

## Preventive Services ToolKit

# Module 7: Partnering

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- reaching out to other stakeholders and the community
- to secure outcomes not otherwise achievable



# A Theoretical Anecdote

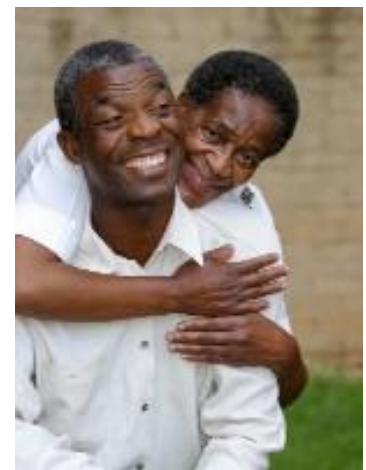
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- -- a pulmonologist
- -- asthma
- -- children in a specific neighborhood
- -- options?



# Partnering is

- ❑ A group process
- ❑ Leverage
- ❑ Outreach
- ❑ Joint Initiatives
- ❑ Shared Goals and Objectives
- ❑ *Model Cities Immunization*



# Partnering is Not

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- Command and Control
- Co-optation
- Public Hearing Process



# Traps and Pitfalls

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- Staff and data support
- Trust
- Promises/expectations
- Hijacking
- Invasion of turf
- Lies



# Community Resources

- ❑ Health professionals think in terms of problems
- ❑ Community people think in terms of resources
- ❑ Agency resources = funding and staff
- ❑ Community resources = people and connections



# Community Problems

- Problems
- (poverty, bad housing, corrupt leadership, etc.)
- Three things to understand
  - Power of risk factors
  - Community anatomy and physiology
  - Not ours to fix
- We can :
  - Compensate
  - Partially correct
  - Empower



# What Partnering can Accomplish

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- ❑ Stratification and targeting
- ❑ Community diagnosis
- ❑ Integrated solutions
  - multiple stakeholders
  - multiple problems
- ❑ Joint initiatives
- ❑ **Outcomes not otherwise achievable**





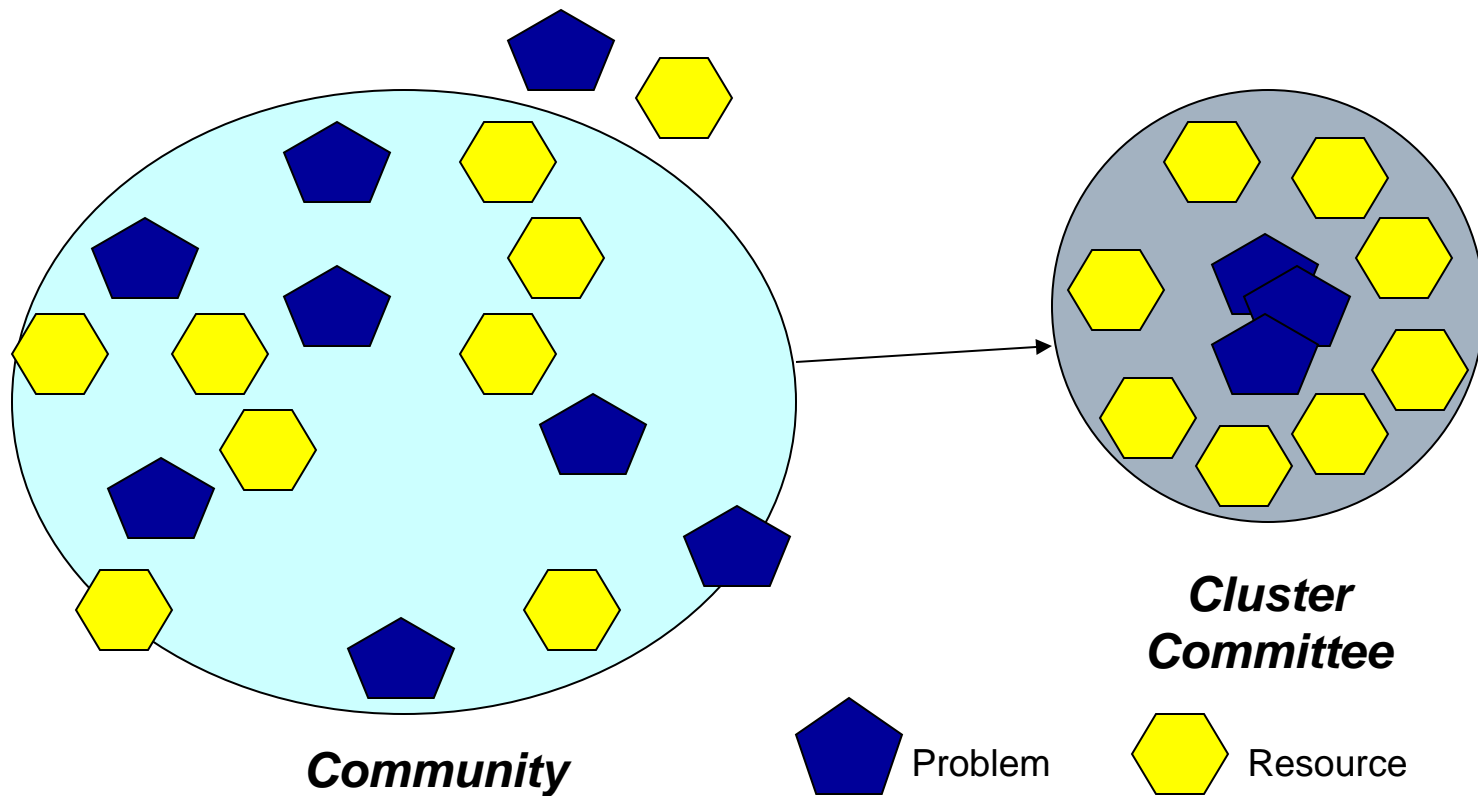
# How – The Cluster Committee

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- ❑ Staff of host agency(ies)
- ❑ Community members
- ❑ Others as appropriate
- ❑ 5 to 15 people + meetings open



# What the Cluster Committee Does



# Community Benefit- Definition

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- ❑ Required of non-profits in most state tax codes
- ❑ Charity care for the poor beyond the services provided for payment
  - Outreach
  - Education and counseling
  - Transport
  - (and more)
- ❑ Provides a source of funding for preventive and outreach services that might not be considered