Identifying & Engaging Community Partners

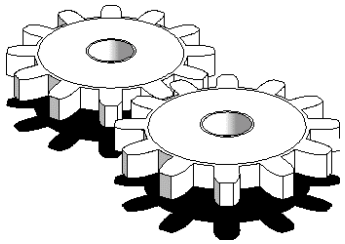
"Never doubt that a small group of committed citizens can change the world; indeed it is the only thing that ever has!"

—Margaret Mead

In This Section

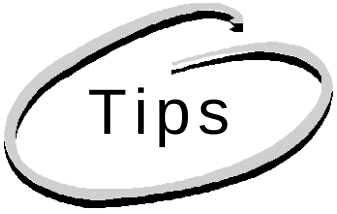
The health status of community residents is not the sole responsibility of the public health agency or health service providers. While public health agencies may bear responsibility for leading community health improvement efforts, their success hinges on their ability to establish and maintain effective partnerships throughout the state. The public health agency needs to identify and work with all entities that influence community health—from other government agencies to businesses to not-for-profit organizations to the general citizenry. Healthy People initiatives should begin with a commitment to collaboration among diverse constituencies so that everyone feels a sense of ownership in the state plan.

Action Checklist: Identifying and Engaging Community Partners



(See page 113 for a complete planning and development checklist.)

- ❑ Define target audiences
- ❑ Identify key individuals and organizations
- ❑ Design strategies for engaging partners
- ❑ Identify roles for partners and assign responsibilities
- ❑ Establish formal partnership agreements where appropriate
- ❑ Develop accountability and evaluation plans
- ❑ Develop a communication vehicle to highlight partner activities
- ❑ Reassess and evaluate partner involvement and satisfaction



There is strength in numbers—community input does not burden, but strengthens, the planning process. Community partners can:

- ► Advocate for the goals and objectives of the state plan in the community and recruit other partners
- ► Contribute particular skills and talents
- ► Help monitor progress and achieve objectives

Be inclusive, not exclusive (Don't invite just your friends!)

- ► Strive for broad representation, and regularly assess gaps
- ► Identify individuals and organizations who look at problems and solutions differently
- ► Look for partners who have a stake in healthy communities, will contribute to the process, and help achieve objectives

Create and define useful roles for partners

- ► Confirm commitments—in writing where possible
- ► Give credit where credit is due
- ► Accept that some partners will have different levels of commitment

Don’t just meet for the sake of meeting

- ► Be clear about the purpose and desired results of meetings
- ► Choose an effective facilitator (not always the chair)
- ► Show respect for other people’s time
- ► Plan the meeting from the participants’ perspective

Nobody likes to be a rubber stamp

- ► Provide a continual feedback mechanism and consider all feedback received
- ► Report back to partners how comments were addressed
- ► Give people a voice before priorities are set
- ► Ensure that groups have options and understand their implications before making big decisions
- ► Strive to understand all parties' concerns and perspectives
- ► Allow time for meaningful discussion
- ► Establish ground rules that are fair to all
- ► Establish partners' sense of ownership of the process

Re-visit lessons learned from your year 2000 planning process

- ► Assess partner contributions and gaps in the 2000 initiative
- ► Share how year 2000 plans did and did not lead to action
- ► Be candid with partners to establish trust and share responsibilities for improvement

Find creative and flexible ways to engage partners and community members

- ► Consider rotating meeting places and times to accommodate different schedules and give participants a chance to see other regions and communities
- ► Offer meeting options that accommodate different preferences and levels of comfort with groups, such as: informal discussions, conference calls, anonymous surveys, provider forums, focus groups, independent work groups, and kick-off events with kiosks or small break-out groups
- ► Use electronic communications, list servers, and web sites

Process in Action: Examples from the Field

Below are examples of approaches that the nation and states used to identify and involve partners in the Healthy People planning process.

From the National Initiative

Healthy People Consortium

Established in 1987, the Healthy People Consortium is comprised of more than 350 national membership organizations and the state public health, mental health, substance abuse, and environmental health agencies. The Consortium includes organizations that are national in scope and whose members (individuals, institutions, or affiliates) are interested in improving health and well being for all. Consortium member organizations represent older adults, racial and ethnic coalitions, educators, businesses, providers, scientists, and many others.

The Consortium uses the Internet, quarterly newsletters, and annual meetings to support ongoing communication and collaboration. In the initial stages of the Healthy People 2010 development process, Consortium members were asked to renew their commitment to Healthy People and to the development of year 2010 objectives. See page 48 for a copy of the pledge. Visit the Consortium website for how to join, as well as the most current listing of members, newsletters, and summaries of annual meetings: http://odphp.osophs.dhhs.gov/pubs/hp2000/consort.htm.

