**INTRODUCTION**

The purpose of this study is to examine the results of using recommended best practices and collaborative partnerships when working with communities as an outsider. The researcher worked at the University of Michigan Health System (UMHS) – Program for Multicultural Health for 8 weeks to design, develop, and implement health and leadership education programs. The researcher worked with four community partners in Southeast Michigan.

**LITERATURE**

To determine the results, the researcher looked at literature that suggests the best practices approach in health promotion and health education, the significance of building partnerships, the existing models and theories that guide public health practitioners, and suggested strategies to engage communities. The following serve as guidelines commonly used by public health practitioners with four community partners in Southeast Michigan.

**PROJECT OVERVIEW**

The researcher worked with 4 diverse community partners in Southeast Michigan. The qualitative data collected was based on these community groups:

1. Girls Group, Inc. – Ann Arbor, MI
2. Parkridge Community Center – Ypsilanti, MI
3. Parkway Meadows Senior Housing Center – Ann Arbor, MI
4. Peace Neighborhood Center – Ann Arbor, MI

Over the course of 8 weeks, the researcher worked with the same members from each community, which are primarily the youth. Below are some of the health and leadership topics covered during the programming days, based on each community’s unique needs:

- Transition from High School to College: How to Navigate Self-Care
- The Impact of Race, Ethnicity, and Culture on Health
- Physical Fitness
- The Basics of Effective Communication

**RESULTS**

With the application of the trainings, the researcher observed the effects of the recommended best practices to the interactions she had with the communities. Major themes were identified through daily journal logs of every interaction, meeting, and programming day with the community organizers and members.

**PROJECT IMPLEMENTATION**

<table>
<thead>
<tr>
<th>Program design &amp; Development</th>
<th>Themes</th>
<th>Examples</th>
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<tbody>
<tr>
<td>Absence of a community member in initial planning meeting</td>
<td>Community organizer did not bring a community member at the initial meeting with practitioners. Community member’s input (or lack of input) during program design and development stage provided practitioners a more accurate and well-rounded view of the community.</td>
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<tr>
<td>History of partnership with community partner</td>
<td>When the practitioners and community partner have a history of partnership, relationship-building with the community organizers was easier! Rapport has been established from previous experiences between the parties.</td>
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<tr>
<td>Review of curriculum with community organizer</td>
<td>When community organizer provided feedback to practitioners about program curriculum, the implementation was more effective, as opposed to not providing and receiving feedback. This feedback proved effective.</td>
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<tr>
<td>Engagement of the youth with unfamiliar faces (practitioners)</td>
<td>During the first days of programming, kids were difficult to engage. Kids were not as responsive in activities of the workshops because of new and unfamiliar faces. Some programming days consisted of working outdoors, such as a soccer field. Kids were hesitant to engage in this outdoor setting, as opposed to being in a classroom. Kids were running around and not following directions.</td>
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<tr>
<td>Engagement of the youth in external environments</td>
<td>Groups that were smaller in size—such as Peace, with 8-10 kids per week—were easier to engage throughout the weeks. Practitioners are able to become familiar with each kids more personally, which ultimately helped in engaging them in program activities.</td>
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<tr>
<td>Size of the group</td>
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<tr>
<td>Age group</td>
<td>Certain age groups—11-13 year olds—were more resistant to participate, listen, and follow directions. The researcher struggled to keep their attention during program activities.</td>
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</table>

**IMPLICATIONS**

As the researcher was fully engaged with the program implementation, some unanticipated situations emerged:

- Revision in the program curriculum
  - After the researcher familiarized herself with the communities, there was a great need to revise the curriculums as the weeks progressed. Although a needs assessment was utilized prior to implementation, the researcher found greater needs in other areas of that community.
- Last minute change in time allocation of the program
  - In several cases, the programming day was cut short because of shortage in time. This posed some implications because the lesson plan needed to be shortened.

**LIMITATIONS & FURTHER STUDY**

This particular study was done during an 8-week period. For further study, longer periods of time with the communities may be beneficial in observing interactions and engagement.

Implementing evaluation tools for the programs could give a more comprehensive data set. Since the researcher did not use and evaluation tool to determine the effectiveness of the programs, she focused more on the interactions and implementation phases of the programs.

Because of time restraints, the researcher was unable to interview and seek feedback from her preceptors at UMHS. Those insights may be very helpful, since the preceptors worked with the researcher during the 8 weeks.

**CONCLUSION**

There are evidence-based practices, best practices approaches, theories, and strategies in the literature that help guide public health practitioners in working with communities. This study explored these methods and compared it to observations made by the researcher. The results illustrate that despite all the preparation done to engage communities, practitioners and researchers learn best how to engage the communities by directly engaging with them.

**ACKNOWLEDGMENTS**

I would like to express my deepest gratitude to the McNair Scholars Institute for providing financial support for this project and for an incredible learning experience. I’d also like to thank my mentor, Dr. Thompson-Robinson, for her support throughout this project. Finally, I’d like to extend my appreciation to the CDC, University of Michigan School of Public Health, UMHS, and all my preceptors that provided me with a valuable internship experience.

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