vol 23, No 1, 5-6.

Glendinning, C, (2001), *Partnerships between health and social services: Developing a framework for evaluation,* Policy and Policies, Vol 30, No. 1, 115-27.

Heenan, D., (2004) *A partnership approach to health promotion: a case study from Northern Ireland*, HEALTH PROMOTION INTERNATIONAL, Vol.19. No1.

Humphreys, J., Keynote speech, 5th National Rural Health Conference,Adelaide, 1999.

Jackson Suzanne F., Perkins Fran, Khandor Erika, Cordwell Lauren, Hamann Stephen and Buasai Supakorn, (2005) *Integrated health promotion strategies: a contribution to tackling current and future health challenges*, paper presented to WHO 6th Global Conference on Health Promotion, Bangkok.

Jinadu M. K., Davies-Adetugbo,A., Ogunbodede E.O., & Adetugbo A.K. (1997) *Partnership for primary care*, World Health Forum, Volume 18 211-214.

Judd J., Frankish C.J. and Moulton G. (2001) *Setting standards in the evaluation of community-based health promotion programmes – a unifying approach*, HEALTH PROMOTIONAL INTERNATIONAL, Vol 16 No 4.

Lewis Jenny M., (2004) *Partnerships, primary health care and health inequalities: problems and possibilities*, Australian Journal of Primary Health, Vol 10, No. 3.

Lewis Jenny M., (2005) *A network approach for researching partnerships in health*, Australia and New Zealand Health Policy 2005 2-22.

Local Government and Shires Association of NSW, (2005), PUBLIC HEALTH IN NSW LOCAL GOVERNMENT: Summary results of Local Government Public Health Survey.

McBride T. and Hulme A. (2000), *Continuing Uncertainties for Victorian Municipal Public Health Plans*, Australian Journal of Primary Health Vol 6 No 7.

Mitchell S.M. and Shortell S.M. (2000), *The Governance and Management of Effective Community Health Partnerships: a Typology for Research, Policy and Practice*, The Milbank Quarterly, Vol 78(2), 241-289.

National Public Health Partnership, (2002), *The Role of Local Government in Public Health Regulation, Melbourne.*

Local Government and Shires Association NSW and NSW Health, (2004), *Public Health in NSW Local Government, Results of Local Government Public Health Survey,* Sydney.

O'Donnell C., (2002) *Toward a National Health Risk Management Approach in Australia*, Journal of Allied Health, 31, 1, 10-14.

Plampling D., Gordon P., and Pratt J. (2000) *Modernising the NHS: Practical partnerships for health and local authorities*, BMJ 2000; 320:1723-1725

Roussos S.T & Fawcett S.B. (2000) *A review of collaborative partnerships as a strategy for improving community health.* Annual Review of Public Health; 21:369-402.

Shaw S., Aschcroft J. and Petchey R. (2006) *Barriers and opportunities for developing sustainable relationships for health improvement: The case of public health and primary care in the UK*, Critical Public Health, March 2006; 16(1): 73-88.

Small R., Brown S., Dawson W., Watson L. and Lumley J., (2004) *PRISM: Mounting a community-randomised trial. Establishing partnerships with local government*, Australia and New Zealand Public Health 28:471-5.

Stern R. and Green J. (2005) *Boundary workers and the management of frustration: a case study of two Healthy City partnerships*, Health Promotion International Vol 20 No 3.

Sydney West Area Health Service, (2006), *Local Government Partnership Consultations,* SWAHS Centre for Population Health, Sydney.

Walker R., (2000) *Collaboration and Alliances: a review for VicHealth*

Walker R., Gardner H., and Robinson Y., (2002) *Strategic Alliances in Public Health*, Health Policy in Australia, Second Edition.

World Health Organisation (1986), *Ottawa Charter for Health Promotion*. In First International Conference on Health Promotion., Ottawa.

Zahner Susan J., (2005) *Local Public Health System Partnerships,* Public Health Reports: January-February 2005, Volume 120.

