

## Context

### Innovative Models Promoting Access-to-Care Transformation (IMPACT)

- 2013 – 2018.
- Aims at implementing organizational innovations that improve access to appropriate primary health care for vulnerable populations.
- Implemented through collaborative local partnerships between decision makers, researchers, clinicians and organizational representatives (the stakeholders) in three Australian states and three Canadian provinces.
- Investigations are framed in a participatory action research approach.

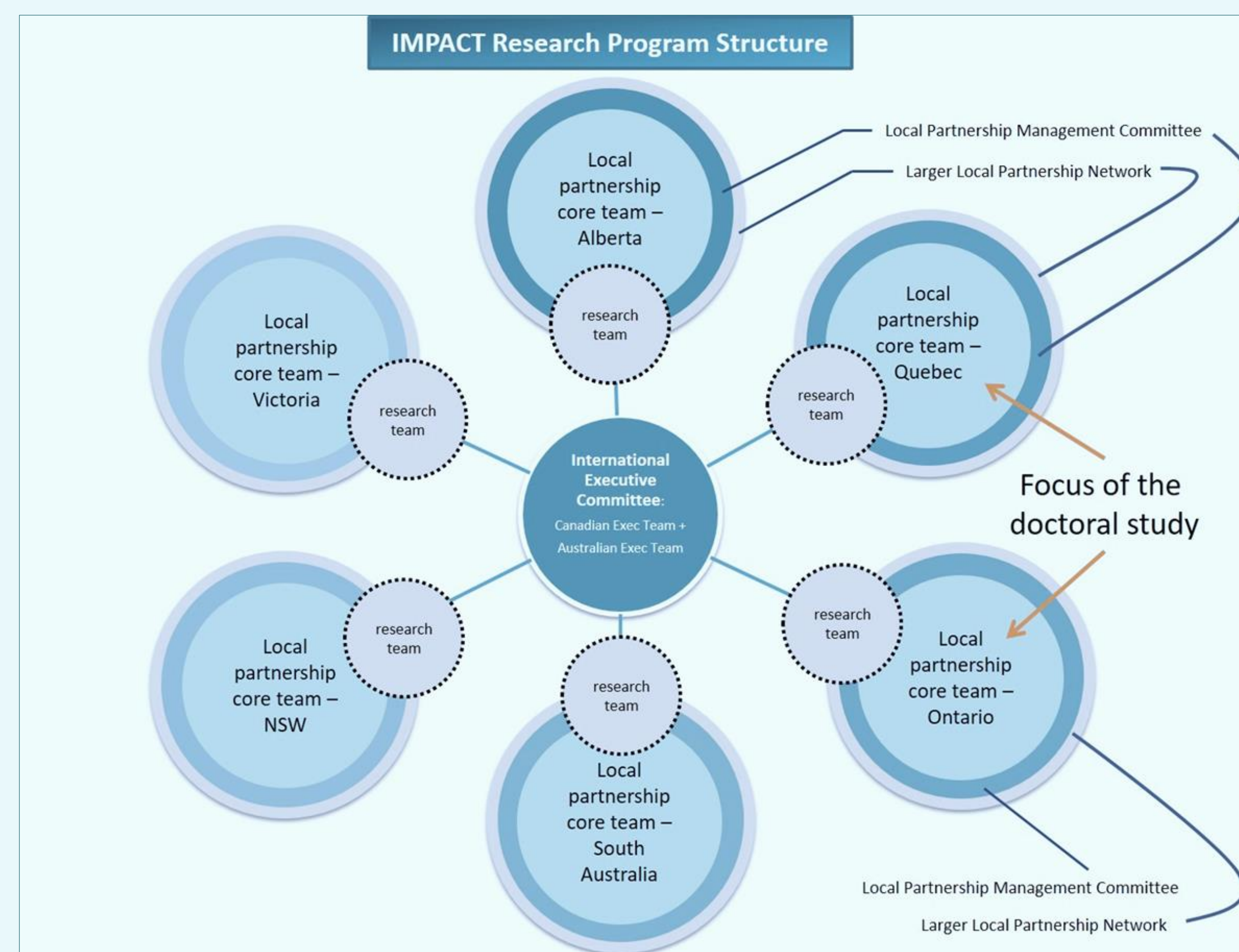


Figure 1. Schematic of the IMPACT Structure

## Project Objectives

- To describe the intentional and emergent structures and processes used by diverse stakeholders to develop and to sustain multi-stakeholder partnerships within two IMPACT local partnerships;
- To understand how the structures and processes described above contribute to partnership effectiveness using the analytical lenses of partnership synergy and collective impact;
- To adapt existing and develop new measures of partnership synergy and develop a measure of contribution of intentional and emergent approaches used to enhance partnerships; and
- To quantitatively assess the achievement of partnership synergy and the contribution of the intentional and emergent approaches to ensure effectiveness across all six IMPACT local partnerships.

