


Stronger Together: A Successful Model of Health System-Community Collective Action During the COVID-19 Pandemic

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- INTRO:**
- From the first weeks of the COVID-19 pandemic to present-day, Dartmouth-Hitchcock Medical Center (DHMC), an academic tertiary referral center, partnered with 39 community-based organizations (CBOs) in a coalition named Upper Valley Strong aimed at supporting Upper Valley area residents.
 - Our research explores the factors that contributed to the success of the coalition and the barriers to this health system-community partnership supporting access to clinical services and social determinants of health.

- METHODS:**
- Participants:** N = 17 participants in Upper Valley Strong, recruited via convenience sampling. Includes a mix of leaders of community-based organizations, public health leaders, and employees in DHMC’s population health department.
 - Semi-structured interviews:** key informants were invited to share their experiences in hour-long interviews conducted over Zoom teleconferencing.
 - Analysis:** An inductive-deductive approach was used to elucidate common themes across interviews. Meeting minutes, financial data, and operational data were also reviewed to gain a deeper understanding of the coalition’s activities and processes.

RESULTS:

Facilitator	Description
Shared urgency to respond to COVID-19	All stakeholders agreed that the COVID-19 virus was novel and had the potential to devastate human health and societal routines. As a result they felt the need to join together to combat it.
Effective communication	Strategy was built into the structure of the collaboration; included regular meetings at the committee level on specific issues and regular steering committee meetings where representatives from various committees came together to share information. Pre-existing online channels and personal networks allowed for informing and resource-sharing with the public.
History of collaboration	UVS existed before COVID-19 and is periodically activated in response to natural disasters. Therefore, the coalition had a structure and history which enabled immediate initiation of operations and stakeholder engagement.
Pre-existing relationships	Many stakeholders had worked together previously on other issues or knew each other by reputation, which fostered trust.
Community-driven agendas	Agendas and activities to meet community members’ social needs originated from community-based stakeholders, with DHMC representatives acting as an equal partner in decision-making and contributing medical knowledge about COVID-19, project management staff, remote meeting technology, a fundraising and grant distribution apparatus, and organizational leadership expertise,
Diverse stakeholder engagement	Community stakeholders were recruited from organizations that spanned a wide range of human services sectors put under strain by the pandemic
Resources (human and financial) contributed by DHMC	DHMC contributed project management staff, remote meeting technology, a fundraising and grant distribution apparatus to fund community stakeholders’ operational adaptations, and organizational leadership expertise.

Barriers to success: Participants named limited time and bandwidth of participants, untimely disengagement of key partners from meetings, and political/economic determinants as barriers to success. For longitudinal collaboration, participants advocated bringing the momentum of, and lessons learned from Upper Valley Strong to an existing regional public health coalition.

Upper Valley Strong participants identified these facilitators for successful collective action: a shared urgency to respond to COVID-19, effective communication, history of collaboration, existing relationships, community-driven agendas, diverse stakeholder engagement, and resources contributed by Dartmouth-Hitchcock.

