

## **WEBINAR VIDEO TRANSCRIPT**

P4C HIV TAC Webinar

### **Engaging Public-Private Partnerships**

5 October 2016

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STEVE LUCKABAUGH: Good afternoon. My name is Steve Luckabaugh, and I'd like to welcome you to the Engaging Public-Private Partnerships Webinar. The webinar is brought to you by the Partnerships for Care, HIV Training Technical Assistance and Collaboration Center, HIV TAC.

The Partnerships for Care Project is a three-year multi-agency project funded by the secretary's Minority AIDS Initiative Fund, and the Affordable Care Act.

The goals of the project are to expand provision of HIV testing, prevention, care and treatment in health centers serving communities highly impacted by HIV, to build sustainable partnerships between health centers and their state health department and to improve health outcomes among people living with HIV, especially among racial and ethnic minorities.

The project is supported by the HIV Training, Technical Assistance and Collaboration Center, HIV TAC.

Our speaker today is Shayna Linov. Shayna is HealthHIV's Capacity Building Coordinator. In this position, she works across several of HealthHIV's programs to coordinate training and technical assistance activities for health departments, community-based organizations, AIDS service organizations and health care providers.

She is part of HealthHIV's National Technical Assistance Center, which builds the capacity of health departments and community organizations to respond to the HIV prevention, treatment and social service needs of communities at risk for and living with HIV.

She also coordinates training and capacity-building projects with HealthHIV's Fiscal Health Program, and 3D HIV Prevention Program. Please join me in welcoming Shayna Linov.

SHAYNA LINOVA: Thanks, Steve. I'm happy to be talking about public-private partnership today. I think this subject has been getting increasingly important, especially in the health care field. So I think for health centers, it can be especially relevant.

So on the next slide, I put a couple of learning objectives.

So I hope that by the end of this presentation, we will be able to define public-private partnerships in the context of HIV health care organizations, discuss the importance of

engaging in public-private partnerships to enhance organizational capacity and service delivery, outlined key steps to developing effective public-private partnerships for health care organizations.

And lastly, identify some best practices for developing public-private partnerships to advance health outcomes.

So I wanted to start just by asking everybody a question. My question is, how many of you are currently engaged in public-private partnerships with your organization? So it looks like a yes or no question. Sorry. It looks like all of you already are. So that's great.

And I think toward the end of this presentation, I'll be giving some examples of case studies and best practices of other public private partnerships. So you might be able to compare your own to those, and see what commonalities you have, and maybe compare challenges. So that's great.

I just wanted to start by giving some examples of what public and private entities would be in the context of health care. So a private entity could be a privately funded hospital, for-profit business, a philanthropic organization, pharmaceutical or other private business.

A public organization would be a health care organization, federally qualified health center, an academic institution, health department or a community-based organization.

Public-private partnerships, which are arrangements or agreements between a public agency and a private organization are generally characterized by shared decision making, and risk taking between the two organizations.

So a fundamental trait of any partnership is that they have common interests between the two organizations and they share in mutual responsibilities. And in the context of health care, both parties are committed to the improvement of health.

So the next slide refers back to the first bullet point on the last slide. Some example of what I mean by sharing resources, skills and assets are it could refer to sharing financial support.

So that could be money directly or in kind services. Then there could be other services, such as something that one organization offers to another, expertise, which could be an academic institution offering their research for evaluating capabilities.

Physical space, so that could be conference space or meeting space for one organization if they don't have the space available in their own facilities. And other materials and technology could be examples of resources that are offered.

So at this point, since you all are currently involved in your own public-private partnerships, I wanted to see if you had any other examples of-- and this is, I think, on the next is the polling

question. What are some other example of resources, skills and assets that can be offered through a partnership? And I think you can go to the chat section or the comments section to put in your response. So we will just move on from there, and we can check back on your answers later.

Why do we need public-private partnerships? There is a general consensus that neither the private nor public sector can solve major public health issues on their own, such as reducing health disparities or creating better access to drugs. Collaborative approach is helpful to enhance the ability of both sectors to solve health challenges.

And to do this leveraging skills and experience from other sectors can help develop better equipment, training, knowledge, and to address gaps in service delivery, and can ultimately improve health outcomes.

And organizations like the World Health Organization and the World Bank call for partnerships with the private sector. And the National HIV/AIDS Strategy also encourages public-private partnerships as a strategy for improving health.

Health care organizations can benefit from partnerships by leveraging other sectors' resources. They can share costs, and combine capabilities and build on each others' experiences. And through the experiences of your partners in other sectors, they can extend the reach of their services, and messages and programs, and also expand awareness for their cause. And they may have the opportunity to improve their operational performance by sharing technology.

