

**COMMUNITY CAMPUS PARTNERSHIPS FOR HEALTH**  
**Building and Sustaining Community-Campus Partnerships**  
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**AR:** = Ann Reiniger, New York Society for the Prevention of Cruelty to Children

**LS:** = Lucille Smith, Voices of Detroit Initiative

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**RV:** My name is Rachel Vaughn and I work with an organization known as Community Campus Partnerships for Health. Today we are going to follow a relatively set agenda because there are a fair number of you on the call. I want to start out by telling you a little bit about the tele-briefing and what our procedures will be for the day. Then we'll do some participant introductions followed by introductions of our presenters, a discussion involving the CCPH Principles of Partnerships, a brief moderated round robin discussion among our presenters and then we'll have time for participant questions and discussion. We do hope that you all will, in addition to the questions you sent out to us in advance, think about questions you would like to ask at the end of the tele-briefing itself. This tele-briefing is brought to you by Community Campus Partnerships for Health with support from the WK Kellogg Foundation. The idea for this telebriefing comes from some work that CCPH has done with the Kellogg funded Community Voices Programs. Out of that work of interviewing folks who were working with Community Voices and finding out more about their interests in community campus partnerships there emerged an interest in having two tele-briefings. The first was focused on Community Health Workers and how community campus partnerships can help sustain and develop Community Health Worker programs. That occurred on June 30<sup>th</sup>. This is the second telebriefing and it is focused on building and sustaining community campus partnerships.

The Community Voices Program, as I stated, is a WK Kellogg funded initiative and it is an initiative with 13 sites throughout the country focused on increasing access to and quality of healthcare for the uninsured and the under insured in those communities. The hope is that these communities will be models for other communities throughout the nation. You can learn more about Community Voices by visiting [www.communityvoices.org](http://www.communityvoices.org).

In terms of today's tele-briefing, what we would like to do is, as I stated earlier, start with some introductions, have some brief presentation time and then have time for audience questions and discussion. We do ask that during the presentation time which is on the agenda number one, Principles of Partnerships and number two, the Moderated Round Robin Discussion, that as audience members you obviously listen and enjoy yourselves and hopefully jot down questions that you're interested in asking. We ask that you wait until the end of that moderated round robin discussion to start coming in with questions of your own. Although that can be a tough way to do it, because I know a lot of you hopefully are going to get very excited and want to ask questions that come immediately to your mind, it's really the only way that we could think of to keep us within the

timeframe that's allotted for this call while still having the number of participants that we have. That being said, we are planning for the call to last anywhere between 60 and 75 minutes.

We're excited that you're all a part of this call and what we'd like to do now is have an opportunity for each of you to introduce yourselves, letting us know your name and the institution that you are coming from. When you say institution being specific so meaning if you're from the University of Iowa per se, let us know what department you're from within that institution as well. So why don't we go ahead and start with those introductions and whoever wants to jump in please go for it.

**RV:** Welcome. It's a pleasure to have all three of you here with us today. We had hoped to start in our discussion by focusing on the CCPH Principles of Partnership. For those of you who are not familiar with Community Campus Partnerships for Health or the Principles of Partnerships, I do hope you had an opportunity to take a look at the web links that I sent you a couple of day ago. If not, we will send that out again after the call so this is an opportunity to hear about a select number, three, of those Principles of Partnerships. There are a total of nine. On our website not only are they listed but when you click on the specific Principle of Partnership it takes you to a link that has an article with more information about what that principle means to practitioners who are in the field doing this work everyday. We urge you to take advantage of that resource. Each of our presenters has selected one principle that they really feel resonates with them in their work and they are going to share that principle and talk a bit about how that's effected them. And whoever wants to go first jump on in.

**AR:** Just the overall, and again I concur with what Rachel said. I hope you've had an opportunity to take a look at all of the Principles, but just as an overall vision, these Principles focus on vision, trust, relationships, values, respect, open and accessible communication, sharing and the patience in giving the Principles time to develop and to evolve. They were developed by CCPH to facilitate and strengthen the partnerships between communities and campuses. Principle 1, which I've chosen to talk about, is "partners have an agreed upon mission, values, goals and measurable outcomes for the partnership." In my work as a Fellow at CCPH I look at the partnership that we developed in, we started in New York City in Washington Heights in a underserved community in Manhattan and it was a partnership of my agency, the New York SPCC for short, Columbia University, their College of Physicians & Surgeons, School of Public Health, School of Social Work and also the Babies Hospital and Alianza Dominicana which is a community based agency. Together we developed a Healthy Families Program called Best Beginnings. The goal of the program is to prevent child abuse and enhance the health of the families in this underserved community.

