Local Acts

THE VIABILITY OF COMMUNITY PARTNERSHIPS INITIATED BY EXTERNAL FUNDERS

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During the past decade, in recognition of the complexity of community health problems and the need for solutions that span multiple sectors, both government and foundation funders have sought to foster the development of community coalitions or partnerships.¹⁻⁸ Many view such coalitions or collaboratives as a way to combine the knowledge, expertise, and resources of a wide array of people and organizations in the hopes of achieving a richer understanding of the problem, fostering credibility within the community, and developing innovative and feasible solutions.^{3,9-11} In addition, funders hope that the development of individual and institutional capacity, the shared sense of commitment and purpose among the partners,² and the new relationships that form will sustain the effort beyond the period of grant funding.^{9,12}

Much of the literature about coalitions focuses on the challenges of creating partnerships and managing collaborative processes,⁴ as well as the difficulty of documenting the impact of community coalitions on health and well-being.^{8,10,13,14} Less research has been conducted on understanding what factors contribute to the ability of a coalition to implement an initiative⁶ or to sustain its efforts over time.^{11,15-19} This article contributes to the current body of knowledge by providing empirical evidence regarding the viability of externally funded partnerships that developed solely in response to a targeted funding opportunity.

INITIATIVE SUMMARY

In the mid-1980s, New York City (NYC), like many other urban areas worldwide, experienced a rapid rise in the prevalence of asthma and the rate of hospitalizations for asthma, particularly among young children. With substantial tax-leveed funding, the Department of Health and Mental Hygiene (DOHMH) created the New York City Childhood Asthma Initiative (NYCCAI) to increase community awareness, understanding, and

capacity around childhood asthma to help reduce its prevalence and morbidity.

DOHMH envisioned community partnerships as one component of a broad, community-based intervention for improved secondary prevention of asthma morbidity. Agencies receiving funding from the NYCCAI were contractually obligated to conduct community education on asthma, direct asthma education and case coordination with a set number of asthmatic children in the community, and create community partnerships.

In utilizing a community partnership approach, the DOHMH elected to pursue a particular strategy: funding a lead agency in targeted communities for a time-limited period (three years) to develop and implement a partnership around the issue of childhood asthma. DOHMH provided funding to the lead agency only, although the lead agencies had a small amount of discretionary funds to use for small projects that could be granted to participants in the partnership. DOHMH entered into a deliverables-based contract with each lead agency. For the partnership component, deliverables included constituting a formal partnership, developing a mission statement, devising an intervention plan, and launching partner-sponsored asthma activities. DOHMH's fundamental goal in the creation of partnerships was to engage the participation of health, housing, and social-service providers to help close gaps in the delivery of clinical care to asthmatic children, and address difficulties in coordinating advice around the management of asthma as a chronic condition through community-level change.

METHODS

Assessing the community partnerships within the NYCCAI was a component of a larger evaluation of the initiative, focusing on three targeted communities in the Bronx, Brooklyn, and Queens. Evaluation of the initiative's community partnership component utilized qualitative data collection techniques and included a comprehensive assessment of program implementation. Team members visited each of the three intervention sites multiple times to conduct a total of 17 in-depth interviews with 14 key personnel from the lead agencies and 21 community partners across the sites. Community key informants were selected based on their participation in the coalitions and referred to the evaluation team by leaders of the community

agencies. The evaluation team used semistructured interview protocols to collect data on various topics relating to the partnerships, including their purpose, structure, role, governance, accomplishments, leadership style, status, and sustainability.

The evaluation team also reviewed partnership materials spanning the lifecycle of each partnership. These documents ranged from initial planning documents to implementation timelines and materials related to the programs' launch and operation. Agencies supplied the team with monthly reports on partnership activities, attendance logs and minutes from all meetings, recruitment flyers (for members), and contracts with members.

The final piece of the process evaluation included the substantial observation of partnership meetings and activities sponsored by the partnerships. Evaluation team members attended at least three monthly meetings per site as participant observers, for a total of 12 monthly meetings, to study the interaction among members.

RESULTS

Feasibility of developing community partnerships

One of the most important questions was whether an external funding agency could mandate the development of viable community partnerships. DOHMH requirements mandated a multisector membership, but lead agencies had broad discretion in inviting and recruiting members. Lead agencies were able to bring a multisector group to the table, including representatives from schools, hospitals, social-service providers, elected officials, and religious groups, among others. Not all of the sites, however, were able to develop true, working partnerships.

One site instituted a partnership that closely resembled an advisory board, with no articulated responsibilities, sense of shared purpose, or unity between the lead agency and the partner organizations. In fact, in key informant interviews, most partners expressed a general lack of motivation to attend meetings, feeling that time was wasted updating the group rather than actively engaging the partners in planning and activities. Meetings observed by the evaluators were very poorly attended. This lack of a true collaboration was not surprising given that the lead agency made clear in an early interview that it entered into the partnership to secure funding for one of the other major components of the NYCCAI: a peer education program. This lead agency had no prior experience facilitating a community coalition and was one of two sites that initially subcontracted the community partnership component

of the project to another agency. By the end of the first year, the subcontracting arrangement had failed, and partnership activities were essentially suspended at this site prior to the end of the grant.