So businesses can also benefit from a public-private partnership. They can have exposure to new markets, have the opportunity to create new products, to meet unmet social needs. They can enhance their own reputation and demonstrate corporate social responsibility.

An example of this is Chevron, which they employ lots of members of the communities that they work in. In a lot of cases, these are rural areas that might not have adequate health facilities. So they have set up several hospitals in the areas that they work in, which are available to community members as well as their own workers. So the benefit to Chevron in this case is that they have a healthy workforce. And for the community, they have a hospital available in their region.

As a benefit to the health care system as a whole, partnerships across sectors can provide access to more intellectual capital and audiences. They can expand networks and markets, improve technology, better access to research and evaluation tools, more education opportunities and better infrastructure. So these shared resources can ultimately create more opportunities to advance each organization's mission, and achieve whatever their common goal is.

This just shows a sequence of how partnerships can lead to a better health care industry as a whole. So by involving credible or reputable partners to access specific populations, health care

organizations can engage more clients and expand their support network. And combining experiences and perspectives through collaboration can offer a greater potential for innovative approaches and programs in your organization to benefit your target populations.

And collaboration can also improve organizational adaptability, and can improve each partner's ability to respond to challenges efficiently. So recent collaboration resulting from public-private partnerships in the case of a research agreement or partnership can also accelerate industry development and knowledge. So these generally can improve the health care system and industry.

A true or false question-- so I think this will be another polling question. There is a set delineated process for developing a public-private partnership. True or false? We are split. Well actually, that will be interesting maybe later when you can either type into the comment box, or we can discuss afterwards in the questions and comments section why you disagree, or what your reasons are for choosing whether or not there should be a delineated process for developing partnerships.

And the next slide should illustrate how we would construct a partnership. And this slide's actually a joke. This is not how it's done. Actually, and if you go to the next slide, you can see there is no single formula for building a partnership. There are no set rules of the game. This is not the NFL. If anyone else has been watching the games lately, they might appreciate that reference.

So the partnership can be fluid. And depending on the type of partner or your type of relationship, the partnership that you form can be very different. And the scope, and evaluation process and the roles just depend on each partner.

I just wanted to highlight this statement. Public-private partnerships do not just happen. They are built. And that is because public-private partnerships are a strategic relationship, and they require navigation through multiple sectors, and they might have different legal, and structural and organizational considerations. So it is a process of navigation, and it's a strategic process. So there is not always a specific formula.

So instead of formula, we use some principles which guide the process of forming a partnership. And like any issue, you would start by defining the issue in order to find what the problem is. From there, you identify the need. And these steps might be pretty difficult, because it's not always clear in your community what the need is based on the problem that you identify.

And from there, you would assess the existing resources. And that could be internally within your organization or what you have in your community. From there, you identify prospective partners. And that and also a whole process that. After that, you would structure that partnership. So that would include defining the roles, responsibilities and scope of the partnership. Then it's the implementation part.

And after that, there's a last step is to assess the impact and the lessons learned. And that would include the evaluation part.

Developing a partnership usually comes in three phases. So the first phase is the design phase, which is where the organization assesses their vision and their own goal for the project, and decides on a partner.

The second phase is the making the deal. So that would be making your pitch, either to your partner or to the community or the stake holders. And during this phase, together with your partner organization, you outline the objectives and the timeline of the partnership, define the specific roles and responsibilities of each partner, and establish guidelines for communicating between partners, and for working through challenges that might come up.

The evaluation phase is where you consider whether the outcomes of the partnership met the goals that you decided on in the design and execution phases. And you weigh the costs and benefits of the process.

This is where we dive back into the first phase, which was the design phase. Assessing a potential partner is obviously one of the most important parts of forming the partnership. So it's very important to do your research on your partners. And these are just some questions that you might ask yourself and your organization while you're going through that process.

So that would be, what are the other organizations' or businesses' areas of interest, and what are their motivations for partnering? What is their public image and reputation, since that would be reflected on you throughout the process as well? Does that organization have a proven track record of pursuing social responsibility? Do your missions align with the other organization? And is that organization financially stable and sustainable?

The Seven C's of Strategic Collaboration came from a book published by the Harvard Center for Population and Development Studies. And it outlines some important elements of any partnership. So clarity of purpose is important. You have to define your purpose and embody it. Creation and value, so do you see the value in what are you doing in your partnership, and the goals that you've set?