I'm going to talk a little bit about our partnership because as part of my Fellowship I talked to all the partners and went through all of the principles to see what was important

and what worked and how the lessons learned can be shared. Everyone agreed that this principle about the mission values and goals is of crucial importance. As one member said ‘Without a meeting of the minds there’s no way to move a partnership forward.’ The partners share their common mission. In this particular situation it was delivering effective prevention services in the community and demonstrating it in an empirical way. All agreed that Best Beginnings, the service was important to provide to children and families in this community. As one member stated ‘It’s essential that there be a coming together.’ It took awhile to reach this place and it would have been faster if we had had a history of working together. There were some rocky moments at the beginning but it did happen and they have now gone on, Columbia and Alianza who are both located in the Washington Heights community, to work on other projects together including a service learning project. A challenge for the partners was to understand what the others could provide to the program. Columbia felt ‘we can do it alone.’ We’ve got the expertise, we’ve got the resources and it wasn’t until later that we recognized the contributions of the other partners. In particular for Alianza who was based in the community, had the trust of the community, had the political savvy needed to get things funded in the community, it was critical to this program to engage and retain the families. One member stated ‘It was an exceptional experience for the research and the practitioner to piece the work together so well.’ We have a randomized trial going on so it’s a true experimental piece of research. There was tension but we were working in the same direction. Another member attributed this ability to work together as being due to the fact that the two senior staff of the program, the Program Director whose area was research, and the Program Manager, whose area was practice, respected each other and didn’t get in each other’s way.

Indicators of how widely a vision might be shared include who shows up at meetings, who does the talking, who volunteers for what kinds of work and who seeks credit and how the benefits are distributed. Although the partners adopted the same vision, the community based agency just didn’t have the depth of staffing or the resources to be as participatory as the hospital was. It’s not unusual that well established organization such as Columbia would have disproportionately more resources than a community based agency. Time challenges also had to be dealt with and there are natural pulls on the various partners. It’s important to make the meetings worthwhile to all the participants and to have representation by all partners. We had regular meetings and that helps build the relationship. This presents a challenge because the Medical Center, again, is large, has lots of staff. Community based agencies often have few people who can attend. But at a minimum the Executive Director should identify a senior staff person who can attend the meetings. Collaborations and partnerships are built on the belief that working together will be more successful than working separately. A history of positive working relationships may be considered a facilitator and the absence of such a history an impediment but that impediment can be and in the case of Best Beginnings, was overcome. So that’s what I have to share with you on that first principle.

**RV:** That's fantastic. And all of you, I believe, received a copy of an abstract of Ann's article regarding the interviews and the work that she's done with this partnership. Once we know where that article will be published we'll let you all know. Given the smaller number of participants that we have, what I'd like to do is continue going through the Principles of Partnership but at the end of this section on the Principles of Partnership go ahead and take some questions from the audience so if you have questions that come up as you hear these folks talking about these principles, jot them down and we'll share those soon. Lucille.

**LS:** OK. I selected Principle 9.

**LS:** OK. That's the Principle that states Partnerships take time to develop and evolve over time. This has been very important in our project. There are five elements that they talk about in the article about this Principle. One element is common ground and passion. The second is infrastructure building. Then there is performance and mission work is core and then there's the celebration and reflection and finally a higher level of partnership. I'd like to talk to you today about the All Help Disparities Project that we are partnering with the University of Michigan School of Dentistry to implement. That partnership has evolved over time. We first had a common passion and that was to provide oral health services to a low income population in the City of Detroit. There were some critical events that took place to bring us together. One of those critical events was that Kellogg, as a part of the Community Voices Program, requested or made a requirement that all of their projects become involved in providing oral health services or promoting oral health policies within their communities. The other was a RFP from the Institute of Health for an Oral Health Disparity Project. Those are the two critical events that brought us together.

Kellogg had initially brought us together with the University and we found a very passionate person that we worked with who was a Professor in the School of Dentistry. This professor understood the need to do community research and what that really meant to us. There were other things that we shared. One was that the Voices of Detroit Initiative, we call ourselves VODI so I'm gonna use that as the shorter acronym, we were interested in providing services for adults in the City of Detroit because they have not had any dental services available to them in a public health way for a very long time. We felt that it was in the community's interest and our interest to provide these services. The University was interested in studying the, looking at children in terms of responding to the RFP and why there were disparities within families and within communities in terms of oral health. We came to a compromise. It wasn't a compromise; it was something that we came to a consensus on. We decided we would look at children but you can't look at children outside of looking at their families. That got us the adult. They began to help us with developing an infrastructure for services even before the grant was ever received. They helped us develop services in our community along with the resources that we brought to the community. They brought professionals who would be available to provide

services in the community and the promise also of beginning to do a rotation for students who were in the Dental Program so that we could begin to develop a cadre of health professionals and dentists who would be willing to continue to work in our community after they graduated. That's one of the things that we felt was extremely important.

