



## CHANGE IDEA: Build relationships with comprehensive promotion and prevention programs in the community.

### STEP 1: GET READY (TASKS)

- A. Identify early childhood promotion programs using local directories, public health networks, or early childhood coalitions. Example programs include Head Start, food banks, home visiting, and Women, Infants, and Children (WIC).
- B. Assign a staff liaison or small team to lead the outreach and relationship-building process.
- C. Review program materials to understand goals, structures, and overlap with health center services.
- D. Create a contact list of potential program partners and develop an information packet describing your health center's services and populations.

### STEP 2: PLAN AND PRACTICE

Pilot outreach to two organizations from different program types (e.g., home visiting and early literacy).

#### SAMPLE PROCESS:

- A. Schedule introductory meetings to learn about each other's programs and explore shared goals. See [a sample email to partner organizations](#).
- B. Identify a small joint activity or information exchange (e.g., cross-referrals, staff training, shared screening protocols).
- C. Document meeting notes, partnership opportunities, and staff impressions.
- D. Discuss next steps, including communication preferences and a follow-up timeline.

### STEP 3: REVIEW AND REFINE

Reflect as a team on the engagement process. Identify successful collaboration strategies, barriers encountered, and alignment with the health center's mission and strategic goals.

### STEP 4: EXPAND

If initial relationships are successful, engage additional partners or deepen collaboration through joint grants, co-location of services, or cross-training opportunities.

### STEP 5: SUSTAIN

Hold follow-up meetings with each partner organization to review outcomes, gather feedback, and refine the engagement process as needed. Begin drafting formal partnership agreements or [memoranda of understanding \(MOUs\)](#).

Develop a long-term partnership plan with regular check-ins, shared evaluation goals, and defined roles. Examples may include:

- A. Defining shared community health priorities
- B. Developing an MOU outlining roles and responsibilities
- C. Scheduling regular meetings for progress updates and strategy adjustments
- D. Co-creating evaluation metrics and using shared tracking tools
- E. Including community representatives to ensure comprehensive input

Consider establishing a family and community advisory group to inform future partnership development.