Activities

Consortium members engage in a broad range of activities that support achievement of the national health objectives. Nearly all members have publicized the objectives to their members; and many have used their newsletters and journals to solicit comments on the draft Healthy People 2000 and 2010 objectives. Many others have highlighted the objectives at their annual conferences or devoted sessions to discuss how the organization and individuals can help achieve the objectives.

Focus Groups

In 1996, the Consortium used professionally facilitated focus group sessions with key partners to examine the perceived value and functions of Healthy People objectives, both current and future. The findings from the Consortium focus groups can be found in Chapter Two of the report, *Stakeholders Revisit Healthy People 2000 to Maximize the Impact of 2010* at the following web site: http://www.health.gov/HPComments/Stakeholder.

Clear themes and suggestions emerged from the analysis of the focus groups. Consortium members were unanimous in valuing the Healthy People 2000 document as a "voice for public health." The value of the document was not debated, only the extent and nature of

revisions to be made for the next version. Although most Consortium members did not want major changes in the structure and content of the document, they did want to take advantage of new information and communication technology to create not only a single "reference" document, but also a flexible "database" that would permit multiple versions of the document to be produced.

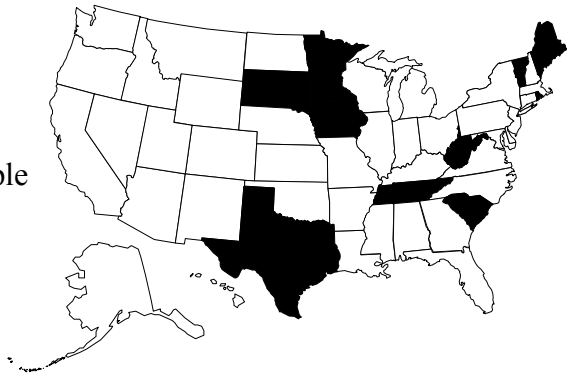
Healthy People State Action Contacts

The Healthy People State Action Contacts are the states' representatives to the Healthy People Consortium. They receive national Healthy People resources and communicate to the nation information about state activities. An updated list is available in Appendix B and at the following web site: http://www.health.gov/healthypeople/Contact/StateContact.htm.

Business Advisory Council

In 1997, with funding from the Robert Wood Johnson Foundation, the Partnership for Prevention (a Healthy People Consortium member) created a Healthy People Business Advisory Council. This Council is engaging the leaders of America's businesses, both large and small, in evaluating Healthy People as a tool for both worksite based and general community health promotion. The Council also participated in Healthy People 2010 development. For information on Council activities, visit: http://www.prevent.org.

From State Initiatives



Form a statewide coalition of partners

In 1991 **South Carolina** formed the Healthy People Coalition as an independent organization with members elected to a governing council. The Coalition's mission is to promote an environment where all South Carolinians have the ability to achieve and maintain maximum health and well being. The Coalition's strategies included raising public awareness of the national health objectives, identifying the focus for action in communities throughout the state, and focusing attention on reducing health status disparities among population groups. The Coalition worked with the Department of Health and Environmental Control and other organizations to track changes in health status, behaviors, and other indicators against the national Healthy People objectives and promoted their findings. Local communities also formed their own coalitions, which meet annually to learn about activities in other localities.

Formed in 1990, the Healthy **West Virginia** Coalition is comprised of 18 organizations representing public health, health care providers, school health programs, universities, worksites, and networks. The Coalition fosters collaboration among various sectors to help advance the goals of Healthy People 2000 and 2010 in West Virginia. West Virginia also planned a two-day Summit, scheduled for summer 1999, to bring together hundreds of West Virginians for a meeting on the Healthy People goals and objectives. Another instrumental group for pulling together key partners has been the State Health Education Council, founded in 1977, an organization of more than 300 individuals working in the areas of health promotion and health education in the state of West Virginia.

To achieve its year 2000 objectives, the **Rhode Island** Department of Health initiated the Worksite Wellness Council of Rhode Island. Rhode Island focused on increasing health promotion and disease prevention activities in work sites, where most adults spend the majority of their time. The state Wellness Council entered into an agreement with the Wellness Council of America (WELCOA) to make Rhode Island the first Well State in the U.S. Through this agreement, Rhode Island aims to have 20 percent of its workforce in WELCOA-certified Work Well Sites. The Wellness Council obtained a non-profit tax status and is governed by its own Board of Directors. While the Council works toward financial independence, the Council is staffed by the Department of Health and supported by financial and in-kind contributions of its business members. The Council will continue to be involved in Rhode Island's year 2010 activities.