Congruency of your mission, and strategy and values. So do your missions align? Connection with the purpose and people, communication between partners, so good collaboration. Continual learning and a commitment to the partnership are also important elements of a collaboration.

So I have another true or false question. Having a written agreement is always a best practice for forming a partnership. True or false? So most of you said true. And a couple said false, so maybe that would be something to talk about also at the end, why you might also not always want a written agreement as part of the partnership.

I'm sure you're all very familiar with written agreements. But I think it's important to mention the components of a written agreement that should be in any-- and this could be a memorandum of understanding, or a letter of intent, which are some examples that I'm sure you were familiar with.

But the first main component would be to include the organizational details of each partner. So that would be name, and contact information and description of each partner. The goals and objectives are important. So what problem is the partnership going to solve? Why is this partnership a good way to solve that problem, or achieve the goal that you decided on? And what are the partnership's strategies for achieving that goal?

The operating principles of the partnership-- so the administrative structure, how the decisions will be made, how conflicts will be resolved, how partners will communicate with each other, and some ground rules for fundraising. This is also where you might decide what metrics you will be using to measure performance and evaluate the efficiency of the partnership. And also decide on the scope of the agreement-- so where does it end, and how do you do follow-up?

Fourth is the roles and responsibilities of the partnership. So decide on what financial and non-financial resources each partner will contribute. And lastly, the performance measurement. So decide metrics for ensuring the accountability of each partner.

And these are just some best practices of any partnership. So what would make a healthy partnership? Having clear objectives and scope. Both partners should be involved in the design phase and all other phases. But most importantly deciding on the goals and the mission. Both partners should experience the benefits and share the responsibilities.

There should be trust and respect between partners, and good communication. There should also be a clear management structure. And it is definitely important to be compliant with legal requirements. And having a clear plan for implementation and evaluation.

So again, it's important to have a legal and regulatory framework, and a good system for accountability, and to be transparent throughout the partnership. It also helps to have policy support and a commitment by each partner to the public good and health care settings, commitment to the health of your community. And common understanding of each partner's mission and values, and involvement of the community.

During the evaluation phase of the partnership, there are just some questions to ask about how the process went in order to figure out whether it was worthwhile for your organization.

So you could ask yourself, has the partnership achieved the intended outcomes? Has there been any unexpected outcomes? Is there evidence that the partnership is valuable? So that would be based on the metrics for evaluation that you decided on during the design phase. What were they costs and benefits of the partnership? And what lessons have you learned throughout the process?

So measuring and documenting effectiveness of a partnership is important, whether or not it met all of your intended goals. So some metrics to consider when you're documenting the effectiveness are the total public and private resources that were leveraged, the number of people who are impacted as a result of the partnership, the amount of investment leveraged, and the return on investment, and the impact on the health outcomes that you are aiming for.

So when you are doing some research into-- I know that all of you are currently engaged in public and private partnerships. But in order to improve that process or to form other partnerships, you will probably be doing research on other partnerships. And you could look globally. And some global example can be translated domestically. And then there might also be other examples in your own community.

So I've highlighted a few, 12 or 13, domestic example. And those range from medical residency program and pharmaceutical companies, public health detailing. So these are just a few that I thought might be good practices or good example.

So the medical residency program example is a partnership between Virginia Mason Graduate Medical Education Program, which is Seattle, and the Eastgate Public Health Center, which serves a diverse population of patients, but they are all uninsured. So the goal of the partnership was to improve access to care for underserved areas and populations.

And in this case, the medical residents from Virginia Mason, they went to the Eastgate Public Health Center, and saw the same patients throughout their three-year residency. So the patients benefited from continuity of care. And the residents were able to gain experience serving a diverse set of patients. So it filled a need for both of these communities.

The next example, this community case management program was a grant from the Maryland Community Health Resources Commission. And they provided the grant to the Cecil County Health Department-- I think I'm saying that right-- to partner with a union hospital. So the goal of this partnership was to reduce unnecessary hospital re-admissions for chronic conditions like COPD, respiratory diseases, heart disease, diabetes.

And they implemented a four to six-week in-home intervention known as the RED program, which provides additional funding for another nurse, and more in-home and administrative services. And this resulted in a 73% reduction in emergency department visits at that hospital, and over \$600,000 in savings to the hospital as well.

So this next example was actually initiated by a doctor in Baker County, Georgia, which is in southwest Georgia in the rural area. It was a partnership between the Cancer Coalition of South Georgia, which included health departments and community health centers. And they also partnered with the Baker County Public Health Department.

So the coalition hired a health navigator to coordinate the program. And the health navigator worked directly with patients in these health centers.

