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From Paper to Practice: Implementation of Best Practices and Partnerships in Community-Based Settings

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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 today.



METHODOLOGY

The researcher observed the results of using best practices and partnerships when working with communities as an outsider by collecting qualitative data through detailed journals of daily interactions with the communities, key informant interviews, and focus groups. She was trained on the steps of program development as used by UMHS.

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.

	Themes	Examples
Program Design & Development	Absence of a community member in initial planning meeting	Community organizer did not bring a community member at the initial meeting with practitioners. Community members' input (or lack of input) during program design and development stage provided practitioners a more accurate and well-rounded view of the community.
	History of partnership with community partner	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 two parties.
	Review of curriculum with community organizer	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.
Program Implementation	Engagement of the youth with unfamiliar faces (practitioners)	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. Researcher struggled to control classroom behavior (loud, disrespectful, etc.) as an outsider, especially during the first day.
	Engagement of the youth in external environments	Some programming days consisted of working outdoors, such as a soccer field. Kids were harder to engage in this outdoor setting, as opposed to being in a classroom. Kids were running around and not listening to directions.
	Size of the group	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.
	Age group	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.

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 an 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.

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REFERENCES

- Centers for Disease Control and Prevention. Working with Diverse Communities: Strategies Guided by Best Practice. Atlanta, GA. p. 1-12.
- Jones, W., and Thomas, T. (2009). Growing Your Capacity to Engage Diverse Communities by Working with Community Liaisons and Cultural Brokers. National Center for Family Professional Partnerships, Family Voices, Inc., Albuquerque, NM.
- Kahan, B., & Goodstadt, M. (n.d.). The Interactive Domain Model of Best Practices in Health Promotion: Developing and Implementing a Best Practices Approach to Health Promotion. *Health Promotion Practice*, 43-67.
- U.S. Department of Health and Human Services. Physical Activity Evaluation Handbook. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention; 2002, Appendix 3, p. 43.