

# **DEVELOPING A JOINT WORK PLAN FOR A COMMUNITY PARTNERSHIP**



**Richard Warnecke, Ph.D.  
Marilyn A. Willis, RN, MS**

**Center for Population Health and Health Disparities  
Institute for Health Research and Policy  
University of Illinois at Chicago**

**Community-Based Participatory Research  
Targeting the Medically Underserved  
August 3, 2009**



# Presentation Objectives

Session participants will have an opportunity to

- Examine key elements/perspectives of a “Successful Joint Work Plan”
- Reflect on current partnerships & plans (identifying strengths & limitations in existing or planned approaches & strategies)
- Identify & commit to collaboratively exploring one approach/avenue for enhancing partnership functioning & identification of resources, related activities, outcomes, or impact



# Key Assumptions

Session participants **represent diversity**

Diversity in....

- Partnerships
- Interventions & approaches
- Relationship length & complexity
- Research/grant development/  
implement experiences
- Prior participation in CBPR



## **KEY Assumptions** *(cont'd)*

Session participants **are making a commitment**

A commitment to.....

- Change
- Making a difference
- Devoting the time & energy to achieve success
- Initiating collaborative initiatives to address underserved populations



# Overview of Presentation: Key Elements of Joint Work Plans

- What are the mission, goals, & objectives of the proposed research?
  - What are the strategies for obtaining partnership input?
- What is the basis of the partnership?
  - Will it be a partnership?
- Why is a community partnership necessary?
- What resources are available to support the partnership?
- How will you assess or evaluate the progress & outcomes?



# **What are the mission, goals, & objectives to be achieved through the community partnership?**

- What are the specific aims of the project?
  - Is there a logic model? What is the benefit?
- Where was this project initiated?
  - To what extent are the project aims related to outcomes of interest to the community?
- How were the mission, goals, & objectives formulated?
  - To what extent did the community have a role in defining the mission, goals, & objectives?



# What is the basis of the partnership?

- What is your concept of partnership?
  - How does this concept play out in this research?
- Do you have other partners that you plan to involve in this project?
  - If yes, how will you recruit additional, appropriate partners?
- Why would they want to partner in this project?
- What are the likely mutual interests?
- What has been the nature of your discussions to date?



# **Why is a community partnership necessary?**

## **(Will it be a partnership?)**

- What specific project deliverables depend on the partnership?
  - How are these related to the mission, goals, & aims of the proposed research?
- What would be expected of the partners?



# Why is a community partnership necessary?

## (Will it be a partnership?) (*cont'd*)

- What aspects of the partnership are necessary to achieve these objectives?
  - Does the nature of the partnership you envision fit with these needs of the project?
  - Does what is expected match the goals of the potential partner?
- To what extent are the objectives of & plans for the partnership negotiable or can be mutually developed?



## **What resources are available to support the partnership?**

- Partnerships usually involve mutual expectations and benefits
- Specific nature of the expected relationship
  - Contractual
  - Memorandum of understanding
  - Symbolic/supportive
- Nature of expected activities of each component of the partnership



# How will the progress or outcomes of the partnership be assessed ?

- Are there specific deliverables?
- Are they linked to aims of logic model?
- Who participates in defining them & the indicators of progress & success?
- Do all parties to the partnership understand them?
- Do all agree on the indicators of progress & outcomes?
- Will the deliverables be negotiated or pre-specified:
  - Contractual,
  - MOU,
  - Handshake or verbal agreement/letter of support?



# Success of Joint Work Plans: Influencing Factors

- Collaborative leadership
- Projected timeline for activity initiation/ completion
  - Do we have different frames of reference, control over potential availability/productivity?
  - Adequate budget for critical functions vs. volunteer expectations
- Comprehensive strategies to ensure diverse input
  - Work groups to ensure community input
  - E-mails
  - Advisory committees
- Training opportunities for all partners



## Success of Joint Work Plans: Influencing Factors *(cont'd)*

- Involvement of program leadership with community leadership or designated representative in planned/scheduled interactions
- Mutually developed & agreed-upon collaborative operating principles
  - Work with what you have; committing to final product *(see handout)*
- Words of disagreement will occur. Focus on “actions”—commitments kept & resources & time shared. Design & obtain concurrence on conflict resolution approach *(see handout)*