24 January 2008

Partnerships & Research
GSAHS
Bega Hospital
PO Box 173
Bega 2500
Tel: 6492 9195
Mobile: 0408 936728

Name
General Manager
Council etc…

Dear

Partnerships for Healthier Communities Survey

I am writing to ask you to contribute the experiences of you and your staff at ***** Council in relation to any partnership work you may have undertaken with Greater Southern Area Health Service (GSAHS).

A key component of my role as Manager of Partnerships and Research in the Population Health Division of GSAHS involves the support of GSAHS staff to develop and implement effective working relationships with the 39 Local Governments in our health region. I have also recently been awarded a scholarship under the Rural Research Capacity Building Program by the NSW Institute for Rural Clinical Services and Training to undertake research into this partnership work.

Included is background information about the research project and a survey which I hope you and your staff will complete. This survey hopes to build on the valuable findings gathered in the Local Government Public Health Survey embarked on in 2004[1], which your council may have contributed to.

In the interests of discovering critical factors for positive and effective collaborative work in the future, I hope that you will consider participating in this study but you are under no obligation to do so. GSAHS will continue to foster relationships with your Council whatever decision you should make.

Please return the survey by 25th February. In anticipation of your response.

Yours sincerely

Alison MacTaggart Lamb
Principal Investigator

[1] PUBLIC HEALTH IN NSW LOCAL GOVERNMENT, Results of Local Government Public Health Survey, Local Government and Shires Association of NSW, 2005.

Partnerships for Healthier Communities Survey Background Information Sheet

My name is Alison MacTaggart Lamb. I am researching partnership arrangements between Greater Southern Area Health Service and Local Governments, with a scholarship awarded by the Rural Research Capacity Building Program of the NSW Institute for Rural Clinical Services and Training.

Background Information

The *Partnerships for Healthier Communities* initiative of Greater Southern Area Health Service (GSAHS) and partner Local Government Areas, NSW, builds on existing work with local government to develop partnership approaches that address the broader determinants of health. Local governments clearly have a leadership role to play as they directly influence the health and wellbeing of their community and as the government closest to the people, they also have the mechanisms to engage people in the life of their community. This initiative aims to create solid partnerships between organisations that have influence over the factors that determine health, to enable them to plan jointly to improve the health of their communities.

What is this survey about?

The aim of this survey is to obtain **information about the nature and extent of any partnership work** that your Council may have undertaken with Greater Southern Area Health Service (GSAHS). It will build on the findings of the Local Government Public Health Survey[2] 2004, which your council may have contributed to. This current survey focuses on partnerships that have broader aims and are working to address the factors that impact on and improve the health of our communities.

The study is the first stage of a larger research project which will discover if any partnership work is concentrated on social determinant factors such as increasing social connectedness; exploring transport issues and options; expanding employment and educational opportunities; addressing environmental and economic concerns identified by communities etc. A second stage will carry out case studies to look in-depth at specific partnership work. Future research will consider how to measure outcomes achieved by partnership work.

What will the findings be used for?

It is anticipated that the findings from this survey **will help us learn how to make partnerships work and enable us to work more effectively together to build healthier communities** in our local region. We hope to use the findings to develop a

[1] PUBLIC HEALTH IN NSW LOCAL GOVERNMENT, Results of Local Government Public Health Survey, Local Government and Shires Association of NSW, 2005.

partnership model that will enable both agencies to achieve strategic outcomes in relation to the populations in our region: to both support Local Government in the new strategic planning reform to build healthy and sustainable communities and to assist GSAHS to address some of the broader determinants of health.

The findings from the survey will be disseminated in a report to each of the 39 Councils in the GSAHS region; to the NSW Health Local Government Special Interest Group and to other interested groups in NSW. It is also intended to publish in relevant journal articles and to present this work at conferences.

The results of this survey will remain anonymous and not be linked to any individual council or staff member in any subsequent reports or journal articles that are developed from the findings. A coded identifier has been provided on your survey simply to allow the researcher to link responses with other councils of similar type and size when analyzing the information and to identify specific councils for future research. Only the researcher will have access to the file that links the codes to each council.

Partnerships for Healthier Communities Survey

How to complete this survey

It would be beneficial if senior council staff that oversee or have knowledge of any partnership work were to provide input to this survey **as a group** to ensure that a broad snapshot is captured. The researcher acknowledges that this may take some time and is appreciative of this.

