Creating Connections for Healthier Communities:

The Community Clinics Initiative's Networking for Community Health Program

INTRODUCTION

The Networking for Community Health (NCH) program was formed by the Community Clinics Initiative (CCI) to strengthen community clinics' networking efforts to reinforce health centers' core mission of promoting community health. The need for networking has been accentuated by the current economic crisis, the changing landscape of health care and the potential for sweeping reforms to the health care system. Given clinics' expertise in providing clinical care and their long-standing connections to the communities they serve, clinics are well positioned to be key players in addressing these challenges and opportunities. By supporting clinics to access external expertise and resources from other organizations, CCI intends to help clinics take on the role as centers for community health.[1] CCI intentionally developed a flexible structure for the NCH program in order to support creativity and innovation, to learn from a variety of initial network forms and explore network impact on different types of health issues.

The Broader Community Clinics Initiative

- The NCH program is part of the Community Clinics Initiative, a joint project of Tides and The California Endowment. CCI began in 1999 as a one-time grantmaking program and has since grown into a $113 million initiative to enhance the capacity of California community clinics to provide high-quality health care for the underserved.
- Almost all of the NCH clinics (96%) have previously received a CCI grant; many have received multiple grants over the years and worked with CCI in a variety of contexts (e.g., served as Advisory Committee members, attended CCI-sponsored leadership trainings, assisted with CCI's online community).
- This review and analysis is part of larger evaluation that BTW *informing change* is conducting of the NCH program and the broader Initiative.

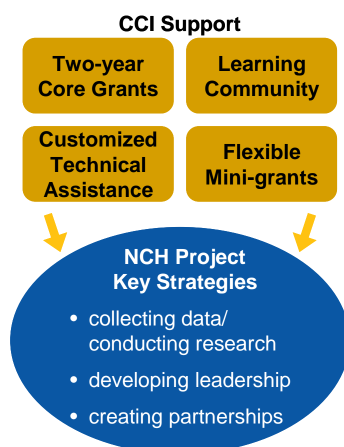
About This Document

- This document describes the NCH program at its mid-point. It is based on a review and analysis of the first annual grant report submitted by NCH clinic grantees and responses from a survey that was completed by 100% of clinic grantees and 75% of their core project partners. These tools asked about project activities, partnerships, accomplishments and challenges during the first grant year.
- Although clinics may have multiple partners that are involved with the NCH project, clinics were able to specify up to five partners who they consider core to their project to take the survey.
- The data presented in this document are self-reported based on respondents' knowledge and perceptions of their progress to date on their NCH project.

The Networking for Community Health Program

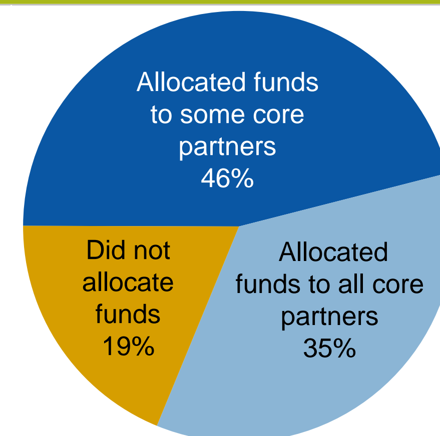
Program Strategies & Support

The NCH program provides $4.7 million to support networking projects that utilize three key strategies to achieve their goals: collecting data and/or conducting research, developing leadership and creating partnerships. In addition to grants, NCH supports a learning community for the clinics and their core partners, provides customized technical assistance and distributes mini-grants of up to $2,000 to address specific areas of unanticipated need (e.g., costs for conferences, transportation, expert advice, facilitators).



Grant Funding

- In 2008, 26 clinics received two-year grants averaging $180,000 (ranging from $80,000 to $200,000).
- While most clinics share some portion of their NCH funds with core partners (81%), the amount that each core partner is allocated ranges widely ($1,000 to $170,000) with an average allocation of $42,548 per core partner.



[1] A "center for community health" is defined by CCI as an organization or facility that performs a central and/or leadership role within an active network of individuals and organizations dedicated to promoting the health of an entire community; the center may or may not take the form of a particular physical facility.

