

BUILDING PARTNERSHIPS, EMPOWERING GIRLS: THE GEMS PROGRAM AS A BEST PRACTICE IN COMMUNITY PARTNERSHIPS

Lead Presenter: Ria Garner, MA¹ * Co-Presenter: Quinn M. Gentry, MBA, PhD^{1,2}

¹Messages of Empowerment Productions, LLC * ²Johns Hopkins School of Public Health-Urban Health Institute



ROUNDTABLE TALKING POINTS

Prepared for

The American Public Health Association Conference

Washington, DC. * October 31, 2011

OVERVIEW OF THE GEMS PROGRAM

THE GEMS PROGRAM DESCRIPTION

Girls Empowered and Motivated to Succeed (GEMS) is a self-esteem and self-empowerment program designed to help pre-adolescent and adolescent girls make better decisions about life and relationships.

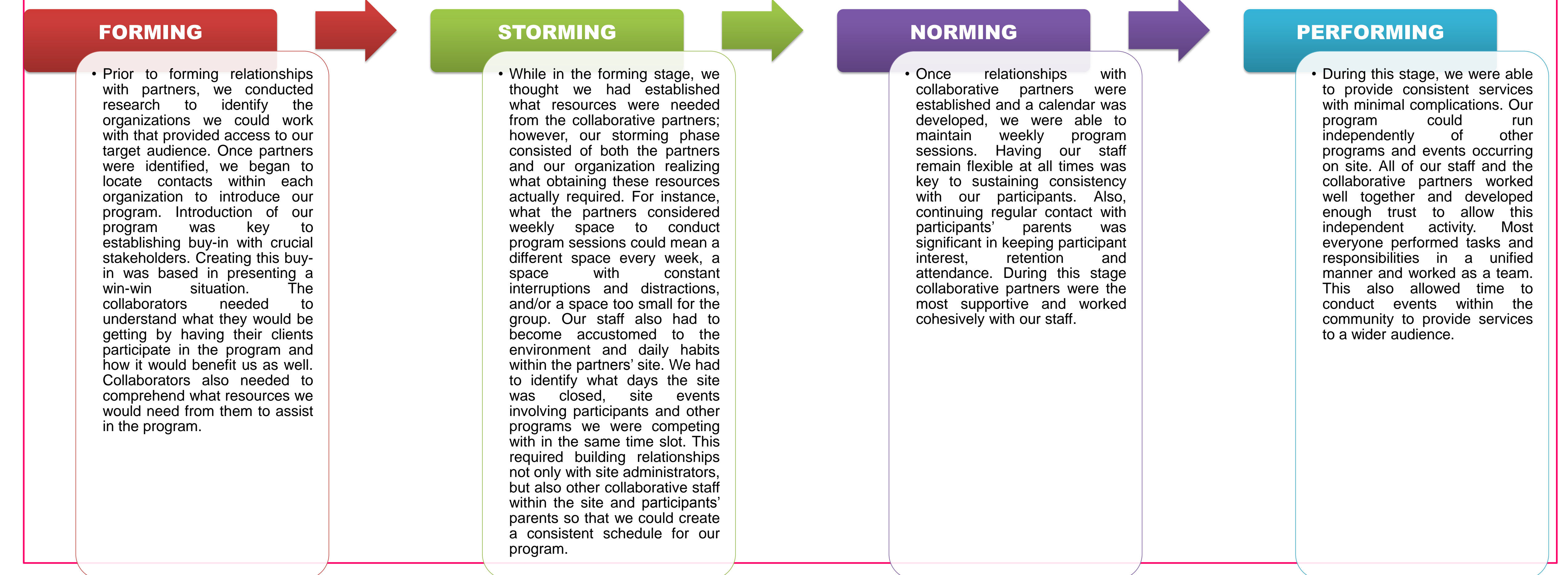
THE GEMS PROGRAM HAS FIVE (5) OVERALL OUTCOMES

GIRLS WILL:

- 1) Have a better sense of who they are and what they value about themselves
- 2) Have better skills for interacting with their peers, particularly when faced with conflict
- 3) Have a better understanding of the settings and situations that lead to poorer health outcomes
- 4) Strengthen their ability to develop and act upon personal goals that serve as protective factors
- 5) Have more knowledge about sexually transmitted infections, including HIV

