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Collaboration Is a Discipline, Not a Buzzword

"If collaboration were easy, we'd already have the outcomes we're chasing."

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Chris Harrington, MPH | Chief Health Officer

Today is not a celebration of collaboration

– it's an examination of the work behind it.



We all know how to put people around a table.



The question is what happens after they sit down.

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By the end of this session, you will be able to...

- Differentiate surface-level partnership from outcome-driven collaboration.
- Identify the conditions and behaviors that make collaboration work – and the frictions points that make it stall.
- Apply one practical strategy to strengthen trust, alignment, or shared accountability in a collaborative effort.

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Respond at
pe.app/bwellsaginaw

How would you rate your community's collaboration?



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Poll Everywhere

Does your collaborative produce something that no single partner could produce alone?



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Poll Everywhere

What does your collaborative do together? Select all that apply.



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Why we often struggle when resources are tight & alignment is poor.

- Multiple initiatives
- Competing priorities
- Constant meetings, limited movement
- Strong people… fragmented systems

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So what counts as collaboration?

COORDINATION

We communicate so our activities do not conflict.

Useful. Necessary. Not the same as collaboration

COOPERATION

We help each other because our interests overlap.

More connected – but still larger partner-by-partner

COLLABORATION

We create shared value through shared ownership, decisions, resources, and accountability.

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Collaboration is not a mindset. It is a discipline.

- Continuous cultivation—not a quarterly meeting.
- Intentional compromise—not everyone gets their first choice.
- Setting partners up for success—not simply asking them to participate.
- Shared ownership—not public health owning the whole thing.
- Power shifting—not public health automatically leading every decision.

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02

Real work case study...

In what happens when collaboration becomes the work.

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Collaboration- the premise

Health is too big for one organization to own.



Bring organizations and residents together around a shared vision for a healthier Saginaw County.



Use public health as the springboard—not the destination.



Connect people, resources, data, relationships and action across sectors.



Move from parallel good work toward aligned work.

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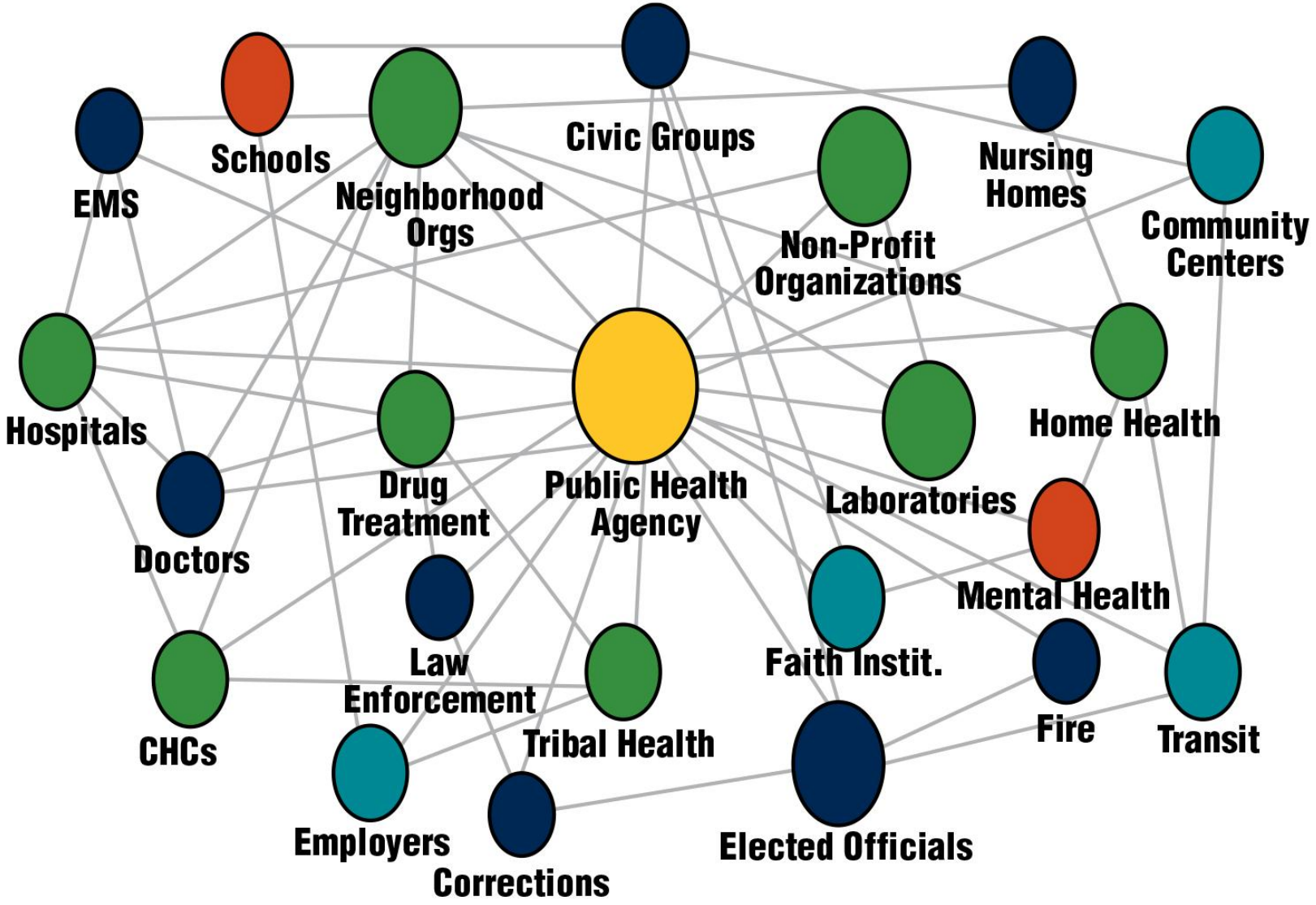
How we did it....