THE NETWORKING FOR COMMUNITY HEALTH PROJECTS

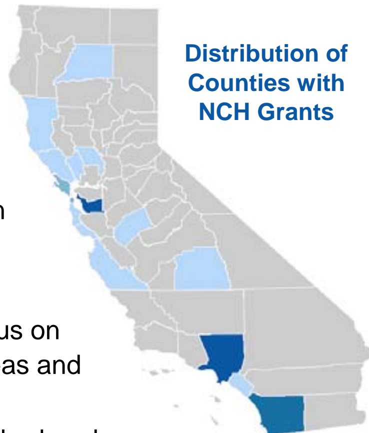
Project Content Areas

CCI encouraged NCH clinics to focus on key health needs in the communities they serve. As a result, the projects have a variety of foci, including:

- **Food access and security**: NCH projects focus on increasing residents' access to nutritious food by starting community gardens and farmers markets that integrate nutrition education and provide incentives to participate (e.g., voucher programs for market produce).
- **Community health education and advocacy**: NCH projects focus on engaging residents in healthier lifestyles (e.g., community fitness programs), empowering residents to advocate for community health (e.g., community health education, advocacy trainings), and improving access to health resources (e.g., health resource directories).
- **Environmental health**: NCH projects focus on reducing environmental hazards in the home and community (e.g., air pollution, pesticide exposure, ocean contaminants) as well as enhancing greening strategies within organizations (e.g., recycling, energy efficiency).
- **Coordinated systems**: NCH projects focus on partnering with other organizations (e.g., hospitals, AIDS volunteer network, Mexican consulate) to expand access to comprehensive health-related services and resources for specific populations (e.g., homeless, transgender population, farm workers).

Clients & Communities Served by Projects

- NCH clinics are located throughout the state of California, with 42% in the Bay Area, 31% in Southern California; 19% in the Central Valley and 8% in Northern California. The counties with the most NCH grants (as indicated by the darkest shading in the map to the right) are Los Angeles, Alameda and San Diego.

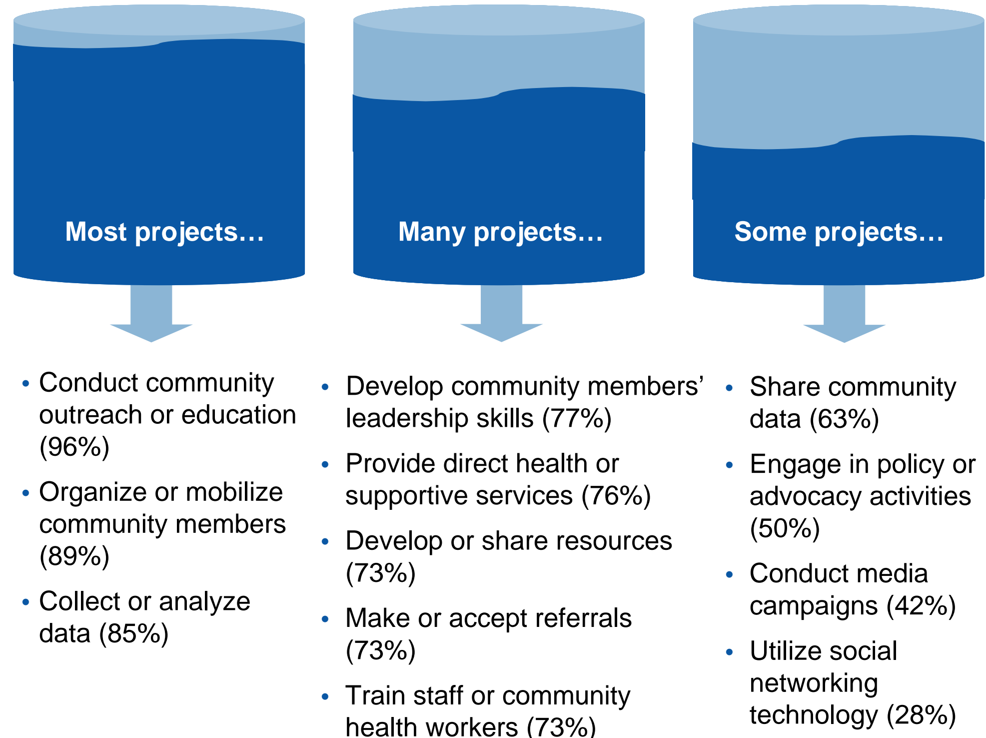


Distribution of Counties with NCH Grants

- About two-thirds of projects (68%) focus on urban settings, 36% focus on rural areas and 24% focus on suburban areas.
- Projects most commonly have a neighborhood- or city-level focus (48% and 36%, respectively). However, projects are also working to make change at county (20%), regional (28%) and state (20%) levels.
- While NCH projects *serve* a variety of population groups, some clinics report that their projects *focus* specifically on certain population groups. For example, 55% of projects focus on immigrants and/or refugees; 41% focus on populations with a specific health condition (e.g., diabetes, obesity, Hepatitis C); 32% focus on the homeless; and 40% focus on a specific racial or ethnic group, most frequently Hispanics/Latinos.