We had a written, we began to develop the written agreement including the kinds of things related to a Community Steering Committee that VODI has in terms of the principles that we wanted to set forth and there was general agreement. Now a lot of all of this was in writing in terms of minutes from meetings, but we never put together a totally formal agreement as was talked about in some of the principles. That was just not really feasible but it was feasible that we could come to some agreement and we could document the agreements that we were coming to and that there was general consensus. The community was kept involved as the process evolved over time. It was a year and a half in writing the grant so it wasn't like the RFP came out and all of a sudden you had to have a grant in a month or three months. So it took us about a year and a half of working through this process.

The next level of discussion was around management of the dental component, the Oral Health Disparities Project. How could the community get involved in that and how would the relationship between the University and their students and training people from the community develop. They invited and had several courses that some of our staff members were allowed to attend at the University where they got training regarding some statistical and community research principles. I think I'll stop there in terms of some of the things that we did. We celebrated basically, we were trying to enroll 900 families over a period of four years and we hit that 900 mark so we are celebrating that we have 900 families who had been screened and are now going to be a part of a cohort that will be followed over the next four years.

**RV:** That's fantastic. And Lucille is the partnership continuing then?

**LS:** Oh definitely. We are, the partnership is continuing to the next level. The University at this point has two focus groups in which we're looking at all the research that's being done in this community by all of the universities in the area. They're going to put up a website so that we share data or information gathered from all the research projects with the community and decide on projects that we can pursue together in the future.

**JK:** OK. I chose the same principle that Lucille selected. And as Anne said, they all resonate but the one of partnerships take time to develop and evolve over time has particular relevance for our project. The remarks I'm going to be making today relate to a nurse managed clinic that was established in 1996 in a rural county that's adjacent to the county that's the home of Indiana University, Brown County. As some of you that have traveled in Indiana may know, Brown County is particularly well known as an arts community but the populations we're serving are what the local people would refer to as the real Brown

County. We serve residents, provide healthcare services for people who lack access to care by virtue of being un-insured or under insured and our mission also includes serving as a clinical education setting initially for Nursing students and we're now branching out to add other health professional students for experiences there.

I think that we have come, and we meaning the academic partner, have come to realize in retrospect that we used the term partnership rather loosely for several years. We really began the development of the partnership with a community assessment a little over a year before we actually opened in the clinic in 1996. After that we viewed the community as partner but in all honesty the community has only used that language in about the last year, year and a half. So it's taken much longer than I would have anticipated to actually say genuinely that we do have a partnership. I also was reminded of this at the annual CCPH conference this year which we attended and where we facilitated some sessions as Fellows. In some sessions people eluded to having, in one case, up to 75 partners so I think that sometimes we have to look at what we call a partnership.

Some of the things that we've learned in this experience are to be patient. We were tested and challenged and in this case we had to acknowledge some of the past history that accounted for feelings in the community. The community has a population of just fewer than 16,000 and Indiana University is three to four times that big just in terms of its students and faculty population. In many cases the community felt like they had been used for a lot of IU projects and hadn't necessarily felt that it was a mutually beneficial relationship or hadn't felt that they really had much of a voice in what happened for example in their schools and social service agencies. So I think acknowledging that and hearing some of the stories about what had happened in the past was helpful to us in getting to the stage that we are now. We also acknowledged our differences just in terms of time commitments. As those of you associated with academia know, we run by semesters. Communities don't. Their needs are ongoing 11, 12 months a year and especially when we're talking about something like providing healthcare to people. Another thing that we've learned in the process of developing the partnership is that our funding agencies need to be well informed about the community dynamics and become part of that partnership too. I think in retrospect our project would have been considered a failure if that funding agency, or primary funding agency who is the State Department of Health, had not been willing to continue to fund us beyond what they had initially said was the period to establish nurse managed clinics in this state. The other thing that we've had to do that I believe has taken longer to develop than I would have envisioned initially is to acknowledge our status as outsiders. I have a cartoon in the slides I distributed to you today prior to the presentation that came from a local newspaper in the county where the clinic is located which I think best describes that you can't just go in and act and dress like the natives and consider yourself a native. This is a very Appalachian Community and there's definitely an insider/outsider perspective and we had to acknowledge that, our role as outsiders. Their interpretation of an insider is having been conceived and born in

the county, not even having lived there for a decade or so. So I think that was important on our part to recognize.

A part of my role in the Fellowship Program is to take some of the lessons we've learned which includes the principle I just spoke to and expand those for other disciplines. You have in your handout lessons learned that were identified with some of my colleagues who helped get the clinic going and an article in Public Health Nursing but what I'm going to do now is expand on that because I think there's a lot of relevance for other disciplines within the University for working with communities to establish a partnership.