At the second site, the lead agency dominated the partnership. This lead agency also initially subcontracted the partnership due to its lack of experience with community coalitions, but then ended the subcontracting arrangement in the first year because of dissatisfaction with the progress in assembling a partnership. In this partnership, the lead agency served as primary decision maker, often announcing decisions to the group rather than calling for discussion from the involved parties, and then soliciting volunteers from the membership to conduct activities. At the grant's conclusion, the lead agency was unwilling to continue facilitating the partnership, although staff did express a willingness to stay involved in a reduced capacity. Given the agency's dominance in decision-making and relative lack of information sharing, it was not surprising that no other partner organization took responsibility for leading a continued partnership.

The final site created a collaborative partnership with shared ownership and leadership. The project manager assumed the role of facilitator rather than decision maker, and the work of the partnership was distributed among its members. Participants became actively engaged and involved throughout the entire process, as evidenced by high rates of attendance at both partnership meetings and events, and the level of participation in discussion. Moreover, the partnership as a whole made final decisions, even though much of the work was done in subcommittees. This partnership was the most successful of the three that we evaluated. The lead agency at this site had a long history of community collaboration and was able to build upon a proven track record.

Partnerships' effectiveness in developing and implementing interventions

The partnerships were effective in developing modest intervention plans that included education on asthma and asthma management, outreach to community institutions, and participation in other coalitions. Most of the activities sponsored by the partnerships were relatively well attended and well received. The partnerships were quite effective in educating their own members about asthma; many partners, particularly in the two more successful sites, participated in the asthma workshops conducted by the lead agencies and often, in turn, arranged for workshops in their home agencies. In the most successful site, partnership members became sufficiently educated such that partners other

than the lead agency conducted workshops in their own and other agencies.

The partnerships were less successful in facilitating community innovation and buy-in. The ability of the partnerships to accomplish these goals was hampered to a substantial degree by a tension inherent in the program. On the one hand, the DOHMH sought community involvement and input; on the other hand, it felt a concomitant need for accountability and control. To receive its funding, the lead agency needed to produce certain deliverables, according to a fairly rigid timetable. This checklist quality of the DOHMH contracting directed the partnerships onto a fairly narrow path and may have stifled other ideas and approaches for how to address asthma in their communities.

Sustainability of the partnerships

The sustainability of the community partnerships proved difficult. Only one site attempted to continue the partnership beyond the initial funding. The staff had very limited expertise in grant writing or other forms of fundraising and, although this partnership actively brainstormed and researched funding opportunities, its prospects for sustaining the partnership beyond the initial funding period appeared bleak at the conclusion of our evaluation period. We have since learned, however, that this site did manage to secure additional funding, and the asthma partnership continues in some form.

DISCUSSION

Lessons learned

This case study suggests that it is feasible for an external government agency to fund a lead community agency to bring a wide array of partners to the table, but that such funding is insufficient to guarantee a thriving partnership. Major obstacles to implementing healthy partnerships included a lack of experience with community partnerships and lack of commitment to the partnership as an approach.

The structure and mechanisms of funding provided by the external funder also affected the partnership development. The partnerships described in this article were built in response to the availability of funding to a single organization. A more desirable approach may be to either fund an existing coalition or fund a new collaborative by providing funding to a core of agencies rather than a single lead agency. In this way, the responsibility would necessarily be shared more equitably among partners, and the partners would feel a greater sense of ownership.

On the other hand, it is easier for a funder to deal with a single agency and hold that agency accountable. If contracting or accountability requirements necessitate funding a lead agency, it is clear that subcontracts for partnership development should be avoided. Furthermore, it appears important to select a lead agency with demonstrated commitment to community partnerships, and perhaps to require that the lead agency share a predetermined amount of its budget with partners.

Another major source of tension in the evaluated partnerships was created by the clash of the funder's need for accountability and the need for local input and control if a partnership is to have a sense of ownership and bring its knowledge of the community and creativity to bear. Because of the need to produce specific deliverables for payment, lead agencies may have felt that they could not offer partnerships the freedom to embark on open-ended endeavors with uncertain consequences. Funders are typically and understandably skeptical of projects with open-ended goals, yet allowing partnerships to define and develop their goals over time is part of the strength of collaboratives. One possible compromise might be for funders to explicitly allow open-ended goals but tie payment to periodic evaluation or assessment of those goals.

CONCLUSION

Sustainability past the period of funding cannot be assured, even under the best of circumstances. As Shediach-Rizkallah and Bone noted, sustainability requires an active approach.¹¹ Funders should articulate clearly and early to grantees that activities to achieve sustainability are encouraged and ideally reimbursed during the period of funding. DOHMH's contracts provided a set amount of funds for the creation and delivery of a sustainability plan, but did so only in the last year of the project. Funders need to articulate that sustainability is a goal of the funding and that the partnership is a long-term strategy, not a time-limited activity defined by the funding period. Beyond this, the external funder must actively encourage and support sustainability efforts by requiring a sustainability plan early on, requiring proof of attempts to gain funding, and providing technical assistance to support grant seeking.

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