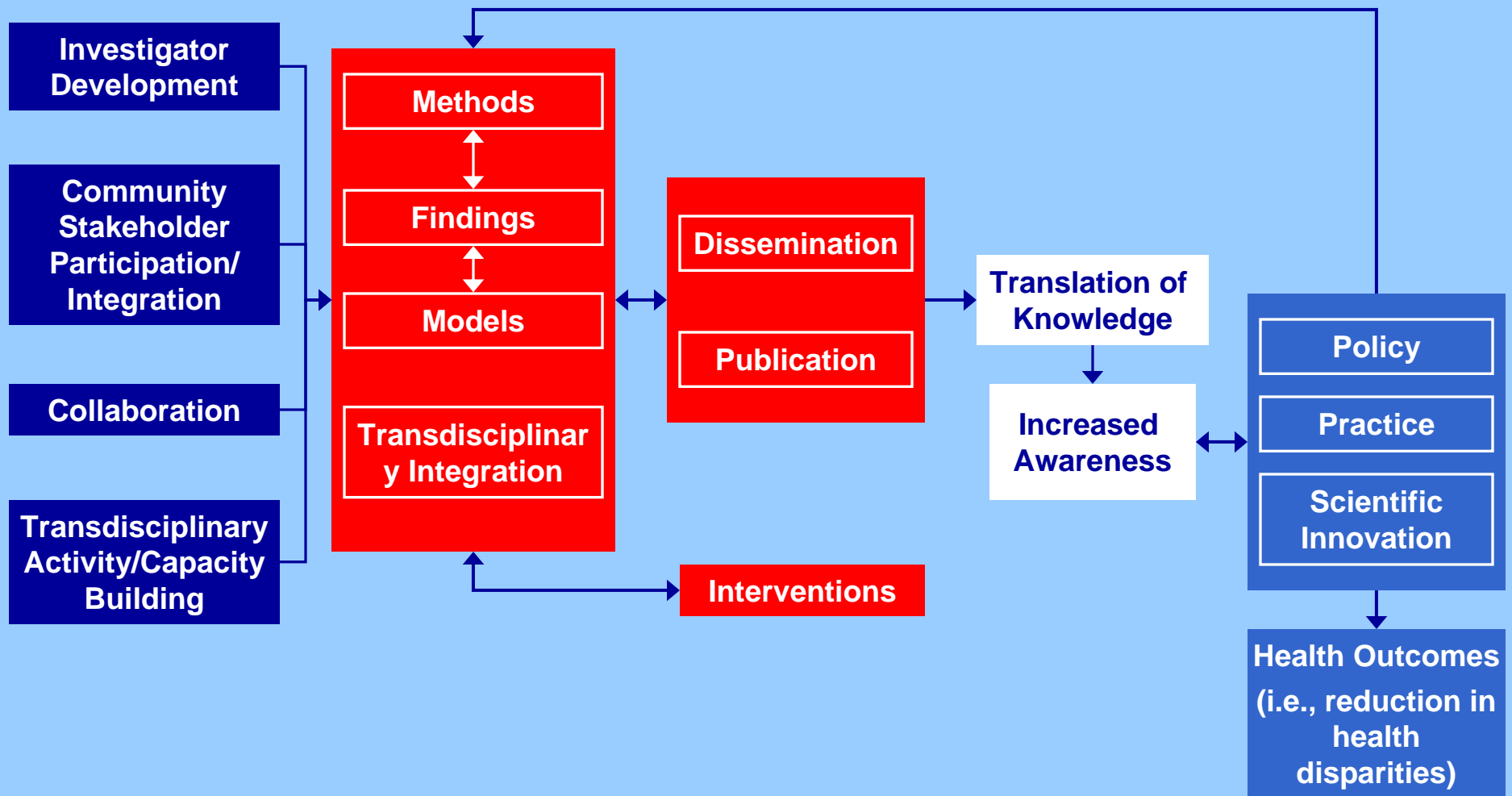


# Final Thoughts/Take Home Messages

- Original plan was to discuss how to do a work plan that both sides could live with. My real message is that leaders/partners need to have a long-range **VISION...This is the most important element!**
- Reciprocal empowerment – recognize, acknowledge, & build upon the mutual benefits for community partners & faculty investigators
- Begin to work with a small group of community players. Relationships increase in value as they mature.
- **Build trust & build expectations.** These grow & are enhanced as products/outcomes are delivered.

# CPHHD Initiative Logic Model

(Revised 11-01-2004)



Immediate Markers

(INPUTS)

*What we invest*

Intermediate Markers

(ACTIVITIES & OUTPUTS)

*What we do, who we reach*

Short-term Outcomes

(OUTCOMES)

*Learning & action*

Long-term Outcomes

(OUTCOMES)

*Ultimate impacts*



# Setting up the Work Plan

**Title of Project**

**Project Goal**

Research Objective

Partnership goals

**Specific Aims**

Researcher Aims

Community Aims

**Responsibilities**

Research Activities

Community Activities

**Output**

Researcher

Community

**Outcomes**

Short term

Intermediate

Long term

**TIME LINE**

**Resource Allocation (Budget)**

**Method of Agreement (Contract, MOA, Informal)**

**Understandings (See handouts)**



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## **Contact Information**

**Richard Warnecke**  
warnecke@uic.edu

**Marilyn Willis**  
mwillis@uic.edu

**Institute for Health Research and Policy**  
University of Illinois at Chicago (MC 275)  
471 Westside Research Office Bldg.  
1747 West Roosevelt Road  
Chicago, IL 60608

# **DEVELOPING A JOINT WORK PLAN FOR A COMMUNITY PARTNERSHIP**

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*Handouts*

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**THE UNIVERSITY OF ILLINOIS AT CHICAGO  
CENTER FOR POPULATION HEALTH AND HEALTH DISPARITIES  
PRINCIPLES FOR RESEARCH COLLABORATION\*\***

(March 2006)

Collaborative research, with its emphasis on processes to maintain equitable and reciprocal relationships, is being advocated as an approach to conducting research that can build trust among community representatives and university investigators, share resources, and exchange skills and knowledge. The expansion of research methodology to include community representatives is intended to educate and empower everyone involved, as well as to alter the scope and understanding of the research initiative as a whole. One critical goal of collaboration is to benefit the population targeted by the research by ensuring meaningful participation for individuals and communities in the research process.