Develop multiple levels of participation

Iowa organized multiple levels of participation in the development of year 2000 objectives. Iowa's governor appointed a 19-member Healthy Iowans Task Force, comprised of state agencies, academic institutions, voluntary agencies, consumers, health professional associations, and the state board of health. Iowa's governor assured gender and political party balanced the group. A consortium of 80 professional and voluntary organizations assisted in the development of sections and action steps. The state mailed several hundred copies of the draft *Healthy Iowans 2000* to interested groups and individuals for comment. Written comments, as well as testimony at public meetings, informed the Task Force's final deliberations with the governor over the objectives.

According to the Iowa Department of Health, the private and voluntary sector has or shares major responsibility for 20 percent of the 338 action steps in *Healthy Iowans 2000*. The state's year 2000 plan designated specific state agencies, voluntary organizations, and companies that would be involved in the realization of each objective.

In 1995 **Vermont** adjusted Vermont's health status objectives to the community level. This created a more meaningful document to local organizations and helped to further engage the people at the community level.

In the spring of 1996, the **Texas** Department of Health, the Texas Health Foundation, and the CDC sponsored a two and a half-day conference entitled "Mobilizing for Health: The ABCs of Community Assessment." Over 700 persons attended the conference. The conference goal was to provide communities with the planning, data collection, community organizing, and policy analysis tools needed to successfully undertake the community assessment process. It attracted a wide variety of private, public, and nonprofit organizations and encouraged them to work together to improve the overall health of Texas communities.

Minnesota formed the Minnesota Health Improvement Partnership, a group of individuals representing a broad sector of both public and private organizations, including members from local departments of health. This group was charged with the responsibility to develop *Healthy Minnesotans: Public Health Improvement Goals for 2004*.

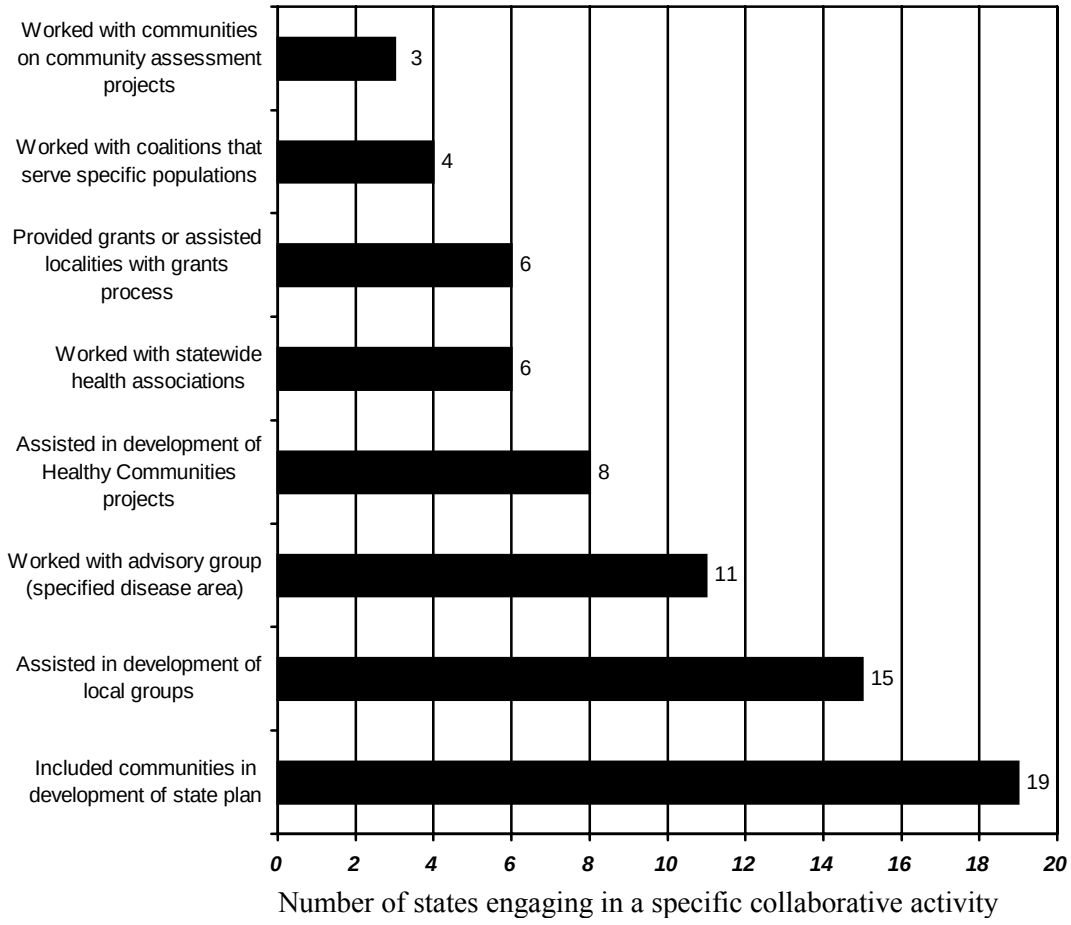
Influence strategic plans of external community organizations, both private and public