**RV:** Great. Thank you Joyce. I think I actually appreciate the fact that two of you had selected the same Principle, partnerships take time to develop and evolve because oftentimes from my perspective as somebody who works with CCPH I can see people get a little bit tense at times when we present the Principles of Partnership. I think that occasionally folks see them as something that they should be doing perfectly in every partnership and instead we see them as something that we shoot for and work towards in partnership. That ninth principle is very clear that it takes time to develop and evolve and to implement some of these pieces Lucille talked about. We don't necessarily have formal written agreements and that's just where your partnership is at right now and that's perfectly legitimate and still a fantastic partnership. So reminding us that the Principles of Partnership are a fantastic guide for looking at where we're going as a partnership and can be a great tool to work with your partner on, to sit down and go through those principles together but by the same token, that's what they are, they're a tool and an informational piece for you as you develop your partnerships. They're not necessarily a checklist of yes, you have this, no, you don't have this therefore you don't have a partnership.

So that being said, it would be great if those of you who are on the call would like to share some questions regarding what our presenters have talked about related to the Principles of Partnerships.

*I am the Director of Healthy Families Indiana Training and Technical Assistance Project so when I saw Ann's name I recognized her and hello there. I do have a question for you and. I think we all have struggled with this a bit. With the shared goals when you're working with trying to prevent child maltreatment and one of the partnerships that you're developing, that we're developing, is with the families and I just wondered if you had any insights about how we kind of honestly share with families what it is that we're about without turning them off. Does that make sense?*

**AR:** Yeah. The strengths based approach and the supportive approach of healthy families. Joanne failed to mention she had prior been the head of all of Healthy Families for the United States before she went back to Indiana. One of the things our partners raised in terms of one of the principles is about stakeholders. They felt that the parents should be

stakeholders and the way they saw bringing the parents on board is first through a Parent Advisory Board where the parents together really get to talk about the program and the needs of the parents and have a role in the program that's being, the service that's being delivered. The thinking was that maybe one of the parents would be selected by the parents themselves to be a member of our partnership. We called it a directorate but that is the partnership that meets on a monthly or bi-monthly basis. So keeping them in the loop and having them there while we think through the issues and have their input. Helping them, encouraging them to contribute will help them to buy in and understand. This particular program is strength based so a lot of the parents I think will understand that and when they sort of are participating in the nuts and bolts of everything that will help them to understand the service that much better.

**RV:** I think you bring up a really good point that when we talk about Community Campus Partnership oftentimes people think of that as that there are two parties to the partnership and that the reality is there are often many, many other parties to the partnership including the stakeholders who are being effected by the services being provided.

**RV:** Other partnership principle related questions.

*One of the dilemmas we had, and I know partnerships take time, but when we are dealing with larger institutions we've had problems with a constant changeover of staff. The people you start working with on a project then get moved to another project. Part of the reason some of our initiatives have taken a long time is because often we have to go back to the starting block because we have new staff because people get realigned and reassigned. Can you offer any strategies to help deal with some of that because that has added length but on the other hand we don't want to abandon partnerships just because we can't stay with the same people all the time.*

**AR:** This is Ann. I don't know if this is directly on point but one very important piece is the support of the organization for the partnership. For instance, for us the head of the Department of Pediatrics was a strong supporter so he sent that message throughout his department. Later we did have someone who started up who was the head of General Pediatrics which was most relevant to this project and when he retired there was an overlap. He kind of brought his successor on board so he himself really filled her in and then she and he even continued to come. There were some meetings where the two of them were there before he stepped back completely. So there was that opportunity for overlap. Now that's not always possible if there's a quick turnover. But we found that if the organization itself is supportive, from that it flows down to the key person who's on your partnership. We had people who were pretty high level, not so high up that they didn't have time but who were high enough to make decisions for their organization and then they in turn sort of trained and provided the detailed information to their successor.

*Well that's great. As an interesting observation, I find that now with this certain initiative*

*because it's come so far and essentially is on the brink of completion, everyone is so very invested nobody wants to leave so it's everyone wants to, nobody wants to sow but everyone wants to harvest so it's kinda hard to convince people at the beginning that there is wonderful potential and to keep them interested along the way because now we can't get rid of anybody which is a good thing.*

**AR:** Well, another suggestion by one of our partners who isn't intimately involved day to day in this said 'You know, the meetings maybe they could have been quarterly for those of us who were less involved and the people who were really deeply involved in this they could continue meeting monthly' so that you can have different levels and they can stay invested. Another suggestion was every year to have a retreat. One day. You don't have to go somewhere great but just to think of the big picture and then everybody could sort of be involved because they have different things to offer and contribute.

**JK:** This is Joyce. And for the Clinic Project I think the glue for the partnership is our Community Advisory Board. They're really essential to the ongoing operation. How we've dealt with some of that issue of people coming and going is to have representation from various groups in the community, not necessarily individuals. So it's a responsibility that when someone can no longer represent that entity on the Community Advisory Board they find someone else. For example, the School Corporation, the Ministerial Association, there's University representation, Social Services, one staff member on behalf of the staff from the Clinic attends the Advisory Board. Clients are one of the hardest to maintain but something that we really work towards. We're trying to work towards a higher percentage of clients because that's important. So while we do have a couple of people who have been with the project since the inception who are on that Board, people have, they come and go. In a small community you have to expect that, too, because they get called upon to be on so many things and they're seeing the same people on multiple boards. You have to be cognizant of that and sensitive to what they have to commit.