So whenever the health center identified a patient that needed this navigator to work with them, the navigator would go directly to that site and work with that patient. And the education was mostly around cancer screening, as well as mitigating other challenges like transportation to appointments and things like that. So the result of this partnership was the increased cancer screening at these health centers.

And at this point, I think you might be able to type into the chat box. I'm curious to see if any of you have noticed commonalities so far between any of these. I think we've just gone through three. But if you've seen any commonalities, I don't know if I'll be able to see your responses yet, but I might be able to look back at the end. But feel free to type into the question panel on the side.

The Community Health Partnership, it created a consortium, which was funded by Santa Clara County in California. And it's a consortium based on 10 primary care community-based organizations at 38 different sites. And those included federally qualified health centers, school clinics, and an Indian health center. And these were all in Santa Clara County and San Mateo County.

The goal of this partnership was to advocate for health care access initiatives on local, state and federal levels, and serve the needs of medically underserved communities. They partnered to improve health outcomes by creating a better referral system. So this streamlined referral system, their referral system that existed, and decreased barriers because of the multilingual and multi-disciplinary partners in this consortium.

This home-based screenings and treatment partnership was between Gateway Health, which was a managed care organization, and a durable medical equipment vendor. So the goal of this partnership was to add value to their services and make in-home testing and preventive self-care more convenient for the patients who had signed up for their home delivery of diabetes testing supplies, and to improve testing completion. And this managed care organization served Medicare patients in Pennsylvania.

The nonclinical technicians conducted in-home testing for patients who had signed up for this home delivery. And it resulted in improved testing completion among those patients.

So I think this is a good community-based example. This was in Boston. The Neighborhood Health Plan partnered with local grocery stores and pharmacies. And their goal is to reduce high blood pressure and diabetes disparities among African-Americans in Boston.

And in this case, the facilitators from Neighborhood Health Plan went to grocery stores and other sites, and to survey consumers and provide vouchers for fresh produce, and also to provide diabetes education and screenings on site. So that was a win-win-win for the Neighborhood Health Plan, and for the businesses that the facilitators went to, as well as the consumers.



On the next slide is another example from Boston. In this case, the Boston Public Health Commission along with the Boston Alliance for Community Help partnered with some private property management companies and landlords to address the dangers of second-hand smoke. And they hired Healthy Community Champions to give technical assistance and training to these landlords and management companies on how to convert their properties to be completely smoke-free.

So Hip Hop for HIV Awareness was a partnership between the AIDS Foundation Houston and the Houston Department of Health and Human Services, along with a radio station, 97.9 The Box, and Amerigroup Community Care.

So they put on a concert. And in the month leading up to the concert, they advertised these ticket for testing locations, where people would go to these locations, get tested. And once they did, they would get a free ticket to this concert. And the goal was to increase HIV testing among African-American young people, which were considered age 15 to 35, in Houston. And this concert went on for a couple years, I think.

Get Screened Oakland was a partnership between community-based organizations, hospitals, clinics and lots of other private companies in Oakland, California. It was initiated by the former mayor. And the goal is to increase routine HIV testing, and link patients to care in Oakland. They initiated outreach events, health fairs, site visits and community meetings.

And part of this initiative was to distribute free condoms at small organizations in Oakland. So that was helpful to the businesses because they got more visibility. And it also resulted in a broader reach of the HIV testing awareness efforts, and got more community engagements.

Just have a couple more left. This one was from a partnership between Deloitte and AIDAtlanta. And the partnership was to expand AIDAtlanta's HIV services by sending their outreach to higher risk populations. And they also wanted to offer wrap-around services to improve the health of their patients.

So they reached out to Deloitte, which resulted in a partnership between the two organizations. Deloitte executives were able to develop a strategic plan and a two-year road map for AIDAtlanta. And through that partnership, they conducted research, interviews, community scans, and develop a leadership and staff training to prepare for any organizational changes from the merging their models and offering wrap-around services.

Offer the Test was a partnership between Pfizer and DC Department of Health to increase HIV testing in primary care settings in DC. So the Pfizer used their existing relationships with primary care offices. Since they already sent sales representatives to PCP offices to pitch their primary care drugs, they just added in some education about the importance of routine testing. And they used that relationship to improve the health outcomes of the patients who were being seen in these offices for primary care.

This partnership is actually called Medication Therapy Management Program. So I switched around the words there. But that's the correct name. It's a partnership between Walgreens and CDC.

And in this case, Walgreens donated their pharmacists' time to this program. And the CDC thought that the pharmacists could help with engaging the patients that they already saw regularly coming to their HIV-focused community pharmacy. And so like Offer the Test on the previous slide, it uses the relationship between pharmacists and their patients in order to get more engagement between them.