TUCKMAN'S MODEL APPLIED TO PARTNERSHIPS

Tuckman' Model of Organizational Change at a Glance



DIVERSE COMMUNITY PARTNERS

COMMUNITY PARTNERS	COLLABORATIVE CHALLENGES	COLLABORATIVE STRENGTHS
1. Department of Juvenile Justice (DJJ)	DJJ policies and procedures sometimes serve as barriers to accessing and serving eligible youth. DJJ tends to have very high caseloads of children, which actually decreases opportunities to stop and properly refer youth to community-based programs.	Building relationships with "specific" collaborative partners <u>within</u> DJJ increases access to services for recruiting youth into community-based programs.
2. Department of Family and Children Services (DFCS)	DFCS staff often are responsible for a large number of caseloads which limits their accessibility for communication and follow-up. High staff turnover within DFCS can negatively affect collaborative partnerships and client-level relationships. Struggles with addressing "complex" and "competing" family needs often results in health education and prevention programs being less of a priority.	Public health programs can take advantage of the vast network of collaborations that exist among DFCS staff, including links to community providers and government agencies in diverse service areas such as job training, housing, transportation assistance, domestic violence and other services to families in need. Group home settings can be very supportive in identifying and enrolling young people in their care into community-based health education programs.
3. Alternative Schools	Health-centered programs must have buy-in from multiple levels, including administration (principal, vice principal, counselors, etc.) and teachers. Alternative school staff juggle competing appointments with sponsored activities, probation, court appearances, etc.	Alternative school staff/faculty are often able to build strong, long-lasting relationships with participants because they work with them or see them on a daily basis. Alternative schools tend to have access to more on-site resources needed for effective implementation, including computers, TVs/DVD players, space, arts/crafts supplies and transportation.
4. Boys and Girls Clubs of America	Boys and Girls Clubs often have limited access to resources, including computers, space, TV/DVD players, art supplies and transportation. Competing activities and programs must be negotiated as young people often opt for the more "fun" activities. Having multiple programs occurring at the same time increase the likelihood of interruptions and distractions during the group setting for an intervention.	Boys and Girls Clubs located throughout urban and inner-city settings nationally provide a unique opportunity to reach the intended population on a broader scale. Parental involvement among most young people in Boys and Girls Clubs serves a source of strength for long-term application of lessons learned.

BEST PRACTICES IN PARTNERSHIPS

Core elements of effective partnership development and maintenance include:

1 PROGRAMMATIC OBJECTIVES	<ul style="list-style-type: none"> • Objectives must be clear and concise • List only 3-5 objectives at most to maximize achievement • Objectives must be evaluable/measurable to track progress of achievement 	6 PROGRAMMATIC PROTOCOLS	<ul style="list-style-type: none"> • Protocols must be thorough and include how to engage all stakeholders of the program (other program staff, collaborative partners, community partners, parents and participants); protocols must also state guidelines for providing services and teaching the curriculum, but allow freedom to accommodate specific cases and environments
2 PROTECTIVE FACTORS	<ul style="list-style-type: none"> • Grounded in public health • Complementary to positive youth development 	7 PARENTAL BUY-IN	<ul style="list-style-type: none"> • Program staff must engage parents throughout the entire program – at the beginning to establish initial buy-in, during the program to maintain interest/support and retention of participant and at the end to program provide resources so they may continue growth with their child; program staff must be flexible in contacting parents and meeting parents where they are, whether at the program site, at home, via phone or email
3 PERSONNEL SELECTION	<ul style="list-style-type: none"> • Personnel must be flexible, personable, have strong communication skills and follow-through on established goals and tasks • Personnel must also have experience working with target audience as well as bring an interest/skill/talent to the table to enhance the development of participants 	8 POPULATION-FRIENDLY APPROACHES	<ul style="list-style-type: none"> • Flexibility is key in providing services to the target population; conduct research to develop knowledge about the population and best practices in providing effective services for what they need; utilize positive reinforcement for participants, parents and other collaborative stakeholders; encourage healthy decision-making among participants by providing "can do" options instead of "don't do" criticism
4 PARTNERSHIP AGREEMENTS	<ul style="list-style-type: none"> • Agreements must clearly state what services the program is providing and to whom • Agreements should also include the resources that are required from the collaborative partner • In addition, agreements containing a list of benefits to the collaborative partner will increase participation and support of the program 	9 PHYSICAL SPACE NEGOTIATION	<ul style="list-style-type: none"> • Work with site staff to establish a cooperative schedule for spacing to conduct sessions; this requires planning ahead and having alternate options if and when ideal locations are not available; make sure space is adequate with minimal interruptions/distractions and promotes learning
5 PROMOTIONAL MATERIALS	<ul style="list-style-type: none"> • Promotional materials must be provided in formats that appeal to the target audience in which services are offered as well as parents and key stakeholders within collaborative sites; having both electronic and hard-copy information is vital for effective disbursement; materials must clearly and briefly describe the program, its purpose, where and when it will take place, staff contact information and any incentives (events, field trips, prizes, etc.) to encourage interest 	10 PERSONALITY MANAGEMENT	<ul style="list-style-type: none"> • Communicate and identify personality issues or conflicts immediately; acknowledge that personality conflicts can appear in a variety of ways (program staff/site staff, program staff/participants, program staff/parents, program staff/program administration) and have protocols for dealing with each type; take into account both sides of a conflict prior to making any final decisions/modifications