**RV:** Lucille, is this a situation that you've run in to in Detroit as well?

**LS:** We've certainly run in to that in our partnership a number of times. We have had different key people at leadership positions in our Public Health Department over the life of the organization. They haven't had the benefit of being able to be transitioned because there's always been a gap between when a new person comes in and when the old person left. The gap has been up to almost a year each time. The way we worked through that is by having the buy-in at the even higher level of the Mayor's Office in terms of support of our partnerships. We also have identified a stable person who was at a very high level within the organization that's not a political appointee so is a little bit more stable. That's how we identified a leadership person for the organization who is pretty high level, kept them invested over the period of time even when they're not in the director position. They become the alternate when they have a director and then when the

director's not there they actually become the interim director. So they have the history of the partnership and that keeps it forefront in the organization and it's worked really well for us. The incoming directors have taken on the responsibilities of the organization to the partnership and taken it very seriously because we've been able to make the transition in terms of identifying more stable leadership that can make that bridge in terms of understanding the organization and providing the feedback. As well it's been going even above that to the Mayor's level and having the Mayor identify a person within their staff that works on healthcare issues.

**RV:** Thank you. One other comment you were talking about is how it's hard to get people to leave the group now that it's harvest time. One thing that came to mind is I've seen a number of groups who have successfully, once they've reached that phase, then found another common issue that the group is interested in working on while you have the entire group there and you have them invested and excited about the successes of the past, looking towards is there a project in the future that that group might be interested in taking on.

**JK:** That's nice to have some momentum because that's the point where you're thinking now what else can we do since we feel like we've conquered the world.

**RV:** So it's good to do that while you're on top of the world.

**RV:** We have time for one more question related to the Principles of Partnerships. OK. I think what we'll do now is go ahead and move on to what we have decided to call a, what did we decide to call it, a Round Robin discussion. I'm sure those of you who have been to conferences recently may have seen this in a workshop. We thought we'd try the virtual method of it where a group of folks tend to sit in the middle of the room and have a moderated discussion while the audience listens to that discussion. As opposed to having three distinct presentations our presenters are going to discuss some issues that have come up in their work in building and sustaining partnerships. As participants in the call you'll have the opportunity to listen to this moderated discussion and then about midway through the discussion to join in with some questions that may come to your mind. Again, we urge you to write down any questions as they come to your mind. This discussion is really being driven by the responses that many of you sent in to the questionnaire that we sent for the tele-briefing so we appreciate you sending out all that information because it really helped us to decide how to guide this tele-briefing.

One of the issues that came up for a few of you, more than one of you, was looking at how to transform partnerships that are really being coordinated from a centralized office. And those partnerships, in this particular case the reference was to partnerships that are Service Learning Partnerships, but many offices also have centralized research offices and other types of centralized partnership offices. This person I believe was curious about how do you work with the centralized offices in a way so that from the campus

perspective the faculty and students are still meaningfully involved in developing and building a partnership but don't necessarily bear the weight and the burden of setting up every conference call or setting up every meeting. That's a question that the three of you had a rich discussion about a few weeks ago and it would be great to continue that discussion.

**AR:** We started our partnership as a program that we all wanted to provide and that's what brought us together. At the time it was an idea but there was no funding yet or funding hadn't been crystallized in terms of that particular service. We just knew we wanted to do the Healthy Families model. When we started I guess we didn't really have any centralized office but what we did is we would alternate amongst the three of us in terms of where the partners would meet. There was one person who was designated the *de facto* leader just to keep things moving but we'd meet at Columbia then we'd meet at Alianza and then it wasn't always at SPCC because we were downtown but we'd stay in the community for the most part. This way would be able to get out of our own particular area, learn more about the other side and all the people there and it really led to a very cohesive group without it being heavily weighted one or the other. I mean we always could have met at Columbia. They always had a room somewhere. But we made a point of going to the other places. So we had kind of a virtual office until the funding came through and then we would meet at the site of the program and that's where everything flowed from.

**RV:** And the site of the program was in the community?

**AR:** Well, it was at Alianza. They housed the program but it was in Washington Heights.

**RV:** Other thoughts?

**JK:** Rachel, this is Joyce. Most of our partnership meetings have occurred in the county and that's just because it's more of a convenience than bringing people to campus and frustrating them with having no place to park and things like that. What we do that involves the community coming our way is we involve community members, especially clients, Community Advisory Board members in student seminars that are held on campus. We make arrangements for them to come here for that. The students are in the community for all their clinical experience so we think it's a good idea for the community members to come to the campus side to participate in bi-weekly clinical seminars. We have an office on this campus devoted to service learning and when my project started I was not involved with that office. Since that time I have become more involved with other disciplines on campus through that office because one of the things that they often face is the fact that community needs, as I mentioned before, go on and the University runs on semesters so some interdisciplinary work through that office trying to talk about how to sustain partnerships during those period when students aren't involved.

