Catholic healthcare has for centuries provided valuable services to its communities. Since the early Middle Ages, Catholic hospitals have taken in the community’s sick, lame, and rejected. In more recent times, Catholic institutions have been community centers for excellence in healthcare education and training.

Today leaders of Catholic healthcare organizations face new challenges. There is in contemporary medicine a growing movement aimed at tackling disease’s root causes, rather than merely treating its effects. We healthcare leaders are being asked to lend our clinical and business knowledge to community healthcare initiatives. For the first time, we are moving beyond our traditional bases in hospitals to help produce, not just healthier individuals, but healthier communities.

THE "INTERNAL/EXTERNAL APPROACH"

One way of building partnerships with the community might be called the “internal/external approach.”

Build Internal Partnerships First You should, as your healthcare organization’s leader, start building the partnerships within the organization itself. This will mean recruiting physicians, nurses, and specialty clinicians—but also admission clerks, bookkeepers, housekeepers, and electricians. Such people, who reflect the work force and understand its culture, can identify the community’s various barriers and bridge them. This is how solid community programs are built.

Inventory Community Benefit Activities In creating your internal partnerships, you may be surprised to learn that many of your employees are already performing service activities in the community. In fact, you should ask managers to inventory all such activities throughout the organization. A complete list of those activities (and projects directly sponsored by the organization) will serve as a baseline for your community benefit efforts.

Give Such Activities Strong Support Your organization should have a policy of rewarding employees who perform community service activities. The more employees do this, the better your organization’s chances of forming a successful partnership with the community. When members of different departments join together to work on community service projects, that will be another indication of success.

BUILDING COMMUNITY RELATIONS

Once your organization has, with the help of its employees, established initial contacts in the community, it will need to take the next steps in building effective community relations.

Get Leaders Out into the Community Urge your organization’s leaders to spend time in the community meeting and listening to the people being served. In this way they will actually see efforts that, otherwise, they would only read about in the organization’s newsletter. Face-to-face communication is always best. The leaders will come back with a deeper appreciation of the community’s needs and of the ways the organization’s resources might help meet them.

Develop Listening Skills To achieve results, healthcare professionals must first develop keen listening skills—and patience. Work in the community is a far cry from that done in the tightly structured environment in which most healthcare professionals work. But trusting, long-term relationships will be built only if we approach the community with patience and humility.

Define “Health” Broadly In some high-need communities, workers may need to start at a point that seems unrelated to healthcare. To improve children’s health, for example, the project might first have to develop a way to transport kids to the clinic. Remember, many people in such communities are just getting by. You can’t expect them to envision a better future if their children lack shoes or the electricity is often shut off.

Plan an Early Success An early success—even one accomplished with little effort—can help build hope, trust, and self-esteem in community resi-
Without it, you may be faced with a frustratingly low reservoir of interest that dwindles until the project folds.

**The Partnership Must Be Genuine**

The “Build it and they will come” approach works only in movies. A “Build it *with* them because they already live there” approach ensures a stronger sense of ownership on the part of everyone involved. Mutual trust and respect are the cornerstones of successful community initiatives.

This is often easier to say than do. Community members may expect the healthcare organization’s representatives to lead the project. If you want a genuine partnership to develop, resist the temptation to take charge. Otherwise, you may find yourself doing the work while the community members sit back and wait for the project to fail.

The same is true for the project’s funding. The healthcare organization must resist the temptation to provide all of the project’s needed resources, because that would also be contrary to true partnership. Worse, it might induce in the community a dependence on the organization that the latter cannot sustain.

To strengthen the alliance, allow yourself and your partners the freedom to take risks. Celebrate failures along with successes. Encourage community members to use their own expertise in reaching out to peers, neighbors, and friends. Look for in-house allies. Who on your organization’s staff has an interest in helping people in need? Who is gifted in understanding diverse people? Would these individuals be willing to take leadership roles?

Your partners will be reluctant to take ownership unless the project can be shown to benefit the community. So, having launched it, you will need to measure and document its outcomes. Fortunately, today’s technology makes measurement and documentation much easier. It is fairly simple to design software, for example, that will track the resources spent in meeting a specific community need. Such a program should include a capacity to report outcomes and demonstrate a continuum of care. In some cases, the software is already on the market.

**Value-Added Benefits**

Used effectively, the internal/external approach to building partnerships will bring, along with improved community health, certain value-added benefits for the healthcare organization:

- An enhanced reputation
- An increased likelihood of attracting potential donors looking for effective new programs to fund
- Increased employee satisfaction
- Greater community satisfaction with the organization’s overall performance
- Improved communication between the organization’s leaders and its physicians and employees, on one hand, and with the community, on the other
- An opportunity, provided by the software, to inventory initiatives and thereby reduce expenditures on stand-alone, sometimes duplicative efforts

Seen in their full potentiality, partnerships between a healthcare organization and its community are truly a key to the “common good.”

For more information about the “internal/external approach,” contact Patrick O’Donnell, 316-689-5858.

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**PARTNERSHIP IN WICHITA**

A partnership formed in January 1997 by Via Christi Regional Medical Center, Wichita, KS, with the schools of nursing at Newman University and Wichita State University has served as a springboard for several successful local initiatives.

The partnership began by helping area churches develop parish nursing and health ministry programs. Via Christi provided a nurse manager and an opportunity through which church-based volunteers could network and learn how to mobilize their congregations. The two schools of nursing have given parish nurses both basic preparation and specific clinical education.

The partnership has also launched an initiative in local public and parochial schools that have no school nurses. Via Christi hired a nurse manager to coordinate health screenings and health education programs in the schools. Nursing students from Newman and Wichita State staff the screenings and education programs, which benefit both the schools and the universities.

Wichita State’s schools of education and health professions have recently become partnership members. They and the founding partners are developing new health and health education programs to serve people in need through local churches, schools, and community centers.