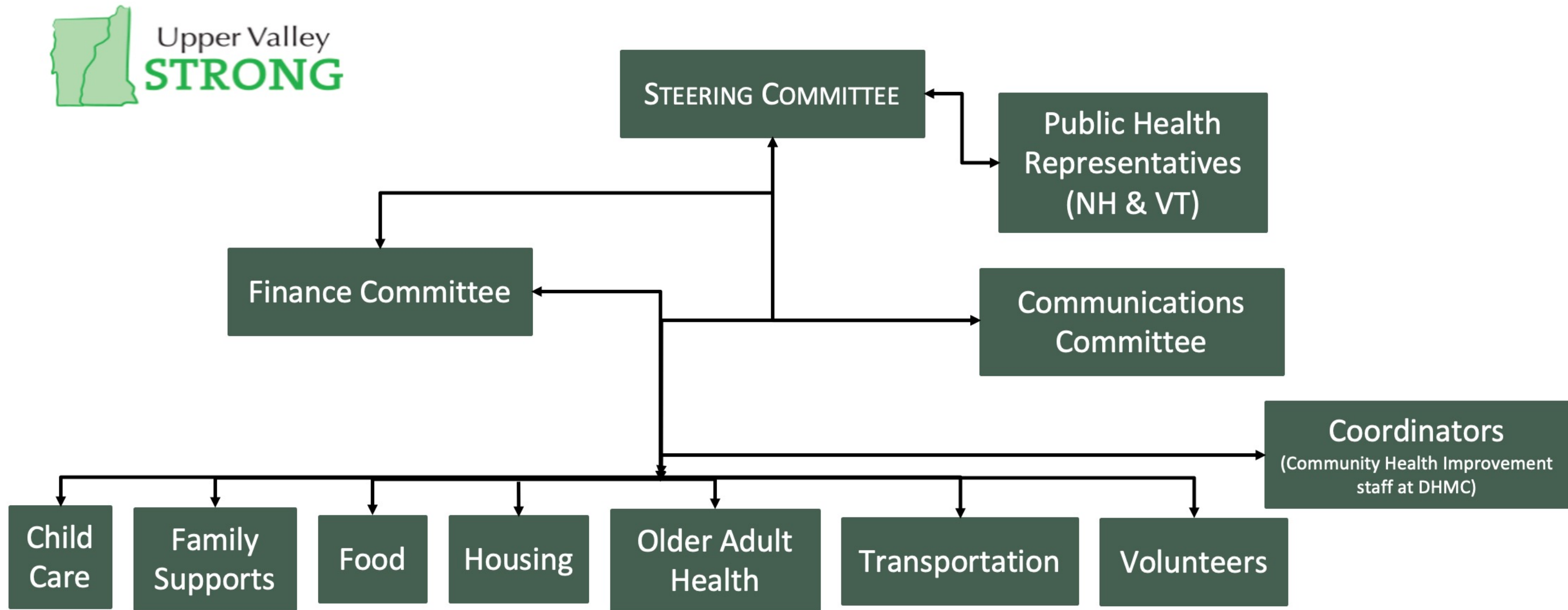


Figure 1: functional organization chart of Upper Valley Strong

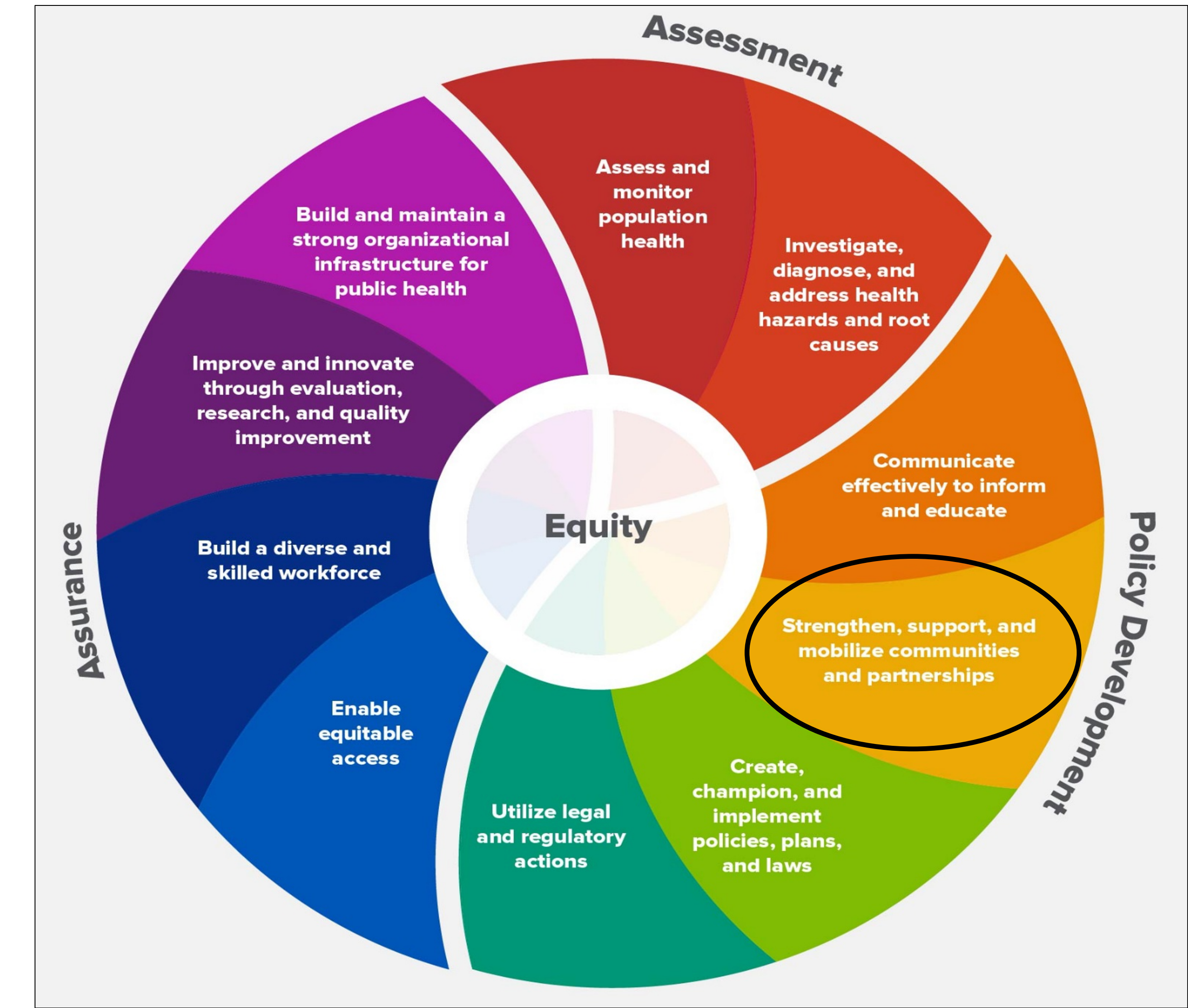


Figure 2: Upper Valley Strong fulfilled one of the 10 essential services of public health