COVID was our catalyst



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The ecosystem matters



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Power Shift Before Buy-In

Share decision-making	All stakeholder input was deliberately sought
Let others lead	Asked for organizations who are best suited to lead
Move beyond engagement to ownership	Cultivate people's "lanes" - and give CREDIT

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Trust Through Directness



Say what needs to be said



Address tension early



Follow through every time

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Relentless Connection!



Connect people + work daily



Break silos in real time



Alignment happens between meetings

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What changed was not just the number of partners.

FROM

Who can help us?

- Partner recruitment
- Project-by-project engagement
- Public health as the center

To

What can we accomplish together?

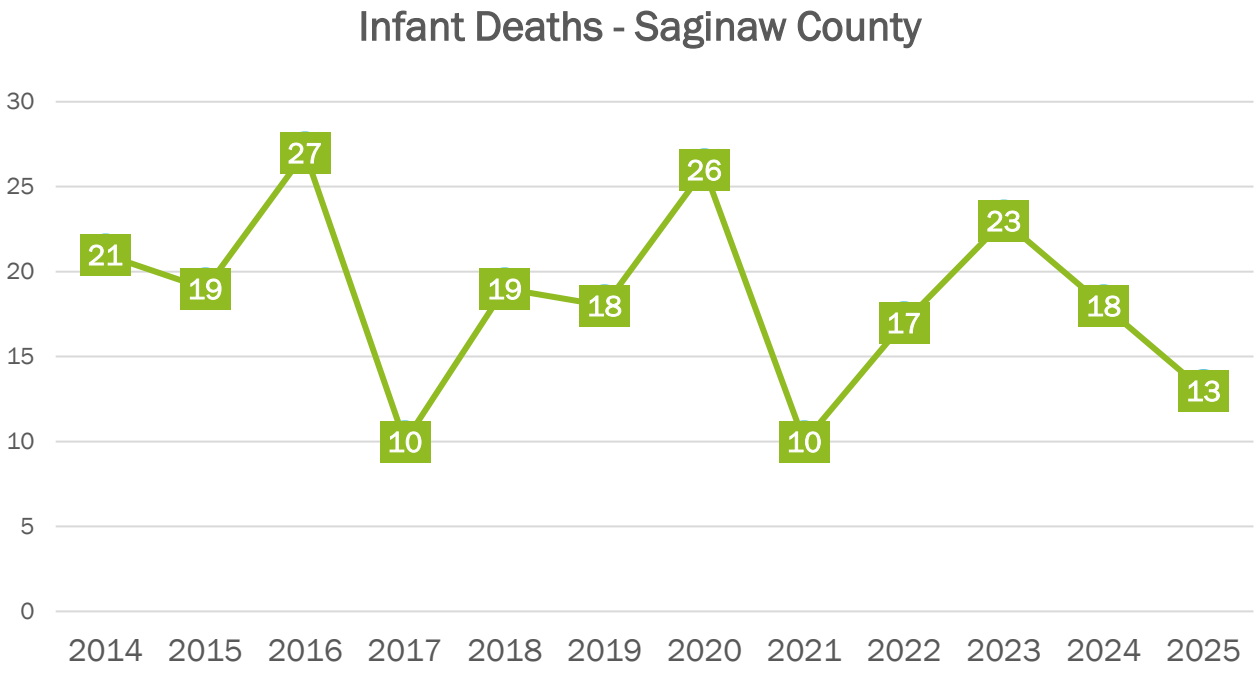
- Shared priorities
- Mutual value
- Partners shaping the work

TOWARD

What changes because we worked together?