Maine and **Tennessee** were among several states whose year 2000 objectives influenced the planning and activities of private health organizations. As examples, the American Cancer Society in Maine redesigned their core activities to reflect the state's health objectives. Tennessee's Health Facilities Commission incorporated the state's objectives into its Certificate of Need Process.

Since 1995 **Minnesota** law has required managed care organizations to submit Collaboration Plans to the state's Commissioner of Health. Plans must describe actions that the health maintenance organizations or community-integrated networks have taken or intend to take to achieve public health goals. The Minnesota legislation helps communities utilize the combined efforts of the public and private sectors to address priority health problems of shared concern.

In **South Dakota** individual programs seek input from partners within and outside state government. The state's Public Health Alliance Program is a cooperative effort involving the Department of Health, local health care providers, and county government. These entities work together to ensure the delivery of public health services. Through this project, community councils are formed and actively participate in program planning and implementation. County-specific health indicators are presented to community health councils. During these presentations, the county-specific indicators are compared to statewide indicators, national measures, and relevant Healthy People objectives.

Methods of Community Input in the Development of State-Specific Healthy People 2000 Plans (N=43)



Note: States may be counted more than once since some provide more than one type of assistance in objectives planning, development, and tracking.

Source: Public Health Foundation. *Measuring Health Objectives and Indicators: 1997 State and Local Capacity Survey*. March 1998.

How Do You Define Meaningful Citizen Participation?

- Power to make decisions and affect outcomes
- Citizen driven; from the community up, not top down
- Proactive, not reactive
- Encourages and facilitates broad community involvement
- Inclusive, not exclusive; accessible to all
- Balanced representation in the participation process; not just major "partners"
- Consensus-oriented decision making
- Compromise; give and take
- Opportunities for involvement in all levels of activity, which include creating a vision, planning, prioritizing, deciding, evaluating

Source: Dever, G.E.A. Improving Outcomes in Public Health Practice: Strategy and Methods. Aspen Publishers, Inc., Maryland, 1997.

Potential Partners

Below is a partial listing of the many public, private, and voluntary sector partners that states have engaged in Healthy People initiatives. Which are most important to you?

Health
- ❑ Prevention Research Centers
- ❑ Coroner, medical examiner
- ❑ Emergency medical system
- ❑ Health departments – city, county, state
- ❑ Health professional associations
- ❑ Hospitals
- ❑ Health maintenance organizations
- ❑ Medical societies
- ❑ Mental health organizations
- ❑ Substance abuse agencies
- ❑ Primary Care Associations
- ❑ Community Health Centers
- ❑ Nursing homes, home health agencies
- ❑ Nutrition centers
- ❑ Red Cross chapters-local, state

Funding Resources
- ❑ Philanthropic institutions
- ❑ United Way, foundations

Select Populations
- ❑ Area Agency on Aging
- ❑ Corrections
- ❑ Day care facilities/Head Start
- ❑ Disabled citizens' alliance
- ❑ Health department clients
- ❑ Multicultural community centers
- ❑ Shelters/soup kitchens/bars
- ❑ Youth coalitions/teen centers
- ❑ Migrant worker groups
- ❑ Minority and gay/lesbian organizations

Planning/ Regulatory Agencies
- ❑ Area Health Education Center
- ❑ Human resources council
- ❑ Regional Planning Councils

Voluntary Groups
- ❑ American Association of Retired Persons
- ❑ Faith communities and organizations
- ❑ Civic groups
- ❑ Fire and rescue service
- ❑ Interagency coalitions and councils
- ❑ Service providers
- ❑ Water Patrol

Business
- ❑ Private businesses
- ❑ Chamber of Commerce
- ❑ Economic development directors
- ❑ Insurance companies

Education
- ❑ Colleges and universities
- ❑ Public schools - elementary, secondary
- ❑ Teachers and administrators
- ❑ Parent organizations

Communication
- ❑ Health advocacy newsletters
- ❑ Media (TV, radio, print)
- ❑ State/local web sites

Government
- ❑ Army Corps of Engineers
- ❑ Dept. of Environmental Protection
- ❑ Military installations
- ❑ Mayor's office
- ❑ Empowerment Zone/Enterprise Community office
- ❑ Law enforcement agency
- ❑ State legislators
- ❑ HHS Regional Health Administrators

Forming Partnership Agreements

How can partnerships effectively assist the development and implementation of the state plan? The following provides factors to consider when delineating the roles and responsibilities of partners.

