This section provides considerations for public health organizations and businesses in planning collaborative work.

**Move from “Connecting” to “Collaborating”**
Collaboration includes exchanging information, sharing resources, having a common purpose, modifying activities to increase coordination, and enhancing the capacity of one another.\(^9\) Partners who are collaborating share resources, risks, responsibilities, and rewards.\(^10\) The planning process needs to outline existing resources, potential risks for each partner, responsibilities, and how rewards will be shared. These can be incorporated into your project’s logic model, a tool described in [Step 4].

**Identify Community Needs and Assets**
Ideally, your partnership has discussed and identified some shared priorities. How do these relate to community needs and assets? The following tools may be helpful to your partnership:

1. **Community Health Needs Assessment:** Hospitals and public health departments routinely conduct these assessments to prioritize needs of the community. If your community does not have a community health needs assessment, the following questions can assist in identifying needs:
   • Hospitalization and/or emergency department visits: Who is getting hospitalized and for what conditions? What types of injuries are frequent?
   • Death certificate data: What are the leading causes of death in your community?
   • Social service organizations: What are problems that social service organizations in your community are facing? How are these connected to the health and well-being of your community?
   • What health-related needs do business employees have?
   • What are the top reasons for health insurance claims for employees? Their families?

2. **Community Asset Mapping:** Often public health or other social service organizations will have a document that outlines all the assets in your community. How are businesses in your community included? What business assets are available in the community? How do these impact health and well-being in your community?

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\(^10\) Ibid.
**Case Study: Ardmore Behavioral Health**

The Community Health Needs Assessment process within the community highlighted the disproportionate impact that Adverse Childhood Experiences (ACEs) were having on the community. The public health department wanted to build a community collaborative around this issue to offer partners an opportunity to work together. The president of a local bank learned about ACEs through the foster care process and personal mission trips and recognized the relevance of his personal experience to the employees of his bank chapters who were also parents and grandparents. Focusing on ACEs was a workforce development issue.

**Resource**

- **Assessing and Addressing Community Health Needs** describes how hospitals and other partners can assess community health needs to develop effective strategies for improving health in communities.
- **Culture of Health for Business: Guiding Principles to Establish a Culture of Health for Business**: This report outlines key business and health outcomes that improve when sixteen culture of health business practices are implemented.
- **Family Friendly Assessment Colorado**: This assessment identifies the needs and priorities of employers to create family supportive environments.

**Focus on “Vital Conditions” and IVP Outcomes**

The U.S. Surgeon General, Vice Admiral Jerome Adams, MD, MPH, *called attention to the fact that health is shaped in communities by “vital conditions” like housing, education, access to transportation, healthy and safe environments.* Public health refers to these “vital conditions” as “social determinants of health.” Most businesses and community residents can agree that having access to housing, quality education, safe and reliable transportation and healthy and safe environments in which to live, work, and play are goals for every community.

Many vital conditions are directly linked to several injury and violence outcomes. Where topics within injury and violence prevention (IVP) can be polarizing, focusing on vital conditions is a common ground that everyone can buy into AND it has impacts on numerous health outcomes including, but not limited to, IVP.

For example, COVID-19 has highlighted increased economic stress among many communities across the United States. Business has a vested interest in limiting negative economic outcomes and the fact that increased economic stress has connections to various forms of interpersonal violence. It is reasonable that a program that addresses economic stress would have impact on various forms of violence as shown in [Figure 5](#) and would be a natural area for partnership across business and public health organizations. Public health organizations are well-versed in making connections from vital conditions to health and well-being indicators.
Case Study: Downtown Greenway

The Downtown Greenway began as a community development project, but partners recognized the impact that the greenway would have on health by providing more green space for people to engage in physical activity. The Downtown Greenway likely has IVP implications, too! By increasing the safety and connectedness of the area, there may be opportunity to evaluate the impact of the Greenway on the prevention of violence, as well as motor vehicle, pedestrian, and cyclist injuries.

Figure 5: IVP Outcomes Related to Economic Stress

Resource

- **Business Group on Health Social Determinants of Health Series** offers action steps businesses can take to align efforts to vital conditions of communities.
- Center for Disease Control and Prevention *Connecting the Dots: An Overview of the Links Between Multiple Forms of Violence* provides research on the connections of different forms of violence and describes the effect on communities.
- **City of Milwaukee Blueprint for Violence Prevention: Goal 4 Promote Economic Opportunity** links violence prevention to areas of workforce development.
Examine Data Sources from Public Health and Business

Both public health and business have data sources that, when combined, can more fully paint a picture of a community’s health.

