

# PORTRAITS IN COLLABORATION

## *An Orange County, CA, Coalition Reaches Out to Hispanic Neighborhoods*

*In 2002 Catholic Charities USA and the Catholic Health Association sponsored a study assessing the state of collaboration in Catholic ministries across the United States. This assessment, called Greater than the Parts: A Study of Collaboration between Catholic Charities and Catholic Health Care, was released during the semiannual meeting in June of the U.S. Conference of Catholic Bishops.*

*The study was conducted by Health Systems Research, Inc., and was funded in part by a grant from SC Ministry Foundation, Cincinnati. As part of the study, researchers visited five sites (St. Petersburg/Tampa, FL; Cleveland; Wichita, KS; Orange County, CA; and Albany, NY) to learn what makes for successful collaboration.*

*What follows is the fourth in a series of articles for Health Progress highlighting the study's findings. Greater than the Parts is available on compact disk from CHA.*

Orange County, CA, is an affluent area that also has less well-to-do, pocket-sized communities whose residents primarily originate in Mexico. Many families in these latter communities struggle with an array of economic, language, housing, education, social, and health issues associated with starting and sustaining life in a new country. The mission of Orange County Community Health Enrichment Collaborative (CHEC) is to create a neighborhood-based health and social service system guided by community residents and stakeholders. The collaborative's goal is to weave together services provided by local institutions in ways that will support the physical, spiritual, emotional, and economic health of Orange County's low-income residents.

These are complex communities with wide-

ranging needs. Seeing this, each of CHEC's founding partner organizations realized that it could not address these needs alone. The partners also recognized that, under *New Covenant*, their collective mission was in fact to address these needs. As part of *New Covenant*, California's Catholic bishops convened a statewide meeting during which members of Catholic Charities, hospitals, and dioceses were challenged to find ways to work together. After this meeting, the Orange County partners came together and recognized that each organization possessed skills, relationships, experiences, and resources that were unique, allowing all to make their own special contributions to the overall approach needed to effectively address community issues.

The partners see collaboration as a better way to leverage assets and resources. As one partner said, "We need to think about time spent in collaboration as an investment, the way business does. They don't expect immediate results from investments, and neither should we."

CHEC's founding partners are:

- Catholic Charities of Orange County, Santa Ana, CA
- Mission Hospital Regional Medical Center, Mission Viejo, CA
- Mission Basilica, San Juan Capistrano, CA

### **COLLABORATION**

For CHEC's founding partners, working together started with talking together. Each was aware of community issues, accepted some level of responsibility for addressing those issues, and was ready to consider the possibility of using a collaborative approach to bring about change. *New Covenant* acted as motivation to engage in systemwide discussions of the Catholic mission. A representative of one of the partner organizations described the collaboration as a "rare opportunity



NEW COVENANT

to make a difference.”

CHEC's partners developed and agreed to a formal memorandum of understanding that facilitated and institutionalized the collaboration process. This memorandum carefully described the responsibilities of each partner in the collaboration effort. Using a small grant, the founders formed the CHEC Advisory Council, which was composed by representatives from 12 other agencies, including a Neighborhood Health Committee made up of representatives from the target neighborhoods. Members of the Neighborhood Health Committee were charged with empowering residents to improve their health and that of their families.

Partners and advisory council members participated in leadership training sessions to help everyone learn how to discuss and make decisions collaboratively rather than unilaterally by organization. CHEC partners at all levels stressed the importance and usefulness of leadership training to facilitate and support the collaboration work. Collaboration, they realized, is a different way of doing business, one that requires leadership skills different from those used in more traditional, hierarchical organizational structures.

## **RESULTS**

A number of successful initiatives have resulted from the work of the collaborative.

**Stone Field Project** A needs assessment conducted in collaboration with California State University in Fullerton revealed that neighborhood residents especially needed a safe place for their children to play. CHEC therefore developed what it called the “Stone Field Project,” in collaboration with yet another partner, the city of San Juan Capistrano. This project involved the mobilization of the community to create a soccer field in the center of town. The funds needed to build it came from St. Joseph's Health System and the city. Residents of the targeted community are actively involved in the project, as evidenced by their participation in city council meetings, at which issues related to this project and other community problems are discussed.

**Diabetes Collaborative** Diabetes is a significant problem among residents in these communities. CHEC, in collaboration with a range of county agencies, accordingly formed the Diabetes Collaborative to provide education, prevention, detection, and referral services to Latino residents who are at high risk for the disease.

**Leer es Poder** The “*Leer es Poder/Reading Is Power*” program is a partnership comprising CHEC; Saddleback College, Mission Viejo; and the Capistrano Unified School District Adult School. Its aim is to help Spanish-speaking people learn to read in their own language and then learn to speak and read English. Additional partners are the Children's Hospital of Orange County at Mission, Mission Viejo, and other members of the broader community.

