



Working With Community Partners

Five critical takeaways for healthcare leaders.

As we reflect on healthcare’s journey through COVID-19, this unique time calls for a new set of strategies and innovations to address the needs of the populations we serve. This is true in response to the pandemic and to other community-based public health needs and inequities within systems that the pandemic exposed. As with many efforts to impact health and equity, the systemic effects of COVID-19 cannot be addressed by healthcare alone.

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Healthcare leaders recognize the importance of the following statements, yet many struggle to orient their organizations to address them: health and well-being are created primarily *outside* the walls of the healthcare organization; to be agents of a health-creating system (while still maintaining the core role of healing illness), healthcare

organizations have an increasing opportunity and responsibility to partner with leaders, agencies and members in the community.

Many of the successful strategies for improving health require understanding the needs and assets of the community, joining existing efforts and community-level coalitions, establishing shared aims and interventions and leveraging potentially shared financing best practices within the community. Based on the Institute for Healthcare Improvement’s work with partners in hundreds of U.S. healthcare organizations and communities, including through the 100 Million Healthier Lives initiative, IHI has distilled five critical takeaways to guide healthcare leaders, no matter where they are on the journey.

Recognize that the journey toward health and the journey toward equity are the same. Achieving population-level outcomes in health for the specific groups your organization cares for, as well as for the broader community, requires a total commitment to equity; anything less risks certain failure since we work within inequitable systems and structures. The necessary work includes explicitly naming racism and other-isms, and acknowledging the role they play

in inequities in physical and mental health and well-being. It also includes a personal examination of your own leadership style and values related to eliminating oppression in all its forms. Finally, this type of leadership includes looking beyond the provision of traditional healthcare for other avenues to effect change such as addressing homelessness, food insecurity and mass incarceration.

Expand the notion of partnership beyond community benefit and “engagement.” Beyond the provision of community benefit, healthcare has many levers for change and roles within a community. For example, healthcare organizations purchase billions of dollars’ worth of food and goods each year to run hospitals and clinics, and they manage investment portfolios. By aligning institutional needs (e.g., hiring, purchasing, investment) with community needs and available suppliers, healthcare can have a significant impact on the community’s long-term economic security, population health and equity. Exploring the roles your organization plays within the community, and also the current and historical power that comes with those roles, will enable you to leverage these assets in your partnerships. This work will likely require a strategic rebalance of how community benefit is used across the

system, moving dollars away from low-leverage interventions and toward aligned community investments.

Understand what you are trying to accomplish with community partnerships. Not all community partners and purposes for partnership are alike. Partners engaged to improve care for patients, those engaged to meet the social needs of your population, or those you collaborate with as part of a community coalition to address health could all be different organizations with varying scopes. Some relationships may be informal and on an as-needed basis. Other relationships may require more formal agreements, particularly when you are relying on the partner for service delivery (e.g., referral agencies, co-located services). This might be as simple as a partnership memorandum of understanding for referrals, or extend to more formal arrangements such as data use agreements or preferred vendor contracts.

When tapping into coalition-driven work, health system leaders might need a multipronged partnership strategy for all stakeholders involved. Knowing what you want to accomplish together in the coalition, in service of and with a defined population, will help drive your engagement strategy and the work you do together. Recognize, however, that true partnership is a challenge for health systems because of their size compared with other community partner organizations. Be prepared to listen and willing to go in directions that might not be self-serving to the health system but that are the most strategic to meet the needs of your patients and the community.

Explore what is meaningful to both the health system and the community, and choose measures that reflect shared priorities. It is true that “what gets measured gets done.” Measurement can and should be both a tool for learning *and* a way to identify what matters most to the community. It is essential that your population health and equity work includes a set of measures that are meaningful to both the health system and the community. The good news is that there are measures that are meaningful to partners in healthcare, community-based organizations, and, most importantly, to community residents themselves. Choose a set of measures that reflects the priorities of the community, that are clear and simple, and that consider both quantitative and qualitative data. In IHI’s experience, measuring well-being is a simple and powerful place to start. Individual well-being matters deeply to people, can be tracked alongside other measures of health, and can be a clear way to help understand gaps in, and strategies to address, equity. Lastly, resist the temptation to get stuck in such a protracted process of identifying and selecting measures that it keeps you from doing the work. Apply improvement science principles of continuous testing and learning to keep the work focused on action.

Implement true co-design by aligning healthcare and community assets and building on each other’s strengths. Whether your healthcare organization is testing and scaling social needs interventions for specific patient populations or pursuing a long-term community health strategy, it is crucial to understand the roles and tasks uniquely suited for the health system. Avoid unnecessarily taking on tasks better suited for a

partner agency or coalition. Rather than build your own strategy, start by tapping into existing work in the community. Map existing community assets and integrate them with the healthcare organization’s assets (e.g., medical expertise and research, employment, purchasing power, physical space in which to collaborate). In addition, partner with community members to better deploy your resources and build more trusting relationships with the community at large.

The COVID-19 pandemic has exposed numerous opportunities to heal our broken systems—including and beyond healthcare—in ways that bring about true health, well-being and equity. Healthcare leaders have a unique opportunity to help make this moment one of true resilience and recovery, and these five principles provide a way to lean in and lead forward. ▲



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Editor’s note: Visit [ihi.org/100MLives](https://www.ihi.org/100MLives) to watch the Leadership Insights

videos that present conversations with population health leaders that build on these five takeaways.