<table>
<thead>
<tr>
<th>Data Source</th>
<th>Where do I find it?</th>
<th>What does this tell me?</th>
<th>How can this inform my partnership?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitalization data</td>
<td>Public health department, hospital association, local hospital</td>
<td>What are the leading causes of hospitalizations in my community?</td>
<td>What are the vital conditions that impact hospitalizations that our partnership might address?</td>
</tr>
<tr>
<td>Emergency Department data</td>
<td>Public health department, hospital association, local hospital</td>
<td>What are people in my community going to the emergency department for?</td>
<td>What are the vital conditions that impact emergency department visits that our partnership might address?</td>
</tr>
<tr>
<td>Trauma Registry data</td>
<td>Public health department, local hospital</td>
<td>What are leading causes of trauma in my community?</td>
<td>What are the vital conditions that impact trauma center use that our partnership might address?</td>
</tr>
<tr>
<td>Mortality data</td>
<td>Public health department, Office of Vital Records</td>
<td>What are the leading causes of death in my community?</td>
<td>What are the vital conditions that impact death that our partnership might address?</td>
</tr>
<tr>
<td>Urban planning data</td>
<td>Department of Transportation, public health, business improvement districts</td>
<td>How are different areas of my community zoned?</td>
<td>How are vital conditions different in different zoning areas? In different green spaces?</td>
</tr>
<tr>
<td>Census data</td>
<td>Public health departments, <a href="http://www.census.gov">www.census.gov</a></td>
<td>What are the demographic factors of my community?</td>
<td>Are the different needs and assets of my community representative of our community’s population? How could our partnership work to ensure equitable division of resources?</td>
</tr>
</tbody>
</table>

- **Safe States Connections Lab: Exploring Elements of Shared Risk and Protective Factor Approaches** provides definitions, conceptual model, and resources for engaging partners in upstream approaches.
- **Safe States Livability and Smart Growth Assessment** database provides basic tools and checklists that can assist users with assessing their communities’ degree of livability.
- U.S. Surgeon General **Community Health and Economic Prosperity Initiative** provides more information about the initiative goals for business and community health.

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**Examine Data Sources from Public Health and Business**

Both public health and business have data sources that, when combined, can more fully paint a picture of a community’s health.
<table>
<thead>
<tr>
<th>Employee health data</th>
<th>Businesses (which includes public health departments)</th>
<th>What are the leading causes of utilization of the health care system by our employees? Where are the highest costs for health care system use?</th>
<th>What vital conditions or other risk factors could our partnership address that may impact health care system utilization and cost?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Customer data</td>
<td>Businesses</td>
<td>How do our customers prioritize health and well-being?</td>
<td>Could focusing on community health and well-being positively affect our customer retention or attract a new customer base?</td>
</tr>
<tr>
<td>Supply chain data</td>
<td>Businesses</td>
<td>How do our existing supply chain contracts affect the health and well-being of our customers? Employees? Community?</td>
<td>Are there opportunities to bring supply chain vendors locally to create more jobs in the community, thereby impacting health outcomes?</td>
</tr>
<tr>
<td>Talent management data</td>
<td>Businesses</td>
<td>What are our presenteeism/absenteeism rates?</td>
<td>How could a focus on community factors decrease absenteeism rates among our employees?</td>
</tr>
<tr>
<td>Occupational health (Including Workers Compensation data)</td>
<td>Businesses</td>
<td>What accounts for high rates of injury among our employees?</td>
<td>Could focusing on preventing injuries on- and off-the-job affect injury rates and other employee health data?</td>
</tr>
</tbody>
</table>

**Align Needs with Priorities**

By now, the puzzle pieces may be starting to fit together. How do the priorities of businesses and public health organizations overlap with community needs and community assets? What are the gaps? How does your partnership see itself addressing areas of overlap or gaps?

**Case Study: CIASP**

The CDC Occupation Study was a catalyst for mobilizing many industries around suicide prevention. However, mental health was historically not considered a high priority issue for the construction industry. CIASP came together to focus on the biggest asset of construction companies: People. The construction industry has a strong “on-the-job” safety culture on which CIASP was able to build, framing suicide prevention as an extension of this culture.
Identify Goals
Once the partnership has identified shared priorities and has a good sense of the needs and assets of their community, it is helpful to discuss goals for a project. It is also necessary to understand that each sector will have different expectations and time frames around goal setting, some of which are outlined below:

1. Is the goal realistic for the time frame that the partnership is examining? For example, your goal may be to reduce the youth suicide rate in your community, but you only have six months to work on the project. This outcome within this time frame is not realistic. What indicator that influences youth suicide could the project realistically impact in the six-month time frame you have?
2. What are short- medium- and long-term impacts and outcomes of the work you want to do? (More on this in the Evaluate Section)
3. What other partners could assist in achieving the goal?

It is critical for partners to talk through the goal process together so that each can understand the implications of the goal on the other.

Equity Examination
Health equity issues have plagued communities for generations; however, the COVID-19 pandemic and the recent national debate on issues of systematic racism and health inequities have brought these issues to the forefront of non-health sectors. Partnerships between public health and businesses are well poised to address health inequity in communities. Any work done in partnership must consider unintended consequences that could result to further widen existing disparities in injury and violence outcomes. Questions your partnership should be addressing in the planning stage are:

1. Is there equal representation of community members and stakeholders in the room making decisions?
2. How can we engage diverse participants in decision-making?
3. How can we advocate for equity with this work?
4. Do the data we have tell the complete story or are we missing data elements?
5. Does the story the data tell us resonate with community and stakeholder stories?

Funder Considerations
Planning cross-sector work that builds on data and equity takes time and person resources that are often not available in traditional funding opportunities. Long-term impacts in health require long-term, comprehensive planning. Furthermore, having a dedicated person or team of people advancing the planning process can be invaluable to collaborators engaging in this work as an add-on component to their regular work. The inability to have dedicated staff who can take on planning aspects of this work is often a barrier to public health and business partnerships.