It is important that the research findings accurately reflect the views of your Council in relation to partnering with GSAHS. Please be frank and honest when responding to questions as all responses are welcomed. Your responses will not affect your relationship with GSAHS and neither will a decision to withdraw at any point during the research.

What is meant by a partnership?

The meaning of partnership in the context of this survey covers a range of collaborative or joint working relationships that extend beyond cross-referral work or the regulated public health work that often takes place between Council and Health employees. **The study looks at the types of relationships that are undertaken voluntarily and are specifically developed to address health issues at the population level**. This could include activities such as developing and implementing social planning objectives for eg working together to increase transport opportunities; undertaking a Health Impact Assessment; or addressing the needs of particular disadvantaged groups.

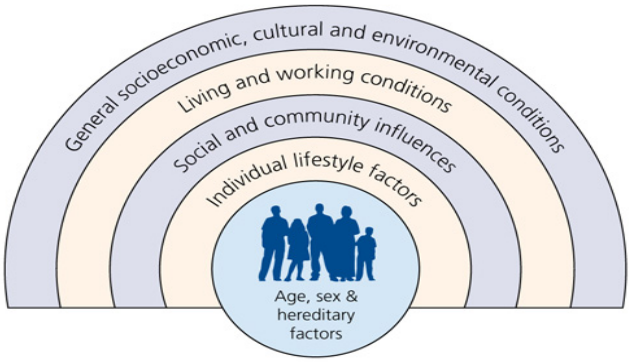
Healthy Communities Approach

The World Health Organisation's Healthy Cities' approach, which seeks to put health high on the political and social agenda and to build a strong movement for public health at the local level, has been adopted in various forms by some local governments in our region. Although it is often difficult to faithfully reflect the world model due to geographical and resource factors, these councils often aim to put emphasis on equity and collaboration and action to address the determinants of health.

Social Determinants of Health

The study seeks to find out whether any partnership work is specifically focused on addressing the social determinants of health – the varied social, economic and environmental factors that determine the health of both individuals and communities. This is depicted in Dahlgren and Whitehead's Rainbow where concentric circles represent the varying factors that impact on the health of individuals, and by implication, communities. Although "health" is a major component of the rainbow, it is

evident that over and above individual factors the social, community, living and working environments all influence our health status.



Source: Dahlgren and Whitehead 1991

Councils often use different terms to health services when talking about the determinants of health. They talk about social factors and building healthy communities. Although health services and councils may use different terms it is recognized that they are often talking about the same thing.

Within a local government context, the social determinant aspects encompass a range of circumstances that exist for individuals and communities in relation to: education; employment; housing; transport; physical environments; social support/isolation; early life opportunities; access to cheap and nutritious food; access to appropriate services; and social inclusion/exclusion aspects. It is important to make clear that the social determinant focus may change from one local government area to another and that this list is not meant to be exclusive or prescriptive.

Any initiatives that aim to consider aspects of disadvantage or inequity in relation to these determinants are of particular interest in this study.

Returning the survey

A stamped address envelope is provided for you to return to the researcher. Return of a completed survey will indicate that you consent to take part in this study. If you do not wish to participate please feel free to return a blank survey. You will not be contacted again if you do so. If you don't return either a completed or a blank survey, the researcher will contact you in a few weeks to clarify if you still wish to participate in the study.

Please return the survey by 25th February.

Further help

If you wish to discuss the study please contact Alison MacTaggart Lamb on 0408 936728 or alison.mactaggart@gsahs.health.nsw.gov.au .

This study has been approved by GSAHS Human Research and Ethics Committee.

If you wish to make a complaint about the conduct of this research please contact: Complaints Officer, GSAHS HREC, PO Box 3095, Albury 2640 p: 6080 8900, f: 6080 8999.

Partnerships for Healthier Communities Survey

Section 1 General Partnership information

1.1 Please indicate the number of "partnership" type relationships that you currently have with GSAHS:

0 ☐ If you have ticked none please go to Section 3.

1-5 ☐ 6-10 ☐ 11 or more ☐

If you have numerous partnership arrangements with GSAHS this response may require you to seek information across all of Council.