And my last example is on the next slide. This was set in New Hampshire. The problem in this case that was being addressed was that funding changes for sexual health care in New Hampshire meant that there was less funding for sexual health care. And more patients were going to primary care physicians for their sexual health services.

So the New Hampshire Department of Health sent an outreach facilitator to do in-person trainings at the primary care offices about high-need topics like integrating routine HIV screening and improving STD testing in their offices. And this I think was extended to 43 practices. And many of them requested follow-up training from that. And the CDC highlighted this example as a success story of a public-private partnership.

So that is my last case study. And just in conclusion, to review a few key points, I wanted to just go back to that message of, public-private partnerships do not just happen. They are built. So there is no set process. They take time and effort, and a lot of strategic coordination to form a successful partnership.

And since I know all of you, or at least all of you who responded to my first poll and question are currently engaged in partnerships with your organizations. So if you talk with your colleagues about their own experience, and communicate more about your own models, and what works and what hasn't, I think I can be helpful and leverage each others' experiences to make your own partnerships successful.

And I think there might be time for questions here. That's all I have.

STEVE LUCKABAUGH: We do have some time here to take any questions, if you happen to have any questions. And type them into the questions pane on the Go To Webinar toolbar. And contact information for Shayna and for Michael Shankle is up here.

SHAYNA LINOVA: And since most of you are already engaged in partnerships, I'd be interested in seeing what your models are, and what your experiences have been. So feel free to share those as well.

STEVE LUCKABAUGH: Not seeing any questions right now. Pretty quiet group.

SHAYNA LINOV: Well, if you need more time to think about questions or would like to share your own models, I'd be curious to see, and maybe your colleagues would be interested in what you're doing, especially in your own communities. So even after this session closes, please feel free to send those along to us or share them with each other.

STEVE LUCKABAUGH: Let's see. One says, questions about working with universities. One of our local university partners is looking to work with us and ask about publishing limitations. I wasn't sure how to respond. Any guidance?

SHAYNA LINOV: So there's already a partnership?

STEVE LUCKABAUGH: Yes.

SHAYNA LINOV: I'm here with Michael. And he might be able to respond. He looks like he has something.

MICHAEL SHANKLE: No. Hi, it's Michael Shankle with HealthHIV. I'm the director of capacity building. A very interesting question. Many times there may be challenges that emerge when working with universities, as faculties at those universities are really looking to publish data and journal articles.

So often times, a lot of the activity that is happening within our house centers or within health departments or other community-based organization are practice-oriented, and are not structured in a way that would give you power as far as research would go. So more of these paper that would be produced, or publications that would be produced, would be descriptive in nature versus a hard core research study with a control, et cetera.

But universities are great resources to tap public health students, or other professional students or faculty in helping to design programs, and to helping to write up findings or case studies of your current and existing practices.

I think that may be where you're headed to with that particular question.

I think that it is very important also when forming a partnership like this, as Shayna had pointed out in the materials about, as far as a written agreement to really structure how publications of the findings would be developed, who would be included in the development of those publications, or who will be acknowledged in the publication for their work and effort. And doing that up front really helps to mitigate some of the awkward bits that may emerge as publications get developed as well.

STEVE LUCKABAUGH: Thank you. The follow-up is the case study model sounds like what they were proposing. Thanks.

SHAYNA LINOV: OK, great.

MICHAEL SHANKLE: Yeah. A great way to share best practices, absolutely to share those case studies. Because coming from a university background initially at the start of my career, and really being able to see how service, how research translate into practice, and how it is really implemented. So that research translation into practice, and development of case studies is so important.

And health centers as well as health department have that practical expertise to talk about what really works, and what doesn't work.

SHAYNA LINOVA: Were there any other questions that you saw, Steve?

STEVE LUCKABAUGH: No. That's it. So did you have any closing thoughts before we wrap it up here?

SHAYNA LINOVA: Yeah. I think again it's important to look at other case studies see what has been working for other organizations, for other health centers especially, since public-private partnerships have been becoming more common and more relevant for health centers.

So if you know of any other organizations in your communities that are doing these, it would be great to reach out to each other and share your resources, and thoughts and experiences. And also to if you find any more case studies that you think are best practices, to share shoe with each other, and with us as well. That would be great. Thank you.

STEVE LUCKABAUGH: Thank you for participating in today's webinar. Take care, everybody. And we'll see you next time.

SHAYNA LINOVA: Thank you for participating.