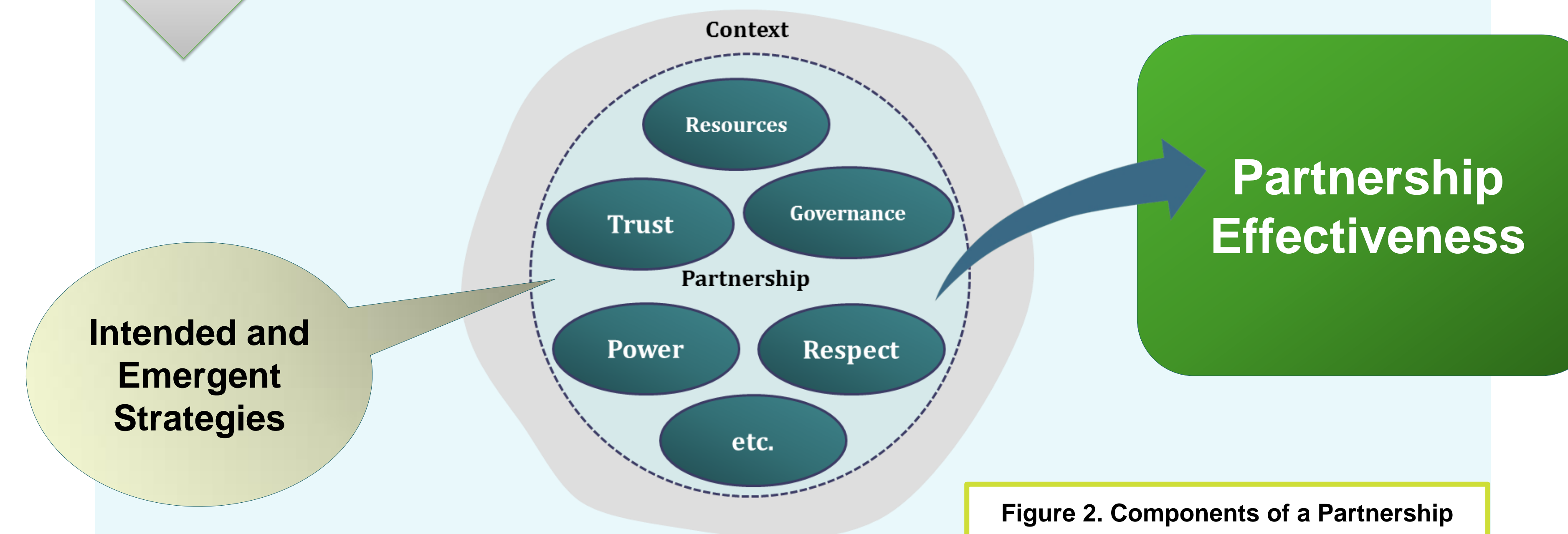


Figure 2. Components of a Partnership

## Methodology

### Two-phase mixed methods sequential exploratory design

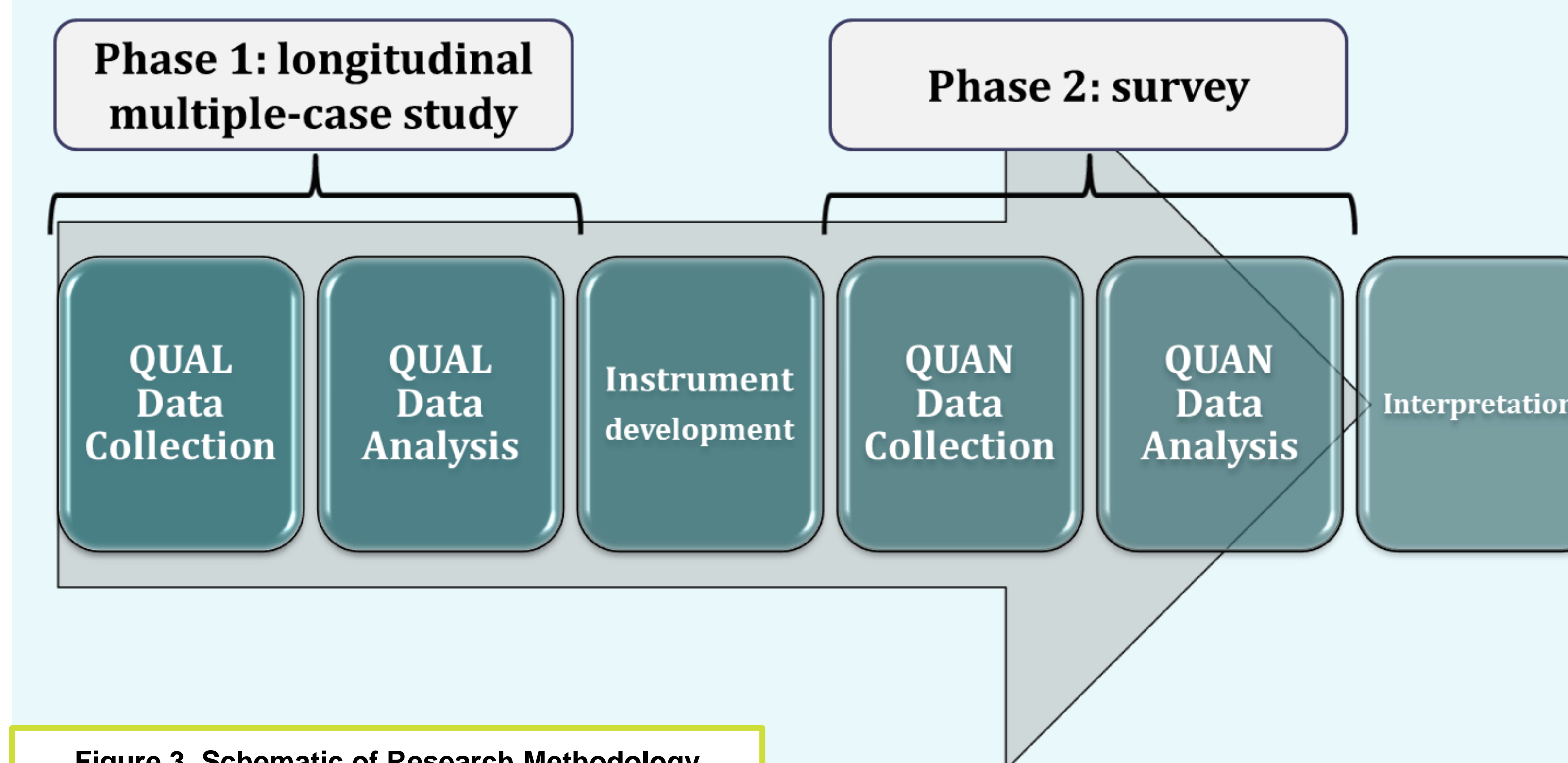


Figure 3. Schematic of Research Methodology

## Theoretical Framework

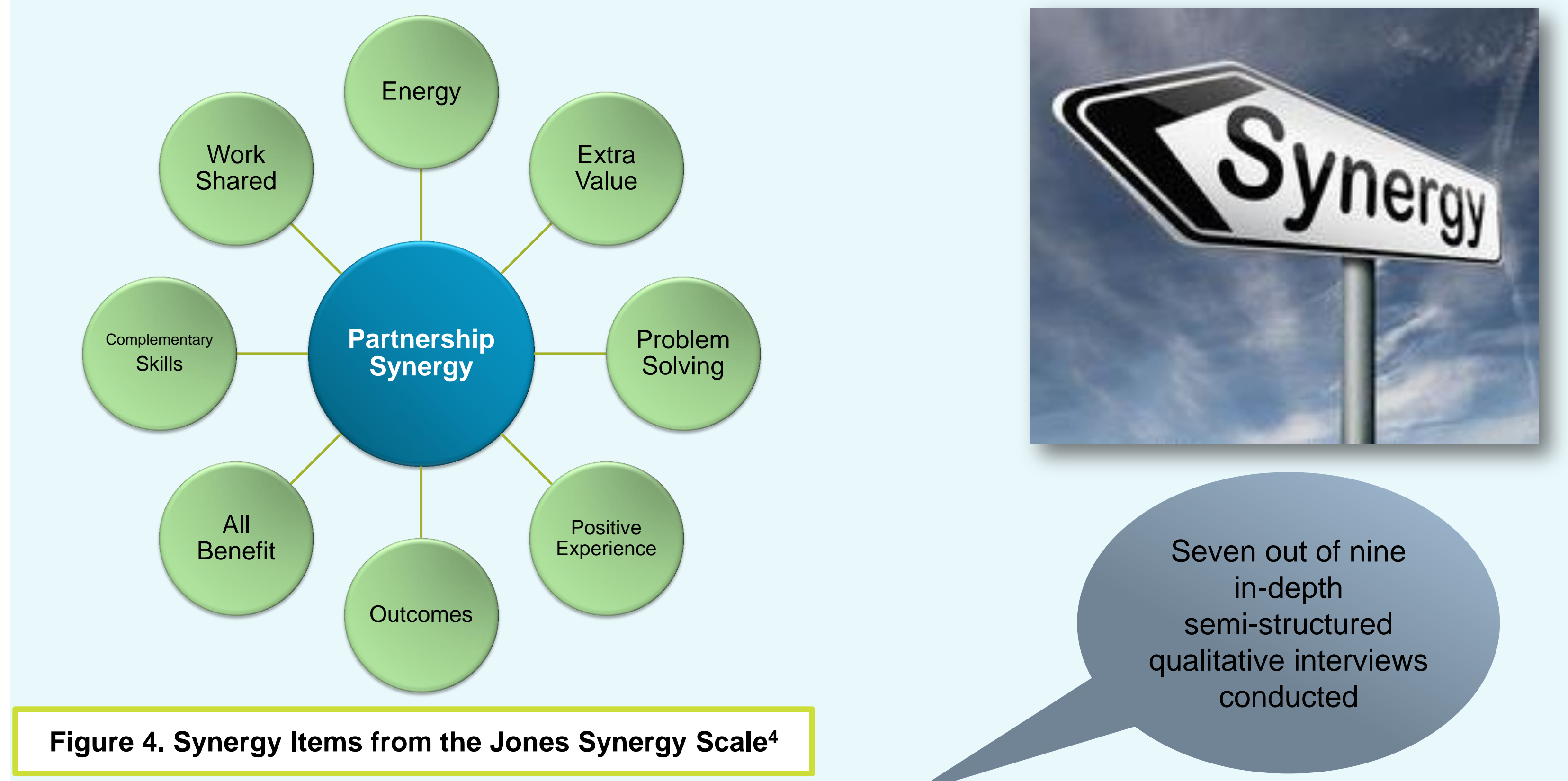


Figure 4. Synergy Items from the Jones Synergy Scale<sup>4</sup>

## Preliminary Findings from Phase 1: Quebec

<b>Energy</b>	Positive, collaborative, looking forward to meetings
<b>Value added</b>	Co-construction, people who work together are speaking to each other for the first time
<b>Decision making/problem solving</b>	Consensus, several options are brought to the table and analyzed/discussed at the meetings, different effective ways of soliciting input
<b>Experience</b>	Unique experience, what a multi-stakeholder partnership is like in real life
<b>Outcomes</b>	Progress is slow due to contextual challenges, high degree of adaptability
<b>Benefits</b>	Learning, strong alignment with professional/organizational goals
<b>Complementarity</b>	Driven by research but nourished by practice, researchers' stakes are higher
<b>Work sharing</b>	All partners contribute, non-researchers – on an ad hoc voluntary basis, lack of clarity in relation to the roles of research members