- Collective accountability
- Systems change
- Community outcomes

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Goal

By 12/2026 in Saginaw County,

Reduce infant mortality rates in the City of Saginaw by 50%

Results

Total Infant Deaths

from 2023 to 2025

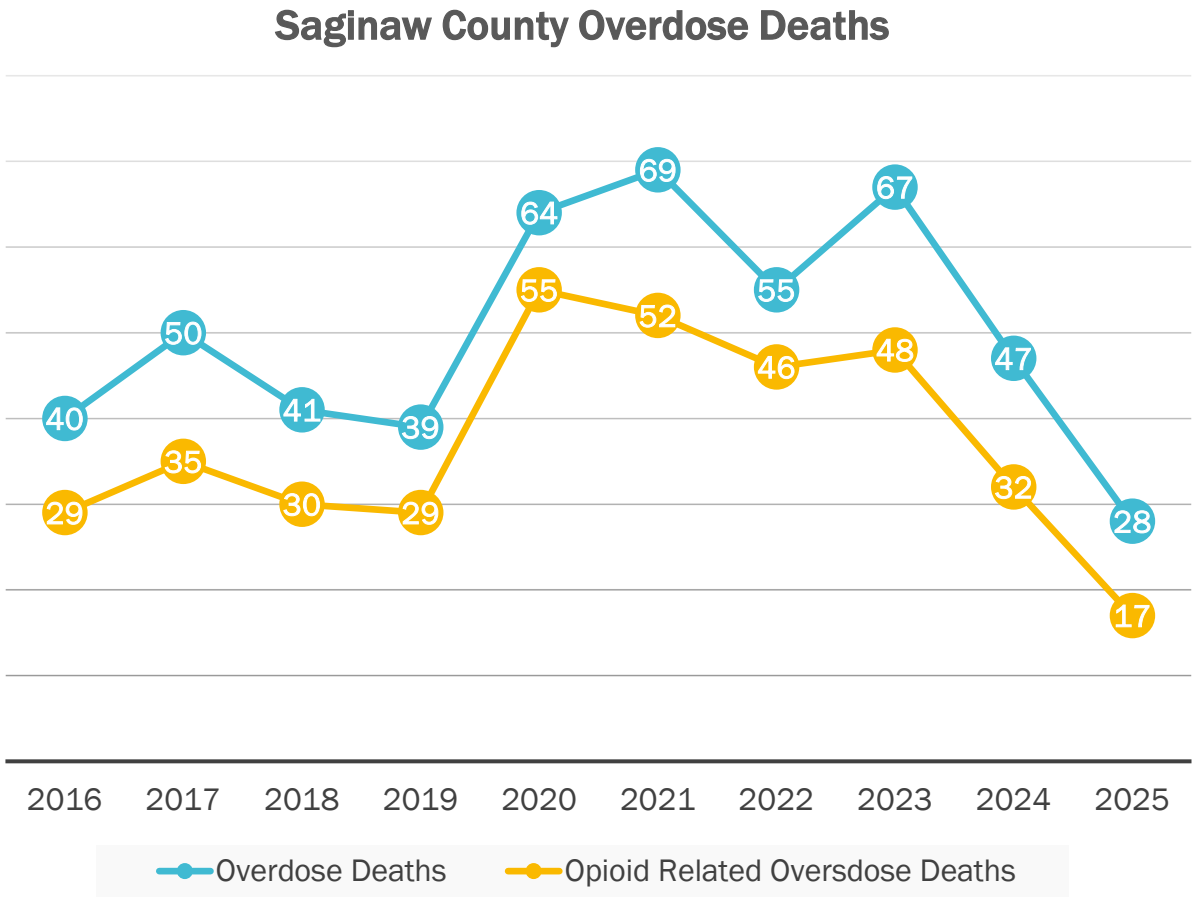
Decreased by 43%

Sleep Related

from 2024 to 2025

Decreased by 17%

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Goal

By 12/2026 in Saginaw County,

Reduce fatal & non-fatal overdoses by 50%

Results

Fatal Overdoses

from 2023 to 2026

- All decreased by 58%
- Opioid decreased by 35%

Non-Fatal Overdoses

from 2023 to 2026

- All decreased by 24%
- Opioid decreased by 46%

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The evidence matters

Collaboration should produce more than a good feeling.

