



What is a Backbone Organization?

A backbone organization is critical for the effective implementation of a collective impact approach. The backbone organization is the coordinating body, bringing together diverse partners, organizations, and people to establish and achieve the goals set by the community members. An example could be setting a goal that the partnership will increase enrollment in the National DPP lifestyle change program by X percent by 12/31/2024. How and what will each partner organization, or community member, contribute to ensure that the enrollment goal is reached?

Backbone organizations work with partner organizations and community members to translate a common agenda into tangible activities that can be implemented by the partners and community members to reach the goal set by the partners and community members. Examples of organizations that served in a backbone organization capacity include state health departments and public health institutions. However, backbone organizations may also be community-based organizations.

The backbone organization provides project management and coordination, data analytics, partnership engagement support, and staff (or contractors) to work with CDC-recognized organizations and other key partners in the state or region to assist the partners in meeting local enrollment goals.

For more information on Backbone Organizations, review the [Bright Spot Initiative Backbone Organization Roles and Responsibilities](#) document on the Coverage Toolkit.

Backbone Organizations

Roles and responsibilities of the backbone organization:

- Serve as an overall project manager.
- Conduct a landscape and data analysis to identify additional opportunities to increase enrollment.
- Facilitate partner commitment.
- Plan and facilitate regular meetings with the partners.
- Work to keep partners engaged, committed, and on task.
- Help partners establish a realistic enrollment goal.
- Track project progress against agreed-upon metrics.
- Develop standard methodology and processes for data collection that align with local, regional, and national goals.

Backbone Organization Models

Five states participated in the BSI: Kansas, Michigan, Missouri, Utah, and Wisconsin. Each of the five states' health departments implemented one of two backbone organization models: 1) the state health department either served as its own backbone organization or 2) partnered with an organization to serve as its backbone organization, as described in the table below.

Backbone Organization	Selection Process
State Health Departments Serving as the Backbone Organization	
Kansas Department of Health and Environment (KDHE)	KDHE acted as the backbone organization to leverage existing partnerships and connections with organizations that contribute to diabetes prevention across the state.
Wisconsin Department of Health Services (DHS), Chronic Disease Prevention Program (CDPP)	Wisconsin chose the Chronic Disease Prevention Program (CDPP), a program housed in the DHS Division of Public Health, as the backbone organization as they work with each National DPP lifestyle change program supplier in the state.
State Health Departments Partner Organizations Serving as the Backbone Organization	
Michigan Public Health Institute (MPHI) Center for Health Equity Practice (CHEP)	Michigan Public Health Institute (MPHI) Center for Health Equity Practice (CHEP) was selected to serve as the Michigan Department of Health and Human Services (DHHS) backbone organization because they were uniquely positioned to create and facilitate dialogue between clients, communities, government, and policymakers as they are a trusted voice in the community. Moreover, MPHI had an existing relationship with the Southeast Michigan Hospital Collaborative (SEMIHC), a major partner for their BSI work.
Simply Strategy	Missouri DHHS selected Simply Strategy as their backbone organization because of their previous knowledge of the National DPP lifestyle change program landscape in Missouri, their existing partnerships with National DPP lifestyle change programs in the St. Louis area, and because they had previous experience working with the state health department.
Steering Committee for the Prevention of Diabetes in Utah (Steering Committee)	Utah DHHS selected the Steering Committee for the Prevention of Diabetes in Utah (Steering Committee), comprised of experts, specialists, and interested parties from various sectors across the state, as the backbone organization as the Steering Committee. The BSI aligned with its mission and goals to increase the promotion, accessibility, and sustainability of the National DPP in Utah.

Lessons Learned

Selecting a backbone organization with strong partnerships in the diabetes prevention landscape can advance efforts and help share the workload and leadership roles with the state.

States that selected backbone organizations with existing strong partnerships and a deep understanding of the diabetes prevention landscape in their state benefited from the increased working knowledge of the National DPP lifestyle change program and commitment to a collective enrollment goal.

- Utah's backbone organization consisted of various partners from across the state, allowing its subject matter expertise to shine across different efforts. Part of the vision of the Steering Committee and its workgroups is to coordinate efforts with one another, where possible, to develop synergy allowing the Steering Committee to focus its efforts on the same direction and goals.
- Missouri selected Simply Strategy as its backbone organization. Before the BSI, Simply Strategy assisted Missouri with its DP18-1817 grant, out of which the Missouri Alliance Network was created, demonstrating a deep understanding of relevant and existing partners in diabetes prevention.
- Wisconsin selected the Chronic Disease Prevention Program as the backbone organization. Within the Chronic Disease Prevention Program is the National DPP State Quality Specialist, who works with each National DPP lifestyle change program supplier in the state. This existing working relationship allowed for more streamlined communication and allowed the state to refine its approach to the National DPP when selecting ten suppliers to work with more closely.
- KDHE decided to serve as its own backbone organization, as KDHE has existing partnerships and connections with relevant diabetes prevention stakeholders across the state. These partnerships have supported KDHE's roles and responsibilities as a backbone organization.

Aligning priorities among different partners within a backbone organization can be challenging.

Utah noted that structuring a steering committee with stakeholders from diverse organizations can be challenging when attempting to align the overarching needs and goals of the committee. However, the state shared that it has been able to overcome this challenge by emphasizing the roles of each workgroup (Infrastructure and Awareness; Sustainability through Referrals, Retention, and Coverage; and Data Collection and Outcome Evaluation) and the need to connect its work across all aspects of the BSI.

Experiences engaging partners vary for state health departments with different backbone organization models.