Project Activities

The projects conduct a variety of activities with NCH grant support. The following graphics display the percentage of projects currently or soon to be engaged in one or more of the activities listed below.



Most projects…

- Conduct community outreach or education (96%)
- Organize or mobilize community members (89%)
- Collect or analyze data (85%)

Many projects…

- Develop community members' leadership skills (77%)
- Provide direct health or supportive services (76%)
- Develop or share resources (73%)
- Make or accept referrals (73%)
- Train staff or community health workers (73%)

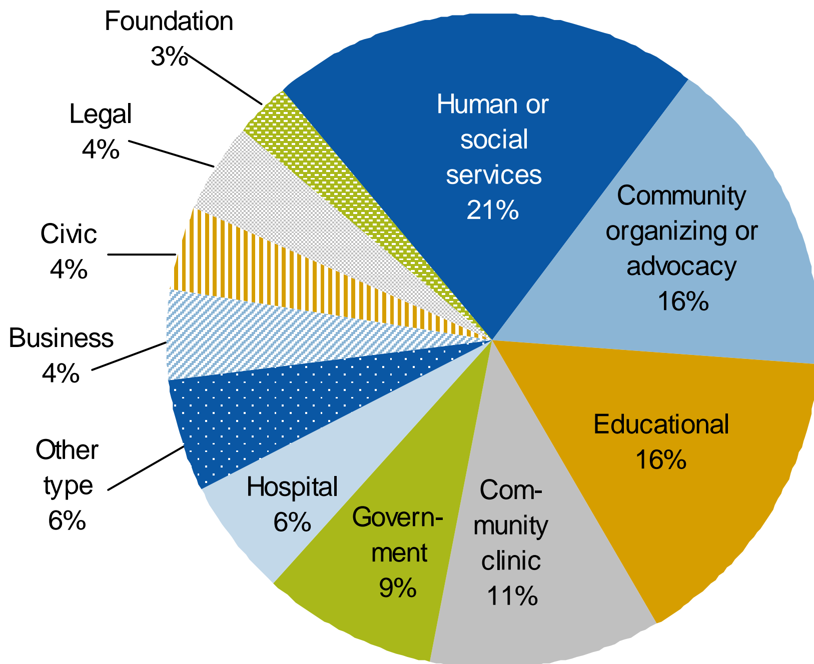
Some projects…

- Share community data (63%)
- Engage in policy or advocacy activities (50%)
- Conduct media campaigns (42%)
- Utilize social networking technology (28%)

PROJECT PARTNERSHIPS

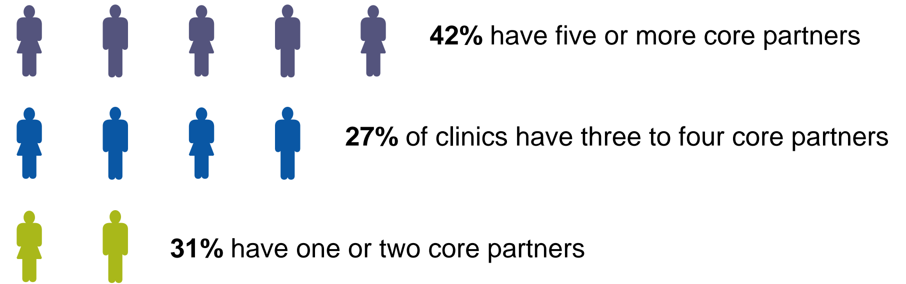
Types of Core Partners

All NCH clinics have formed partnerships with other organizations to further the goals of their projects. They are working with a wide spectrum of organizations, both traditional partners (e.g., common allies in the health care safety net) and non-traditional partners (i.e., organizations with which they have not partnered previously). Some partners are considered core to the project work, while others play a more peripheral role. Approximately three-quarters (74%) of the core partners provide health services or focus on health issues.