**RV:** And that's a group you started working with recently, correct?

**JK:** Yes.

**AR:** And as an outgrowth of Best Beginnings, Columbia and Alianza got a multi-year grant from the Dyson Foundation to develop a Service Learning Project for Pediatric Residents which started as a small program at Best Beginnings and is now community wide. When they got that grant, the office is based at Columbia but they brought a community person on board as a staff member so they have that link.

**LS:** In our work, this is Lucille, in our work with the University of Michigan one of the things that they've done is bring together a number of disciplines to work on the social/economic issues and we've used focus groups. The focus groups have been held in the community with the community people as well as departments participating in terms of how we form; make broader use of the service learning opportunities within the University.

**RV:** OK. And from your perspective, Lucille, having worked with both settings at the University, individual faculty as well as some centralized offices, is there one that feels easier or are there disadvantages and advantages to both models?

**LS:** I think there are advantages to both models. Because we have a number of universities that we work with, an opportunity with one of the schools of nursing was a failed experience because of the coordination issues. We were working with one school and the experience didn't turn out well and part of the reason it didn't turn out well is that the students didn't feel comfortable telling us that they were having difficulties in the rotation in terms of the things that they were trying to accomplish in the clinic setting and they didn't tell us that until after they finished their rotation. It would have been nice if they felt a little bit more comfortable and the receptor had felt a little bit more comfortable letting us know but I don't think they told her either until it was after the project had ended and then they let us know that they had felt that they didn't get the necessary support from the community setting that they needed to make some of the health education pieces work.

**AR:** Lucille raises an interesting point. What we found and what I found in talking with some of the partners in Best Beginnings was that when there was a problem, there were things under the table. We had a problem. A researcher we had early on just wasn't doing her work and we kept pushing her and she just kept not doing it. I mean she solved it by relocating to another part of the country but what was suggested is it is difficult to bring up issues, bad feelings or you don't want to start causing adversarial relationships, is that's a wonderful opportunity, and it was suggested by one of our partners, to bring in an outside person, maybe like a CCPH person or some consultant in the area that can help facilitate and bring issues to the front burner for people to talk about and to work through because it will end up being a better partnership but it is often difficult to raise problems

that have arisen and you don't want to make anybody feel bad. But as you found Lucille, then it causes a problem to the whole service or partnership that's being developed.

**LS:** Exactly.

**RV:** Thank you all for your thoughts on that. I think that many of the folks that we work with have discussed the pros and cons of working both a centralized office and working with individual faculty. Some of the most successful programs that I've seen really combine both. Some of you mentioned programs that really combine the best of both worlds, having a centralized office to take on some of the tasks and having strong faculty involvement as well. Having those lines of communication open. Ann, I appreciate your comment that oftentimes partnerships don't go well and there's a lot of learning that can come from that in order to enrich the partnerships in the long run. A lot of folks mentioned in their responses to us that they really just wanted some foundational information on how do you do this, how do you form a partnership, how do you sustain a partnership and how do you do that in the context of community health related partnerships. That's the context that all of you are coming from. Are there pearls of wisdom that you would like to share with each other and with the participants from this call?

**AR:** I found three common themes coming up as a foundation of a good partnership which really can apply to all partnerships as well as the specific one we're talking about today. The first one was a clearly defined goal and vision. Everybody being on that same page about where you want to go. Sometimes it takes a little time for that to crystallize. Whenever there were problems that always held us together and moved us forward. Another is that each partner has to see a benefit to them and their organization. I know the community based agencies said unless there's some funding or we have some real important say in this, there's no benefit for us to being part of this. So everyone has to, in their own way, see a benefit to stay involved and to become part of the partnership. The third was a strong neutral leader. Someone who helps move things along on the macro and the micro level. Getting and making sure that meetings get scheduled, that people get notified, chairs, and this is for the partners to decide, do you want to have one chair, do you want to rotate chairs but to move that along. When proposals are getting ready to be written to make sure everybody's gotten their assignment and to just move that forward. When disagreements come up, the small ones, to help facilitate a resolution and move forward. When you need to bring in an outside consultant to be the one to say hey guys, I think we need a little more help. So that's another piece that I found. And then what we found and what will develop and make the partnership work are the personal relationships that will develop amongst the partners. There will be that trust as you start completing tasks then you build on that foundation. I know it's hard when people come and go but if their organization is behind it then it's likely they'll come on board, too.