What are partnership agreements?

- Memoranda of understanding and/or informal agreements between state agencies and public or private partners that establish relationships or formalize existing relationships of benefit to both partners

What are essential components of partnership agreements?

- Mutually agreed upon, clearly defined purpose
- Clearly defined roles, responsibilities, and operating procedures
- Shaped by mutual respect and trust

What are potential roles for partners?

- Link and consult with civic groups, health organizations, planning councils, and other groups to address community health issues
- Lead community initiatives, including fundraising and policy development
- Facilitate community input through meetings, events, or advisory groups
- Provide technical assistance and guidance for program planning and policy development
- Collect and analyze data; conduct literature reviews, research, or assessments
- Develop and present education and training programs
- Educate elected officials and policy makers on health issues
- Market the plan
- Publish companion documents or midcourse review
- Provide resources (for ideas, see sample budget line items, page 31)
- Monitor/analyze health-related legislation
- Evaluate components of state plan
- Provide long-term support to sustain health initiatives

Consortium Pledge

►

Healthy People 2010 Pledge

Recognizing that 50% of premature deaths in the United States can be prevented through clinical and other preventive services as well as behavior change, and that prevention is integral to the general health and well-being of all Americans,

_____ pledges to support Healthy People an Initiative of
(Organization Name)
the Surgeon General, as it moves into the next century.

Specifically, we promise to:

1) Engage our membership in the development of the objectives for Healthy People 2010.

2) Work towards the achievement of health for all Americans by developing health promotion and other programs that utilize Healthy People goals and objectives.

3) Have our organization listed as a member of the Healthy People Consortium in *Healthy People* publications.

4) Be an active participant in the Healthy People Initiative.

Signed:

_____
(Organization)

_____ _____
(Name Printed) (Title)

_____ _____
(Name Signed) (Date)

Resources for Engaging Community Partners

- **National Association of County Health Officials.** ***Assessment Protocol for Excellence in Public Health (APEXPH)***, 1991.

  The tool is an eight-step process for assessing community health status and planning for improvement. It is based on the principles of environmental justice, community collaboration, and locally appropriate decision making. Guidance is designed to be easily accessible and flexible enough to meet the needs of a variety of communities with differing health concerns. For more information, see **http://www.naccho.org.**

- **Coalition for Healthier Cities and Communities, Norris T. & Howell L.** ***Healthy People in Healthy Communities: A Dialogue Guide.*** 1999.

  This guide assists communities in hosting dialogues leading to action and policy on what makes healthier communities. It is a part of the Healthy Communities Agenda, the 1999 – 2000 campaign of the Coalition for Healthier Cities and Communities and its partners. For more information contact the Healthy Communities Agenda "Dialogue Coach" at 1-800-803-6516 or contact the Coalition for Healthier Cities and Communities, One North Franklin, Chicago, IL 60606. **http://www.healthycommunities.org**

- **Community Tool Box, http://ctb.lsi.ukans.edu/**

  The mission of the Community Tool Box is to promote community health and development by connecting people, ideas, and resources. The website provides tools needed to build healthier and stronger communities. The web site also provides information for those interested in a variety of community health and development issues and connects individuals to personalized assistance for improving community change efforts.

- **Institute of Medicine (Committee on Public Health).** ***Healthy Communities: New Partnerships for the Future of Public Health.*** National Academy Press, Washington, D.C., 1996. **http://www.nap.edu/catalog/5475.html**

  "The Committee's analysis [concludes that] the public's health depends on the interaction of many factors; thus, the health of a community is a shared responsibility of many entities, organizations, and interests in the community, including health delivery organizations, public health agencies, other public and private entities, and the people of a community."

- **U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC/ATSDR Committee on Community Engagement).** ***Principles of Community Engagement.*** Atlanta, Georgia, 1997.

  Principles of Community Engagement provides public health professionals and community leaders with a science base and practical guidelines for engaging the public in community decision-making and action for health promotion, health protection, and disease prevention.

- **Civic Practices Network. http://www.cpn.org/sections/topics/community/index.html**

  The community section of this web site provides information on community building through "community organizing, social capital, and urban democracy." It also provides information on the Consensus Organizing Model, which explains some ways one can bring together all the players in a community.

Please see Appendix A for other resources about engaging community partners.