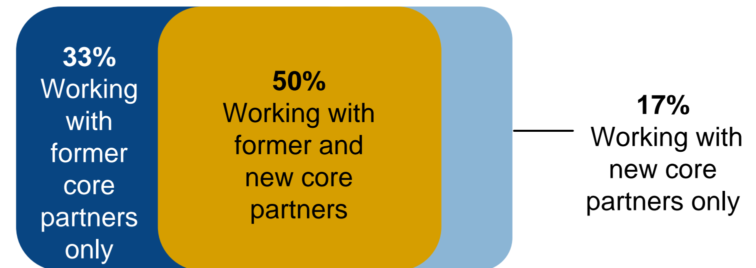
Number of Core Partners

NCH clinics have a range of partners that they consider core to their project.



Relationships with Core Partners

Most clinics are working with both new and former core partners.



"New relationships have formed between [our clinic] and the community, strengthening our mission to serve the needs of all our community members."

Promotores Promoting Health and Medical Homes

The Santa Cruz Women's Health Center is building on pre-existing relationships with three community resource centers—Familia Center, Live Oak Family Resource Center and Mountain Community Resources—to establish a community health worker or "promotores de salud" program. The Program has recruited 11 new promotores over the past year, providing them with trainings on the health care system, diabetes and nutrition and domestic violence. Promotores in turn provide health education at each partner's site and outreach within neighborhoods to discuss health conditions and connect residents to a medical home. Over the next year, the promotores will receive training in civic engagement and social justice to further their community leadership and advocacy work.

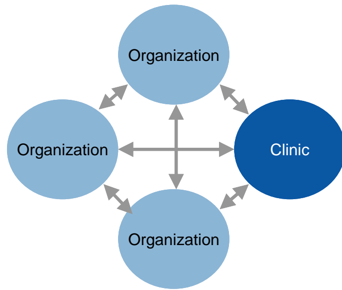
PROJECT PARTNERSHIPS (continued)

Characteristics of Partnerships

The types of NCH partnerships range in both size and structure. There are three typical partnership patterns emerging: tight-knit, broader community and hub-and-spoke partnerships.

Tight-knit partnerships:

- The clinic is a key player but not necessarily at the center of the partnership's work
- Usually work on a previously established project or have a project with a specific scope of work

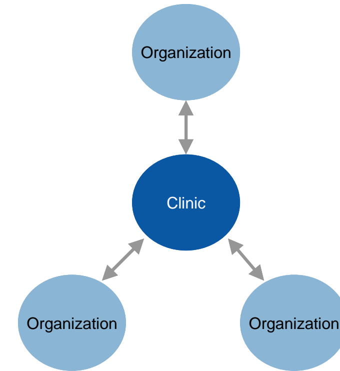


Broader community partnerships:

- Tend to have a large number of partners and broader representation from the community
- Usually include both individual and organization representatives
- Typically engages in a community assessment that informs the project's plan of action

Hub-and-spoke partnerships:

- The clinic facilitates the project and serves as the main communication hub
- Partners are usually selected for particular expertise or ability to reach target populations of the project



Assessment of Partnerships

NCH clinics and their core partners were asked to express their level of agreement about 13 aspects of their partnership (see specific statements below). While partnerships were time intensive and faced challenges, both clinics and core partners rate their partnership as very positive overall. For a few aspects of the partnership, core partners provide significantly higher ratings than clinics; these statements are marked with an asterisk (*).