**LS:** I guess I would add to that is that we found that looking at and identifying the strengths

and the assets of each of the partners is very, very important as well as having some flexibility. We started out in our partnership with having one person who was like the chair and that person was the chair for two years and there was really no intent to have the person change. That person was going to be the chair throughout the project. And then as we moved down the road there were other people who wanted to move towards that responsibility and so we made some adjustments that we would rotate the chairmanship on a yearly basis so that everybody would have an opportunity to participate. I think one has to be able to be flexible enough to make changes related to what it is the group feels most comfortable with as they get to know each other and they build trust. Trust is another really important piece in terms of building a foundation for a partnership that you're gonna all be moving towards the same goal and objective.

**AR:** And what we also found, as one of our members said, not to expect 100% trust. The organizations have their own agendas. As they put it, enough trust to move forward. And that even went for the power. The power doesn't always have to be balanced as long as there's a sense of fairness. I mean it couldn't be balanced between Alianza and Columbia but there was a sense of fairness in going ahead with the partnership and doing the work and that was enough. So you have to be realistic.

**RV:** Thank you both. I think that point that the balance doesn't necessarily, the power doesn't necessarily have to be balanced also bring up another thing that I've heard a lot of which is that in the long term the power can shift back and forth as long as there is that sense of fairness. So there may be a year or a half a year or a month where the power is very strongly shifted to one of the other partners, one of the many partners, but as long as there's a sense that it may shift otherwise in the future I think people can feel comfortable with that.

**AR:** The other is, and sometimes this isn't possible given the short supply of people available, but the right people to be representing their organizations. People who are, as Lucille was saying, flexible, open, patient, who have interpersonal sensitivity and good communication skills.

**RV:** Joyce, have you rejoined us? OK. I thought I heard a beep so I wanted to double check. Let's go ahead and open this up for questions.

*It seems to me that one of the challenges we have in our community work is that in all healthy systems we have trouble with death. Death of a partnership, physical death. Sometimes a partnership has reached its youthful life and we try and sustain it rather than just letting go of it. I'm not sure that this is an issue that others are struggling with but it seems to me if people are so busy these days sometimes it's better to just let the partnership dissolve and create new ones. Is this an issue that resonates with others?*

**LS:** It does with me. I totally agree with you. Sometimes we try to keep something alive that

really is finished and it would be better off if we just sort of let it celebrate what it's accomplished and then move on to something else rather than try to keep that particular partnership going.

**AR:** This is Ann. It's not as if our partnership died because our partnership will continue providing the services but it does go through a maturation point. When we started we were meeting at least once a month for little task forces because there were just a lot of things to do and a lot of energy but once it started up and we had a staff then it wasn't necessary to meet as often and I think we kept meeting every month because that's what we had done before. I don't know, one month something happened and we had to cancel the meeting and then all of a sudden when we met the next month it was like hey, bi-monthly. That can work now. We're at another stage. And then as I indicated, some of the partners even said, you know, we could have looked closely at ourselves and see who needs to be there even bi-monthly and who needed to be there only quarterly. So it's the death but also the different stages of the partnership to kind of see where you're at and what the needs are because time, yes, that was something that was very much or not very much there for so many people.

**RV:** Do other participants on the call have thoughts regarding this issue? Is there a time when it's good to just say this partnership is over?

*Just to elaborate. It's been a challenge. It seems that sometimes the goal becomes getting people to meetings versus bringing to the table, inviting people to bring to the table what's important to you now, where do we want to go from here, what do we stop doing so that we can do these other things. A big challenge we've run in to is people are so busy these days that they're doing too much right now and it's getting people to think about what's really important to them in this Healthy Community Initiative or this community project to bring you back to the table or bring you to this next arena.*

**RV:** So working within the partnership to figure out what those points are.

*And who's not at the table that we should invite.*

**AR:** And how you can entice them to the table. You know, what's in it for them? I mean every partner needs to see a benefit to their organization. And at the end it hopefully will benefit all of the partnership but that's what we found is what keeps people coming and being invested and participating. And not just sending a low level person who's going to take notes and bring it back. We want people who are going to participate so they have to see a value in it.

**RV:** That's a really good point. Thank you for bringing that up. Other discussion points or questions?

**AR:** I just want to go back to the question about bringing the parents on board in the Healthy Families. That's where the community based organizations come in. Ideally if they are a partner in the program they will have had and will have a trust of the community and then communicating the message will often be the reason parents will get involved and stay involved and they really will resonate with the parents.

**RV:** I think Anne, to expand that out, that that's true for any service provider relationship and not necessarily always parents but anytime that you have a community based agency who's providing services that's the key to getting the clients or the consumers of the services to the table.

**LS:** I'd like to ask, this is Lucille. I'd like to ask the question of the group, in terms of communication. Do you facilitate communication between the partnership and among the various partners and what kind of strategies folks have used to communicate with each other over long periods of time and to get new messages out to those stakeholders?