ACTIVITY

Who participated?
What did we launch?
How many people did we reach?

SYSTEMS CHANGE

What relationships changed?
What resources moved?
What decisions changed?

OUTCOMES

What changed for residents?
What indicators moved?
What became possible that wasn't before?

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03

The Part We Usually Skip

Collaboration gets difficult when interests, resources, and power collide.

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Why collaborations stall



TRUST

past experiences, low confidence, fear of being used.



PRIORITIES

different missions, competing deadlines, different definitions of success



POWER

who decides, who gets credit, whose voice carriers weight?



CAPACITY

time, staff, funding, attention



FOLLOW-THROUGH

good intentions without ownership become drift.

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Compromise is not a failure of leadership.



Sometimes the best collaborative decision is not the idea public health would have chosen alone.



This is part of the willingness to SHIFT POWER.

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Set partnerships up for success



Understand their capacity before designing the ask.



Know what they need to succeed—not just what you need from them.



Give enough lead time for their reality, not your deadline.



Make the value to them explicit.



Do the connective work between partners when needed.



Do not confuse delegation with collaboration.

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Delegation can look like collaboration

DELGEGATION DISGUISED AS COLLABORATION

"Here is the piece I need you to do."

The partner receives a task, a deadline and an expectation.

If it stalls, the work stalls!

TRUE COLLABORATION

"Here is the outcome we are trying to create. What roles makes sense for you?

Capacity, interests, and constraints are surfaced early.

The work is designed together.

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04

The Question to Take Home

What if your collaborative disappeared?...

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If your collaborative disappeared tomorrow, would the outcomes change?



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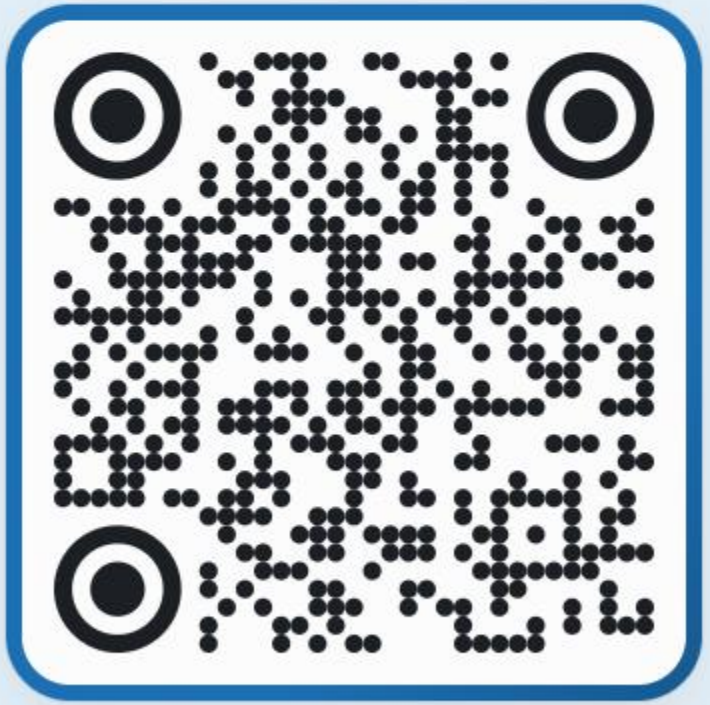
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Poll Everywhere

What would be lost if your collaborative disappeared tomorrow?
Enter 1-3 words....relationships, trust, funding, coordination, nothing, voice, data, resources, momentum, etc..



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A practical discipline for collaboration



Purpose

what outcome requires us?



People

who must shape it?



Value

why does each partner care?



Design

what does success require from each?



Discipline

how will we maintain alignment?



Evidence

what will tell us it is working?

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What BWell has taught me

- Relationships are infrastructure.
- Trust is built in the small moments, not announced in the big ones.
- Partners do not have to agree on everything to align around an outcome.
- Public health can be the connector without being the owner.
- Collaboration requires maintenance—especially when things are going well.

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Your next move

CULTIVATE

Which relationship needs more intentional investment?

COMPROMISE

Where are you asking others to adapt without adapting yourself?

RESDESIGN

What could you change so your partner can succeed?

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So the question is not: *"Do we collaborate?"*

It is: *"Are we willing to do the work collaboration requires?"*

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Collaboration is a discipline. Let's practice it.

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