State health departments experiences differed in their efforts to engage communities and develop partnerships depending on whether their BSI model involved contracting with an external backbone organization or if they served as their backbone organization.

- KDHE, which serves as its backbone organization, needed help outreaching existing National DPP suppliers in the state. Community suppliers were hesitant about the support the health department could provide and whether they had to commit and or give something in return to receive that support. Kansas introduced itself at the same time as trying to establish trust with the suppliers. Simultaneously, they were asking for potentially sensitive data that suppliers were cautious to share. Reflecting on their experience, Kansas mentioned that having an external backbone organization may have helped them circumvent some of these issues.
- MPHI, the external backbone organization for Michigan DHHS, stated that external backbone organizations may be more

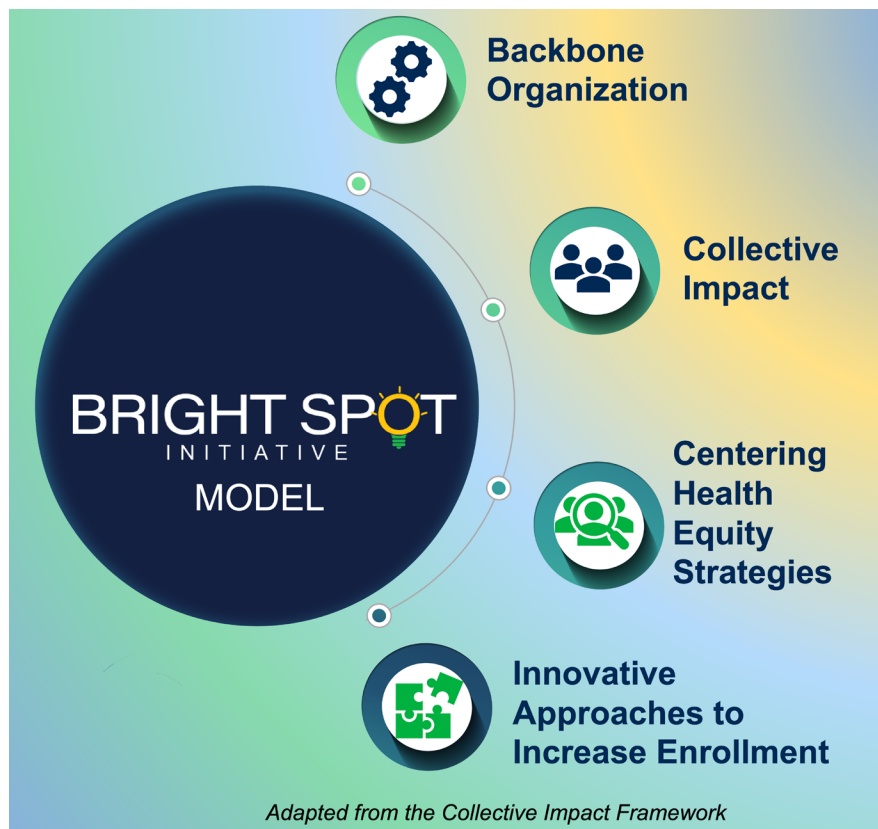
Lessons Learned

effective at engaging partners. They described the biggest proponent of their success was their already-established trust with SEMIHC before the start of the project.

- Missouri mentioned that having an external backbone organization with experience with 1817 grant work and established partnerships with suppliers and community organizations has supported project execution. Missouri believes that this model helped them accomplish more work within the project timeline than if they did not have an external backbone organization.
- Wisconsin DHS, which serves as its own backbone organization, had existing relationships with National DPP suppliers in the state before beginning their project. The existing partnerships enabled the state to offer support and technical assistance to their partners more effectively from the start. Due to the nature of their partner network, Wisconsin has not focused on starting new National DPP programs.

Contracting was an issue for state health departments in both years of their BSI work.

All states experienced contracting challenges in year one of their BSI work, which delayed project activities. In year two, Michigan, Missouri, and Wisconsin experienced challenges related to contracting with various organizations, which delayed the implementation of some of their project activities.



Considerations for Future Partner Networks

State health departments establishing partner networks and using a collective impact model to increase enrollment in the National DPP lifestyle change program should consider the key information below when choosing an approach that will work for their state.

State Health Departments Serving as the Backbone Organization

Understand how the different backbone organization models may impact contracting with partners.

State health departments should consider the often lengthy and arduous process of signing and executing partner contracts. State health departments with already-established contracts can explore leveraging those to expedite the amendment of current, or execution of new contracts. However, some public health institutions or community-based organizations specializing in this type of work may also have established partnerships. Regardless of the type of model chosen, contracting still takes time, and state health departments pursuing a partner network approach should not understate the length of time required.

Partners Serving as the Backbone Organization

External partner organizations may be more effective at developing and strengthening partnerships, especially at the regional or community level.

Potential external organizations qualified to serve as backbone organizations often have extensive connections and partnerships in their region or community. These organizations can leverage their current partners to support the partner network and search for and secure new partnerships. State health departments implementing a backbone organization model with an external organization describe that their existing partnerships and expertise were essential for supporting the partner network toward its goal.

External partner organizations reduce the administrative burden for state health departments.

State health departments with external organizations serving as their backbone organization described the model as conducive to project activities. An organization with project management and coordination experience and partnerships with other organizations around their state is well-equipped to drive the partner network forward. By reducing some of the administrative burden, state health departments can provide deeper technical assistance and support to their partners. Though each state is different, it is important to assess the dynamics of the state to make an informed decision when deciding what backbone organization model is appropriate and will be most effective in reaching the shared goal.