*I guess I can answer. We use a lot of the internet. You mentioned the Community Voices website. There's a Capital Area Community Voices website that's been helpful in connecting groups, cacvoices.org, if you'd like to visit it. I'm excited about another communication vehicle that working with the press to communicate and educate. Doing weekly stories on issues related to health in local media. I'm hoping that this will be another way to communicate. Those are just a couple ideas that seem to be successful in the Ingham County area.*

**RV:** Is that something you're doing in your community? The press contacts?

*Yes. We've just started with some of the local newspapers. We recently did an article on community dialog. One on full service schools, one on livable communities. The kind of articles that people relate to our Healthy Community Initiatives and that might resonate with them. In the article we give contact information, website and things like that. We're hoping that this might generate some interest and contributions from other practitioners and community residents.*

**RV:** Thanks for sharing that.

**LS:** I know in Ingham County in the Community Voices there were a lot of listening meetings.

*Summits, yes. That certainly has been a critical part of it. Relating to the issues that were brought up earlier in terms of equity and participation and buy-in and community interest. The Community Summits are really sort of a central piece where the community is invited at a community based location to participate in sort of shaping the vision for the Healthy Community or the Healthy Community Initiative. Some of that information is available on our website. Thank you for mentioning that.*

**RV:** Other communication methods that folks are using?

*We have kind of a different network because we're state wide and we have 56 different Healthy Family sites and then we have the Central Administration. We've used a lot of different kinds of communication including a lot of e-mails and then posting to a secured website so that if you lose it you can go back and you can find it. We've had quarterly regional meetings that we just this last time tried to do teleconferencing and we're still sort of evaluating that. We do a lot of conference calls for work group meetings. But one of the things that is kind of a balancing factor for us, and I'd be interested to see how other people dealt with it, is when you get too big like beyond about 30 people you kind of lose that sense of belonging and personal connection. The more distance things that we do we still feel like we need to be able to get back and get Together to keep up kind of the relationships. I think it was Ann who was mentioning it is important to be able to sustain the effort, particularly when times get tough, which I would say they tend to be getting a little tough. So any comments would be appreciated.*

**RV:** Any comments on that? Lucille or Ann? Joyce, have you been able to rejoin us?

**AR:** Could you just give a quick synopsis again? I was walking down the steps as you were saying that but some things were resonating a little bit.

*It's just that we have a very big group at this point with 56 sites spread out throughout the state and we use all different kinds of ways to communicate that are efficient but we still feel the need to be able to get people back together and get in almost smaller groups. I think when we get beyond 20 or 30 people you just feel like you're not really a part of that group anymore. I don't know if there's a threshold that other people have experienced but. . .*

**AR:** Yeah, we have. I mean that was one of the comments of our members that a small partnership seemed to work better than big ones. You do get this cohesiveness. Our partnership was like 10 people. So it really was quite cohesive. One thing that was suggested, I mean task forces were developed for specific projects so somebody could have a discrete project and when you're working on a task force that gets to be pretty cohesive. You've got a task and then people were kind of working closely together. It's not some nebulous kind of thing. Then always not just communicating during the year about events that occur. I mean with ours was a particular program so there'd be a graduation ceremony. Everybody would be invited and most would try to come and that sort of would keep them engaged. Then there were split offs with the new project that started. Some of the partners are sort of working on that so they are sort of working together building on what they had before. It sort of can be like what was discussed earlier, the dying of a partnership, but it could be evolving in to other partnerships and working on other projects with people who you met and worked with on the first project.

*I think those of us who really like this kind of stuff, not everybody does, but part of the reason we*

*are willing to make the commitment is because it is so satisfying and rewarding to work really hard at something and then see it kind of come to fruition and you develop kind of some strong relationships with the partners which you've worked with and you kinda mourn the loss of that when it gets diluted in to bigger and bigger groups of people.*

**AR:** I mean there were some partnerships like that like in the community in Washington Heights they had Washington Heights Works or something and there were 100 people and it just wasn't the same and there wasn't the same camaraderie.

**JK:** Rachel, I am back. This is Joyce.

**RV:** Welcome back Joyce. And unfortunately you're back just as I announce that we are at the end of our time together.

**JK:** I would invite anyone who wanted to e-mail me with a particular question or continue a dialog to do so; my e-mail address is available from Rachel. I do apologize but all of the fire alarms went off in the building.

**RV:** That's OK. As we come to a close there are a few things that I wanted to ask of you all. First of all I wanted to thank you for dialing in to today's tele-briefing and teleconference and to let you know that we will be sending out evaluations to each of you in the next couple of days in the hopes that we can continually learn from you and improve this process. We're new to doing these tele-briefings and we want to do them in a way that works for all of you. So we would appreciate you getting this back to us. It will be a very quick e-mail that I send out. The other is I know that three of you joined the call after we did introductions so if you did not introduce yourselves if you could quickly just tell me your name and institution that would be fantastic.