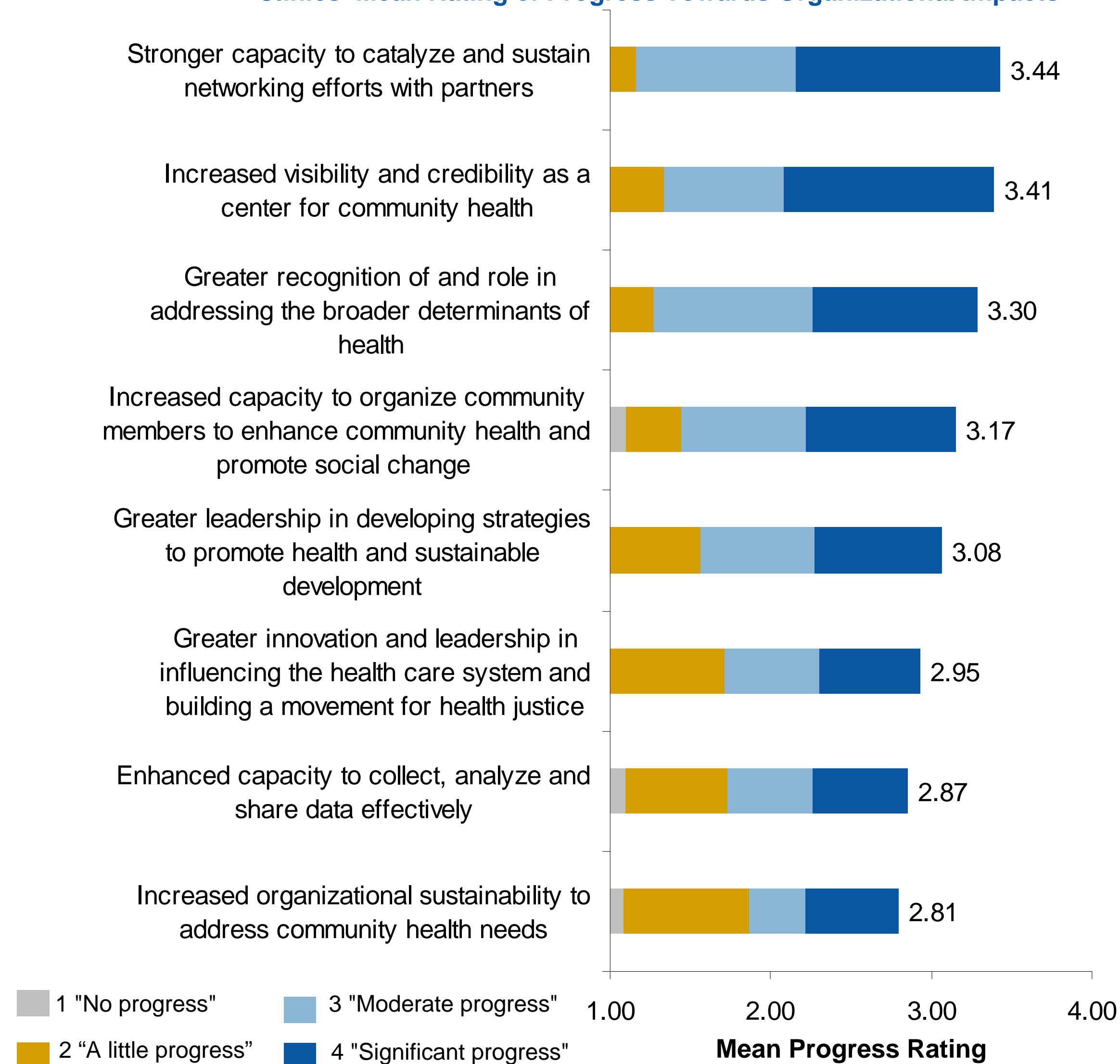
Average Project Partnership Assessment Ratings

❖❖ Respondents were asked to rate their agreement with each partnership statement on a scale that ranges from 1 to 4, where 1 indicates "strongly disagree" and 4 indicates "strongly agree." NCH clinics and core partners' mean agreement ratings are listed in parentheses after each partnership statement. ❖❖

- My organization's vision aligns or fits with the project's vision (3.78)
- Leaders at my organization express a commitment to the project (3.74)
- The project is guided by effective leaders (3.71)
- The project has clearly defined goals and objectives (3.67)
- Project information is shared freely and is accessible to all partners (3.63)
- Each partner is accountable for their contribution to the project (3.62)
- Decision making is shared among partners (3.58)
- There is trust and respect among all partners in the project (3.57)
- The partners have the appropriate combination of resources (e.g., time, money) needed to implement the project (3.51)*
- Partners are able to address barriers in a timely and constructive way (3.49)*
- There is an agreed upon and understood decision-making process (3.46)
- Each partner's areas of responsibility are clear and understood (3.42)
- The project has a plan for sustainability (3.15)*

Impacts of the NCH Project on Clinics[2]

As a result of their NCH projects, CCI hopes that NCH clinics will strengthen their capacity to promote the health of the communities they serve. The graph below shows the extent to which clinics report progress towards a range of organizational impacts as they work towards their NCH project goals. To date, the most notable progress has been their ability to form networks with partners and to increase their clinics' visibility and credibility. Clinics that report more positive partnerships (based on their partnership assessment ratings on page 4) tend to report more significant organizational impacts.



Creating Healthy & Safe Communities

The Healthy and Safe South Merced Project, led by Golden Valley Health Center and the Merced/Mariposa County Asthma Coalition, works to improve the health and safety of South Merced residents. The Project has created a city-approved Bicycle Advisory Commission that provides official recommendations on bicycle-related aspects of city transportation and land use policies. The project also has established resident walking groups, a community garden and organized three community groups (i.e., planning/services, health and safety) where residents gather to identify and advocate for community improvements. One community group has already succeeded in working with the city to make infrastructure improvements to a dangerous street intersection.