1.2 **Purpose of partnership**
Please indicate how the above partnerships correspond to the categories below:

Purpose of partnerships - please tick as many as apply:

☐ Response to Council business plan objective

☐ General collaborative working

☐ Shared planning objectives

☐ Response to an identified health or community concern

☐ To seek funding

☐ Government or Legislative requirement

☐ Other – please provide information ……..

……

1.3 Number of partnerships that have the following as a main priority:

……. Health Protection eg Needle Syringe Program activities

……. Healthy Lifestyles eg increasing physical activity options

……. Healthy Communities ie specifically using an approach that addresses the social factors of health eg working on transport, social disadvantage issues

Section 2 Specific Partnership information

Please describe **two** examples of partnerships (preferably those focusing on social determinants) – one that you consider to **more** effective and one that you consider to be **less** effective to give more information below.

For Example 1:
Please describe a partnership arrangement that your Council considers to be **more** effective:

2.1.1 Please describe briefly the nature of the partnership.

…….

…….

…….

…….

…….

…….

…….

…….

2.1.2 Partnership establishment
What activities were undertaken in establishing the partnership? Please tick as many as apply.

- ☐ Identified members or key stakeholders
- ☐ Defined roles and responsibilities of members
- ☐ Defined common goal or aim to work towards
- ☐ Defined components to share in partnership eg resources, data etc
- ☐ Budget/resources allocation to set up partnership
- ☐ Budget/resources allocation to progress partnership aims
- ☐ Considered the building of trust as a key aspect to partnership
- ☐ Time allowed for partnership to develop
- ☐ Agreed a plan of action
- ☐ Signed formal agreement such as MOU exists
- ☐ Informal agreement exists
- ☐ Involvement of community members
- ☐ Other – please provide information …….

……

……

……

2.1.3 Partnership activities

What activities were undertaken in the course of the partnership? Please tick as many as apply.

☐ Information sharing eg datasets, previous strategic plans

☐ Planning activities such as facilities planning or working on social plan

☐ Project implementation

☐ Evaluation of achievements

☐ Joint community consultations

☐ Interagency meetings

☐ Health or Social Impact Assessment

☐ Sought funding

☐ Other – please provide information …….

……

……

2.1.4 Who initiated the partnership?

☐ GSAHS ☐ Both

☐ Your Council ☐ Not sure

2.1.5 Partnership Aims

2.1.5a Does the partnership adopt the World Health Organisation Healthy Communities model?
YES/NO

2.1.5b Does the partnership aim to specifically address the social determinants of health?
YES/NO

Please describe how this is being done: (use additional pages if required)

……

……

……

……

……

……

2.1.6 Partnership effectiveness:
To what extent do you agree with the following statement (please tick one box):

The partnership was useful in achieving council aims:

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

2.1.7 Addressing social determinants (if applicable):
To what extent do you agree with the following statement (please tick one box):

The partnership was effective in addressing social determinants:

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

For Example 2:

Please describe a partnership arrangement that your Council considers to be **less** effective

2.2.1 Please describe briefly the nature of partnership.

…….

…….

…….

…….

…….

…….

…….

…….

2.2.2 Partnership establishment
What activities were undertaken in establishing the partnership? Please tick as many as apply.

☐ Identified members or key stakeholders

☐ Defined roles and responsibilities of members

☐ Defined common goal or aim to work towards

☐ Defined components to share in partnership eg resources, data etc

☐ Budget/resources allocation to set up partnership

☐ Budget/resources allocation to progress partnership aims

☐ Considered the building of trust as a key aspect to partnership

☐ Time allowed for partnership to develop

☐ Agreed a plan of action

☐ Signed formal agreement such as MOU exists

☐ Informal agreement exists

☐ Involvement of community members

☐ Other – please provide information …….

…….

2.2.3 Partnership activities

What activities were undertaken in the course of the partnership? Please tick as many as apply.

☐ Information sharing eg datasets, previous strategic plans

☐ Planning activities such as facilities planning or working on social plan

☐ Project implementation

☐ Evaluation of achievements

☐ Joint community consultations

☐ Interagency meetings

☐ Health or Social Impact Assessment

☐ Sought funding

☐ Other – please provide information …….