**CHEC Family Resource Center** The center, working with a range of partners, offers a wide array of services, including health and parent education, counseling, health screening, information and referral, child development, and community outreach to link residents with services. The center uses a service model in which community residents choose what services they need when they need them. This contrasts with a program model which essentially says to residents, “Here are the set programs available; take what we have.”

**Community-Based Events** The partners also work together on an array of ad hoc community projects. These include health fairs, where residents have an opportunity to engage in health screening and health education activities, immunization drives, and various health- and social service-related activities for senior citizens. Particularly important, given the demographic composition of the southern part of Orange County, are the events organized by the partners to bring the Anglo and Hispanic communities together. Among these are the annual Cinco de Mayo Fiesta and education fairs conducted by the English and Spanish Parent/Teachers Associations.

## **LESSONS LEARNED**

There was a remarkable consistency of responses from founding partners, new partners, and staff at all levels of CHEC regarding the lessons learned and advice offered.

**There Is Much to Learn about Each Other** Though all involved identified the importance of shared mission and values in jump-starting collaboration work, they were also aware of the limitations of this in putting the collaboration concept into operation. Even when potential partners shared the same mission and value system, significant differences in institutional and organizational cultures still existed; each partner organization had to realize that it had much to learn about each other. This included working through an array of both conscious and unconscious misconceptions

and assumptions, as well as learning each others' languages.

**A Community Needs Assessment Helps the Partners Stay Focused** Conducting and actually using a community needs assessment to determine what *residents* indicate they need—versus what the providers assume the community needs—is essential. Input from the community was obtained and used to determine the collaborative's first project, and input is still sought on a regular basis and used to drive CHEC's ongoing work.

**Pace the Work of the Collaboration** Trying to do too much too quickly can result in failure and disenchantment with collaboration as an approach to addressing community problems. A representative of one partner organization said, "Don't take too big a bite. You must have staying power while relationships mature." It is impossible to be effective if the collaboration efforts are "all over the place," as the phrase goes. One successful project will naturally lead to another and, over time, an array of community issues can be effectively addressed.

**Decision Makers Need to Be Involved** Requiring the "at-the-table" presence of those invested with the authority to make decisions is another lesson learned by CHEC. As one partner's representative noted, "This [collaboration] is not a spectator sport." But he also cautioned that it was important to accept partners as they are, understanding that differences as well as similarities bring strength and creativity to collaboration.

**Include the Diocesan and Parish Partners** CHEC partners also stressed the importance of early and ongoing involvement of the diocese and local parish in the collaboration. This, they said, helps to keep the work focused on mission and gives credibility to the project and project activities.

**Trust Takes Work** Although trust among individuals and organizations involved in collaboration work is routinely cited as essential to collaboration, CHEC partners identified the importance of understanding that trust doesn't just happen. Rather, trust-building is a process that is fragile in the beginning and grows stronger as partners continue to work together. Patience is needed as partners learn to trust by taking chances through the sharing of ideas, information, and resources. It is important to let go of previously held attitudes as well as some measure of institutional pride. The growth of trust can be assessed by the level of candor displayed by those involved in collaboration.

## THE FUTURE

One of CHEC's goals is to develop a collaborative, neighborhood-based, participatory approach to the organization and to the delivery of services that might be replicated in other communities. Having developed the model through the work in San Juan Capistrano, CHEC is now working to replicate the model in two neighborhoods in northern Orange County. The lead partner in this effort is the Catholic Charities agency, which is working to engage local parish and hospital partners in the new collaborative venture. The original CHEC partners and the CHEC Advisory Council, guided by an updated needs assessment, continue to develop other projects in the San Juan Capistrano community. These projects will help spread collaboration as an approach to the organization and delivery of services. CHEC has developed a collaboration manual that includes policies and procedures useful for starting and sustaining collaborative efforts.

To help it determine what to do next, CHEC is assessing and measuring what it has done. Evaluation is viewed as vital in determining if—as the representative of a CHEC agency put it—"we are actually walking the talk." On the program and service levels, success is primarily measured by the number of clients referred to or receiving services. At the collaboration level, the strength and growth of the collaboration is being measured through a variety of strategies, including surveys and key informant interviews. Using several different assessment tools, CHEC examines the effectiveness of the collaboration itself using leadership, communication, and shared decision making as indicators to be rated as high, medium, or low.

CHEC has also assessed the effect of the collaboration on the overall system of care, employing as outcome indicators the reduction in the use of the hospital emergency room as a primary site for care and the level of empowerment of community residents as measured by participation in city government.

One CHEC partner representative said, in an interesting perspective on evaluation, "A community can measure its own health by the health of its collaboratives." A community in which there is a shared vision and mission about health and human services, in which individual agencies and organizations in partnership with community residents work together in new ways within a framework of mutual respect and understanding, is indeed a "healthy community." □

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