"In the past year, [our clinic] has continued to increase its visibility in the community as a true leader on matters of health policy, civic engagement and in mobilizing residents and clients to change the community health care landscape."

[2] Only NCH clinics, not core partners, were asked to report on the impact of the NCH grant on their organization. If an area was not an intended goal of the NCH project, survey respondents were not asked to report on progress.

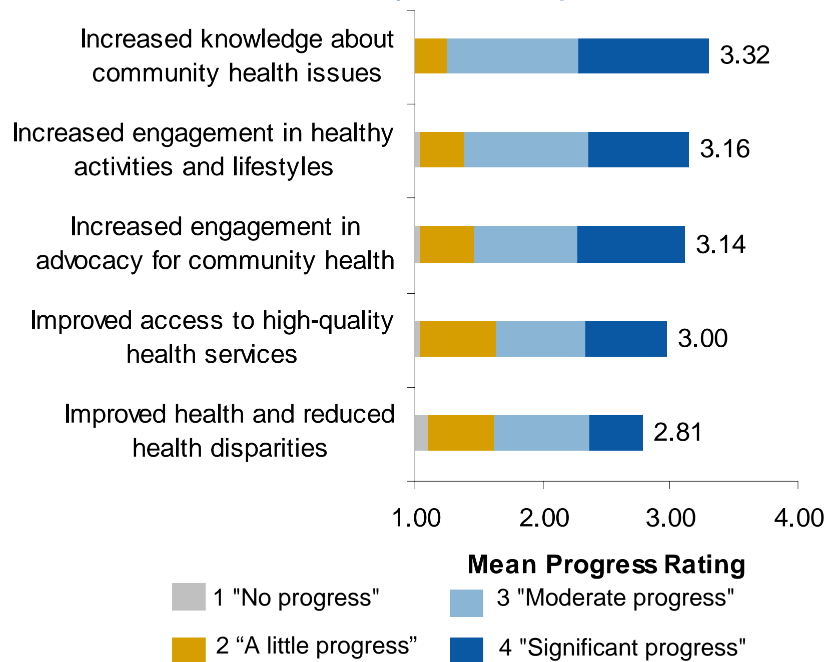
PROGRESS TO DATE (continued)

As NCH clinics strengthen their connections with other organizations and make progress towards becoming centers for community health, the NCH program expects that they will be better positioned to improve community members' health and contribute to more effective systems of health delivery and policies. Clinics and core partners self-report that their NCH projects are already making progress towards community member and systems-level impacts.

Community Member Impacts

Although NCH clinics and core partners have not collected standardized data to measure community impacts across projects, they perceive that their projects are making progress. Increases in residents' knowledge about health issues, engagement in healthy activities and advocacy for community health are the areas that clinics and partners report the most significant gains.

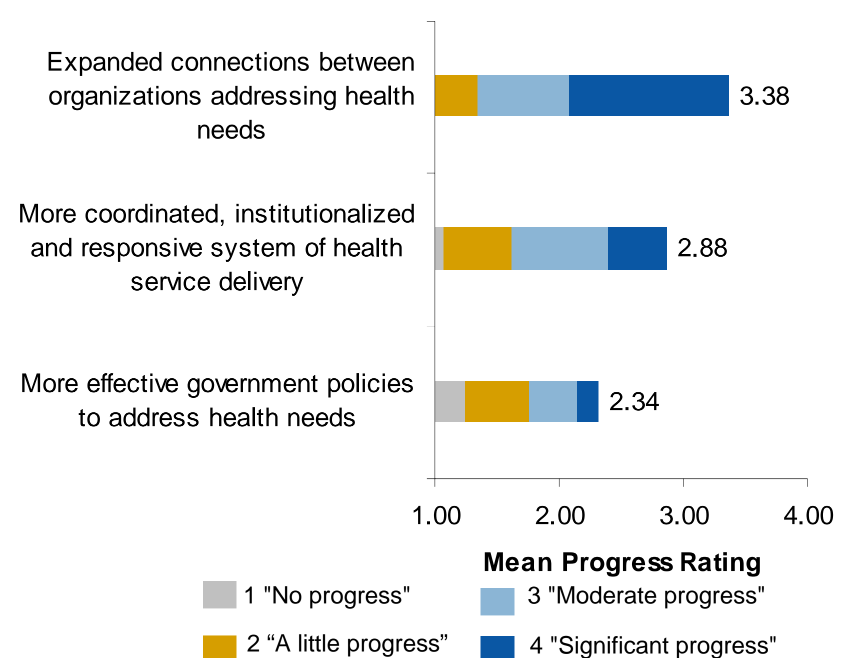
Clinics and Partners' Mean Rating of Progress Towards Community Member Impacts