We believe that our CPHHD research efforts will be mutually beneficial, add to the growing body of knowledge on health disparities, support the development of appropriate education, and lead to necessary policy changes, action and ultimately positive health and well being outcomes

Initially, our partnership was built on key existing relationships and common interests in breast cancer and health disparities. It now has expanded and is evolving into a larger network. We are committed to shared governance and have developed principles to guide both the working relationship between the various research partners and the key collaborative activities in which we engage.

<b>Principles</b>
<p><b>I. We are committed to open, respectful, honest dialogue among all partners</b></p> <ul style="list-style-type: none"><li>• We will communicate with and treat all persons with respect.</li><li>• We will present data objectively.</li><li>• We will strive to reach consensus on issues of concern.</li><li>• We will focus our attention on issues and actions, not the speaker or person involved in the action.</li><li>• We will provide constructive critique/criticism.</li><li>• We will follow a conflict resolution process (CRP) to address issues that are not resolved through consensus.</li></ul>

## Principles

### **II. We are committed to equity, collective decisions, and collective action.**

- Partners possess varying areas of knowledge and expertise *and* all input is encouraged and welcome.
- CPHHD meetings are open to all. Partners will have the opportunity to participate in every phase of the research process and provide input to the extent desired.
- Data mutually collected by university and community partners will be co-owned.
- Principal investigators of individual projects will share data with others as mutually agreed.
- Differences in interpretations of and perspectives on scientific issues and findings are expected and should receive full discussion.

### **III. We are committed to high-quality ethical research.**

- We are committed to full and total disclosure of all information related to risk.
- Informed consent is to protect the research participant.
- Confidentiality will be maintained.
- We are committed to the highest scientific integrity and accurate reporting.

### **IV. We will maximize opportunities for learning and gleaning knowledge from the data/information.**

- We will facilitate and share training and learning opportunities, particularly those that build capacity, cultural competency skills, and research techniques within a community-based participatory research context.
- Partners who wish to use research data to pursue program and funding goals which benefit their particular communities will be encouraged and supported.

**University of Illinois**  
**Center for Population Health and Health Disparities**  
**Guidelines for Conflict Resolution\*\***

The Center for Population Health and Health Disparities is a collaborative research effort involving various units of the University of Illinois and community based organizations. CPHHD has developed Principles for Research Collaboration to guide the relationships between and among the various partners. These Principles recognize the need for encouraging open, respectful dialogue and encourage input for all participants. Acknowledging that such free flow of ideas may lead to conflict that can be defined simply as disagreement, the CPHHD adopts the following guidelines for resolution of any such conflict in a way that is best for the whole group and the mission of the Center.

1. **Identify Problem.** If a concern or disagreement arises there will first be a determination by those involved of whether it affects a particular project within the Center or the entire Center. Efforts will be made by those involved to identify the core disagreement by eliminating those items upon which there is agreement. If a particular project is involved resolution will be attempted within that project first using the following steps. If the entire Center is involved then the steering committee will attempt resolution using the steps below.
2. **Look at Options.** Potential options for resolutions will be listed and individuals will be allowed to explain why that particular option is being proposed providing information on how the project or center will be impacted. Efforts will be made to come up with as many creative solutions as possible.
3. **Areas of Agreement.** Discussion will be facilitated to identify those areas upon which everyone agrees in order to narrow outstanding issues for discussion.
4. **Preferred Solution.** Through a process of consensus building, the preferred solution will be identified.
5. If resolution of a project-related issue cannot be reached, the issue will go to the steering committee.
6. Issues not resolved by the steering committee will go to the Principal Investigator for resolution based upon all of the information and discussion.

It is understood that the process is based upon maintaining an environment of trust, respect, and a basic understanding of the goals of the Center. Discussion will be held without blaming anyone for the conflict and will support the exploration of creative solutions.

*\*\*Draft document developed by Virginia Martinez, JD, former UIC- CPHHD Co-investigator. The document was discussed and adopted at the CPHHD Steering Committee Meeting. The flowchart that follows was subsequently created by CPHHD community partners Dinah Ramirez, RN, Healthy South Chicago, and George Smith, MPH. Health Care Consortium of Illinois.*

# CPHHD Conflict Resolution Flowchart Model