<b>Context</b>	Complex and rapidly changing, profound impact on the work of the partnership
<b>Facilitators</b>	Optimal size, composition, frequency of meetings and ways of engaging members: 15 members with decision-making power, meetings every 6-8 weeks mixed with regular targeted follow-up by e-mail, substantial field presence by research team
<b>Barriers</b>	Complexity of working with two territories, substantial time commitments, change fatigue, sustainability uncertain

## Contributions

### Theoretical:

- Enhanced conceptual, theoretical and methodological understandings of the elements that promote and hinder the effective functioning of partnerships in implementing changes in the delivery of primary health care and in improving the accessibility of care for patients.
- Rich contextual descriptions – for transferability of results.

### Practical:

- Potential benefits and insights to inform the larger IMPACT research program.
- Informing future policy and decision-making, to guide and assess the value of partnerships in improving the practice of primary health care.

## Rationale

- Partnerships involving multiple stakeholders, including communities and academic institutions, are used across multiple disciplines and spheres.<sup>1</sup>
- Generally recognized as an important mechanism for changing complex systems.
- “Primary health reforms globally have embraced ideas about partnership... indicating a shift from individual care models to systems thinking”.<sup>2</sup>
- Rigorous high-level evidence that would inform decision-making on the success of partnership arrangements, especially partnership outcomes, is still insufficient.<sup>2,3</sup>
- There is a growing need for evidence demonstrating that processes and approaches intended to create and maintain partnerships actually achieve partnership effectiveness and the desired outcomes. This doctoral project will address this need.

**References:** [1] Drahota, A., Meza, R. D., Brikho, B., Naaf, M., Estabillio, J. A., Gomez, E. D., . . . Aarons, G. A. (2016). Community-Academic Partnerships: A Systematic Review of the State of the Literature and Recommendations for Future Research. *Milbank Quarterly*, 94(1), 163-214. [2] Keleher, H. (2015) *Partnerships and Collaborative Advantage in Primary Care Reform*. Deebie Institute Evidence Brief. [3] Dowling, B., Powell, M., & Glendinning, C. (2004). Conceptualising successful partnerships. *Health and Social Care in the Community*, 12(4), 309-317. [4] Jones, J., & Barry, M. M. (2011a). Developing a scale to measure synergy in health promotion partnerships. *Global Health Promotion*, 18(2), 36-44.