Systems-level Impacts

Expanding connections and networks among organizations has been the area where NCH clinics and core partners perceive the most significant progress on a systems-level. Overall, core partners think that their projects are making greater progress towards effective public policies that address health needs as compared to the clinics with whom they partner.

Clinics and Partners' Mean Rating of Progress Towards Systems-level Impacts

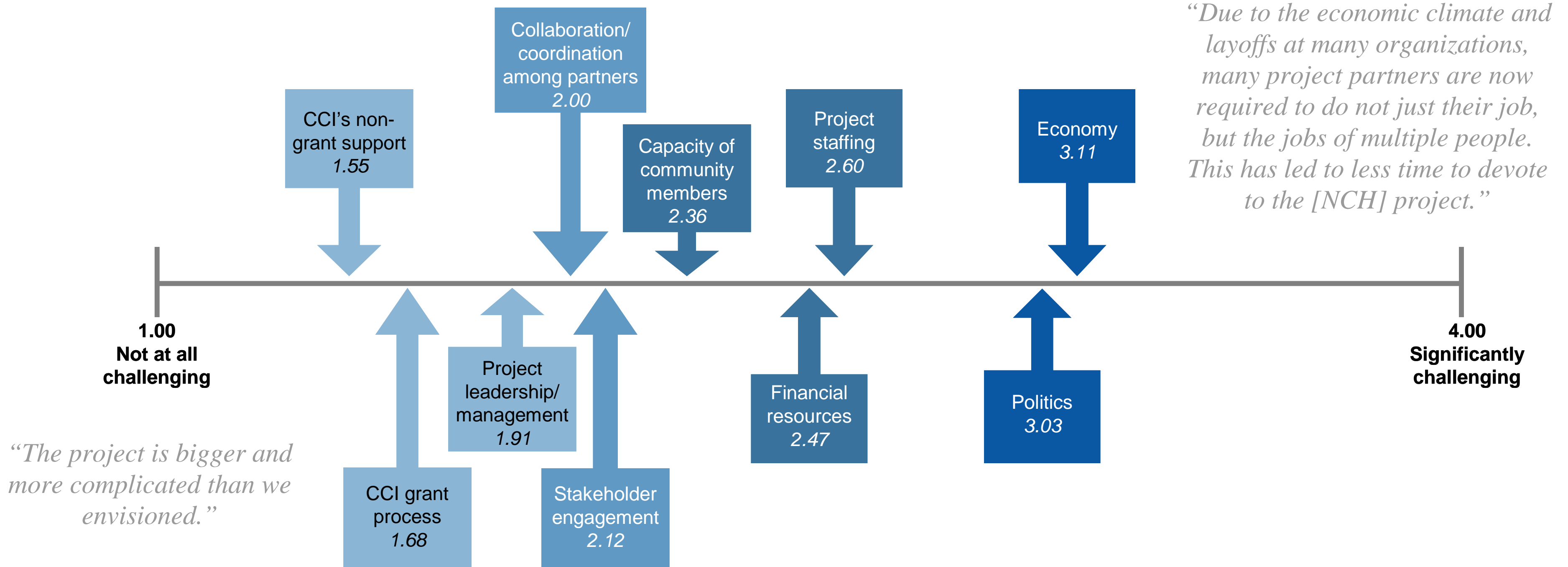


Coordinating Systems of Care for the Homeless

The HEARTH Project (Healthcare for Empowerment to Access Respite, Treatment and Housing) is a collaboration between Venice Family Clinic, Ocean Park Community Center and Saint John's Health Center to provide a coordinated system of care for homeless patients. As patients are discharged from hospitals, the agencies work together to connect patients to respite care, which provides room, board and follow-up services, allowing patients to fully recover in a healthy and safe environment. Fifty-two clients utilized the respite program during its first six months. Based on preliminary analyses of cost savings due to the program, the average cost per visit has decreased by $315 per outpatient visit and $1,120 per inpatient visit. The partnership continues to meet monthly to discuss patient cases and assess costs savings over a longer period of time.