…….

…….

2.2.4 Who initiated the partnership?

☐ GSAHS ☐ Both

☐ Your Council ☐ Not sure

2.2.5 Partnership Aims

2.5a Does the partnership adopt the World Health Organisation Healthy Communities model?
YES/NO

2.5b Does the partnership aim to specifically address the social determinants of health?
YES/NO

Please describe how this is being done: (use additional pages if required)

…….

…….

……

……

……

……

2.2.6 Partnership effectiveness:
To what extent do you agree with the following statement (please tick one box):

The partnership was useful in achieving council aims:

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

2.2.7 Addressing social determinants (if applicable):
To what extent do you agree with the following statement (please tick one box):

The partnership was effective in addressing social determinants:

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

2.3 Has the experience with the above partnership examples encouraged your Council to continue to work in partnership with GSAHS?
Yes/No

2.3a. If yes, please provide some information about what this means

……

……

……

……

……

2.3b. If no, please provide some information about why this has affected any future partnership work with GSAHS?

……

……

……

……

……

Section 3 Council views on partnership

3.1 Would you say that your organisation is generally supportive of partnership working? Yes/No

3.2. If yes, please describe how this is expressed in agency practice:

…….

…….

…….

…….

…….

3.3 Please explain any benefits/value of partnership work with GSAHS from your Council's perspective:

…….

…….

…….

…….

3.4 Please describe the challenges of partnership work with GSAHS from your Council's perspective:

…….

…….

…….

…….

…….

3.5 From the perspective of your Council, what are the critical partnership components that should exist to achieve changes at a community level?

…….

…….

…….

…….

…….

3.6 How can Councils and GSAHS best work together to address wider and often more complex issues such as the social determinants of health?

…….

…….

…….

…….

…….

…….

3.7 Do you think it is useful to have agreements (either formal or informal) between health services and Councils that identify key actions for any partnership work?

YES/NO

3.8 Does your council participate in any Region of Councils (ROC) or similar strategic alliance group with other councils?

YES/NO If YES, which ……

3.9 Is there any further comments you would like to make?

…….

…….

…….

…….

…….

For further information contact:

Alison MacTaggart Lamb on 0408 936728 or

alison.mactaggart@gsahs.health.nsw.gov.au

THANK YOU FOR PARTICIPATING IN THIS SURVEY

Appendix 3

Table 1 showing response rates to survey questions

Survey Question	Theme	Response Rate
Survey	Partnerships for Healthier Communities	19 completed surveys 3 blank surveys
Section 1: General Partnership Information		
1.1	Number of partnerships	19
1.2.	Purpose	14
1.3	Number of partnerships by approach	13 responses 32 partnerships tallied
Section 2: Specific Partnership Information		
2.1.1	Description of **more effective** partnership example (a)	15
2.1.2	Activities undertaken to establish partnership (a)	15
2.1.3	Activities undertaken to implement partnership (a)	15
2.1.4	Partnership initiation (a)	15
2.1.5	Partnership Aims (a)	15
2.1.6	Efficacy to achieve council aims	15
2.1.7	Efficacy to address social determinant outcomes	14
2.2.1	Description of **less effective** partnership example (b)	9
2.2.2	Activities undertaken to establish partnership (b)	9
2.2.3	Activities undertaken to implement partnership (b)	9
2.2.4	Partnership initiation (b)	9
2.2.5	Partnership Aims (b)	9
2.2.6	Efficacy to achieve council aims	9
2.2.7	Efficacy to address social determinant outcomes	9
2.3	Encourage to work in partnership with GSAHS	14
2.3a	Reasons for willing to work in partnership	9
2.3b	Reasons for not willing to work in partnership	3
Section 3: Council views on partnership		
3.1	Generally supportive of partnerships	17
3.2	Details of agency practice	15
3.3	Benefits of partnership with GSAHS	16
3.4	Challenges of partnership with GSAHS	16
3.5	Partnership factors to achieve community level changes	15
3.6	Strategies to address social determinants of health	16
3.7	Useful to have agreements	16
3.8	Participate in ROC	18
3.9	Further comments	7