PROJECT & PARTNERSHIP CHALLENGES

NCH clinics and their core partners encountered a variety of challenges during the first year of their project. The difficult economic and political environments resulted in very tangible barriers for NCH project implementation such as decreased organizational budgets and staff reductions. They report less significant challenges with individuals who were involved with the NCH project, including NCH project leadership and management, engagement with project partners and other key stakeholders. The areas of least challenge are CCI's support and processes (e.g., grantmaking requirements, learning communities, technical assistance).



"Due to the economic climate and layoffs at many organizations, many project partners are now required to do not just their job, but the jobs of multiple people. This has led to less time to devote to the [NCH] project."

"The project is bigger and more complicated than we envisioned."

CONSIDERATIONS FOR SUCCESS

Below, we summarize the most frequently cited lessons emerging from both project successes and challenges during the first phase of project implementation.

Project Planning

- **Ensure an appropriate level of committed project resources (e.g., budget and staff time) at NCH clinics and partner organizations**. Due to the dynamic and complicated nature of network partnerships, this is critical in all phases of the project from planning through implementation. Resource challenges can be exacerbated over time due to unexpected costs and organizational changes among partners.
- **Choose partners that complement the clinic's strengths and tangibly address its limitations**. Identify partners who have resources, experience or relationships needed to reach project goals. Consider utilizing a network mapping approach to determine key partnerships for project success. When possible, utilize pre-established models, curricula or tools.
- **Consider hiring a neutral facilitator to guide the partnership**. This type of facilitator can help manage meetings and decision making while project staff dedicate themselves to the relationships and the work at hand. Facilitators also can hold partners accountable without having one organization "take over" the project.

CONSIDERATIONS FOR SUCCESS (continued)

Partnerships

- **Communicate early and often about project goals, responsibilities and activities.** Establish a memorandum of understanding at the start of the project and conduct a launch meeting to clarify partner roles and responsibilities. Determine the best way to keep partners and internal staff informed about project progress and activities on an ongoing basis (e.g., monthly calendars, periodic newsletters, regularly scheduled meetings). Be clear about how funds are distributed within the partnership and what each organization is responsible for (e.g., meeting attendance, project implementation).

"Our clinic divided the grant award in half with a partner. However, since we were the lead agency, we did 80% of the work, yet had to make do with 50% of the funding. The budget allocations did not reflect the actual capacities and commitments of the partnering organizations."

- **Match "passion areas" to delegated responsibilities.** Identify each partner's particular interest or expertise (e.g., nutrition, finance, environment) and match that to specific project roles (e.g., spearheading a particular project committee). Individuals, including community residents, who have specific responsibilities within the partnership often feel greater ownership of the project, may draw on other networks to facilitate project success and, in the process, can enhance their own leadership and capacity for change.
- **Acknowledge and address organizational differences in the partnership.** Partnering with non-traditional or historically adversarial organizations can both hinder and/or facilitate the project's intended outcomes. At the start of the partnership, it is important to acknowledge differences and plan for what they mean for the partnership and project implementation.

Project Strategies

- **Recognize the expertise, time and cost associated with collecting data.** NCH clinics and partners express frustration with identifying data sources, collecting data and using it. Consider multiple ways to administer the project's data collection processes including: connecting with community leaders to facilitate survey outreach, posting surveys on Web sites and providing incentives for data completion. Talk with experts or experienced colleagues about ways to collect and use data.
- **Adapt messages for each key constituency.** Leave room and time in NCH budgets to adapt materials or presentations to accommodate different project audiences (e.g., youth, community leaders, monolingual or low-literacy community members). Involving community members (e.g., promotores, community liaisons) in outreach activities can be an effective way to reach key constituencies.

"The content and format of the training should most certainly be well-tailored to the needs, interests and experiences of the participants."

- **Build in flexibility when cultivating community capacity for policy advocacy.** Since the political environment changes quickly, it is important to keep patients, staff and promotores aware of current political circumstances on a regular basis and prepare them to respond nimbly as needed.

This document was produced in December 2009 by Regina Sheridan, Kim Ammann Howard and Kris Helé at BTW *informing change*. For more information about BTW or this evaluation, please contact Kim Ammann Howard at kahoward@btw.informingchange.com or visit our Web site at: www.btw.informingchange.com. For more information about the NCH program or CCI, contact Jane Stafford at jstafford@tides.org or visit CCI's Web site at: www.communityclinics.org.